

SERFF Tracking Number: AMMS-126101836 State: Arkansas  
Filing Company: Golden Rule Insurance Company State Tracking Number: 42049  
Company Tracking Number: SA-S-1353R  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: Unitedhealth Continuity Rider  
Project Name/Number: UnitedHealth Continuity Rider/SA-S-1353R

## Filing at a Glance

Company: Golden Rule Insurance Company  
Product Name: Unitedhealth Continuity Rider SERFF Tr Num: AMMS-126101836 State: ArkansasLH  
TOI: H16G Group Health - Major Medical SERFF Status: Closed State Tr Num: 42049  
Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: SA-S-1353R State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
Authors: Debra Schneider, Sondra Disposition Date: 04/08/2009  
Grosse, Pam Devos, Jennifer  
Konschake, Jean Davis  
Date Submitted: 04/03/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: UnitedHealth Continuity Rider Status of Filing in Domicile:  
Project Number: SA-S-1353R Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Large  
Overall Rate Impact: Group Market Type: Association  
Filing Status Changed: 04/08/2009 Explanation for Other Group Market Type:  
State Status Changed: 04/08/2009  
Deemer Date: Corresponding Filing Tracking Number:  
Filing Description:  
Please see cover letter.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: AMMS-126101836 State: Arkansas  
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Jennifer Konschake, Product Compliance      Jennifer.konschake@eams.com  
Analyst  
3100 AMS Blvd.      (800) 232-5432 [Phone]  
Green Bay, WI 54313      (920) 661-9861[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 x \$20 = \$20  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$20.00	04/03/2009	26945088

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/08/2009	04/08/2009

*SERFF Tracking Number:* AMMS-126101836      *State:* Arkansas  
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## **Disposition**

Disposition Date: 04/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-126101836 State: Arkansas  
 Filing Company: Golden Rule Insurance Company State Tracking Number: 42049  
 Company Tracking Number: SA-S-1353R  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: Unitedhealth Continuity Rider  
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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>	Cover Letter	Approved-Closed	Yes
<b>Supporting Document</b>	Redlined rider	Approved-Closed	Yes
<b>Form</b>	Unitedhealth Continuity Rider	Approved-Closed	Yes

SERFF Tracking Number: AMMS-126101836 State: Arkansas  
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## Form Schedule

**Lead Form Number:** SA-S-1353R

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	SA-S-1353R	Certificate Amendmen	Unitedhealth Continuity Rider	Initial			SA-S-1353R.pdf
		t, Insert Page, Endorsement or Rider					

## INSURANCE BENEFITS UNITEDHEALTH CONTINUITY RIDER

By attachment of this Insurance Benefits UnitedHealth Continuity Rider ("rider"), the *policy/certificate* is amended to the extent of any conflict or inconsistency with the following:

### DEFINITIONS:

In addition to the definitions in the *policy/certificate*, the following definitions apply to this rider:

- "Active", under this rider, means eligible for *insurance benefits*.
- "Covered spouse" means *your spouse* who is a *covered person* under [*the policy/certificate*].
- "UnitedHealth continuity rider premium" means the amount *you* must pay to keep this rider in force and maintain the benefits of this rider.
- "Dormant", under this rider, means ineligible for *insurance benefits*.
- ["Employer-sponsored medical coverage" means any employer-sponsored medical insurance or HMO coverage.]
- "Insurance benefits" means the right to receive reimbursement for *covered expenses* according to the terms of [*the policy/certificate*].
- "Insurance benefits premium" means premium for the *policy/certificate*, excluding the *UnitedHealth continuity rider premium*.
- "Involuntarily terminates" means ceases for reason other than *voluntary termination*.
- "Policy Active Status" means the period of time that at least one (1) *covered person* is *active*.
- "Policy effective date" means the earliest date an individual becomes a *covered person* under [*the policy/certificate*].
- "Satisfactory proof of employer coverage" means written documentation that clearly shows the person is currently, or will soon be, covered by *employer-sponsored medical coverage*.
- "Total premium" means the combined *insurance benefits premium* and *UnitedHealth continuity rider premium*.
- "Voluntary termination" or "voluntarily terminates" means *employer-sponsored medical coverage* ceases for any *covered person*: (a) because *you* or *your spouse* requests termination of the coverage; or (b) due to failure to pay required premium when due.

### BENEFITS OF THIS RIDER:

The benefit of this Rider is to enable a *covered person* to be *active* or *dormant* under the terms of the *policy/certificate*. A *covered person's* status depends on whether that person has *employer-sponsored medical coverage* and the terms of this rider.

If *employer-sponsored medical coverage involuntarily terminates*, the benefits of this rider continue.

If *employer-sponsored medical coverage* (other than COBRA coverage) for any *covered person*:

a) *voluntarily terminates*; and

b) is not replaced with other *employer-sponsored medical coverage* within 62 days,

then the benefits of this rider will be exhausted and no longer available for all *covered persons*. *UnitedHealth continuity rider premium* will no longer be required.

#### **INSURANCE BENEFITS STATUS FOR COVERED PERSONS:**

Before the *policy effective date*, you must declare in writing whether each *covered person* will begin *active* or *dormant*. A *covered person* may only begin in a *dormant* state if that *covered person* has *employer-sponsored medical coverage* on the *policy effective date*. One *covered person* may be *active* under this rider while another *covered person* is *dormant* under this rider.

#### **WHEN A COVERED PERSON IS ACTIVE UNDER THIS RIDER:**

1. You are required to pay the *total premium* for all *covered persons* who are *active*.
2. When a *covered person* is *active*, that *covered person* will have the right to receive reimbursement for *covered expenses* according to the terms of the *policy/certificate*.

#### **DEACTIVATION OF INSURANCE BENEFITS:**

1. You may request that we make a *covered person dormant* by providing us with *satisfactory proof of employer coverage* for that person. Upon receipt of such proof, that person will be *dormant* on the later of (a) the date that person is eligible to receive benefits under *employer-sponsored medical coverage* or (b) the date we receive the written request to make the person *dormant*.
2. Each time a *covered person* is made *dormant*, we will provide written notice indicating that *insurance benefits* are not available.

#### **WHEN A COVERED PERSON IS DORMANT UNDER THIS RIDER:**

1. You are required to pay the *UnitedHealth continuity rider premium* for all *covered persons* who are *dormant*.
2. When a *covered person* is *dormant*, that *covered person* will not have the right to receive reimbursement for *covered expenses* according to the terms of the *policy/certificate*.
3. In order to remain *dormant*, a *covered person* must be covered under *employer-sponsored medical coverage*. If *employer-sponsored medical coverage* terminates, see "Activation of Insurance Benefits" below.
4. If you or your *covered spouse* voluntarily terminates *employer-sponsored medical coverage* for any *covered person(s)*, also see "Benefits of This Rider", on page [1] of this Rider.

#### **ACTIVATION OF INSURANCE BENEFITS**

1. If *employer-sponsored medical coverage* terminates for any *covered person*, that person will immediately be *active* under this rider:
  - a. You have an obligation to provide us with written notice and pay the required premium within [62 days] after a *covered person* becomes *active*; and
  - b. If you do not pay the required premium within the [62 days], coverage for that person will lapse. We will refund all premiums for that person back to the date coverage lapsed.
2. Each time a *covered person* becomes *active*, you have [120 days] to provide us with written evidence that shows that the person has been covered by *employer-sponsored medical coverage*, with no lapse greater than [63 days], since the date the person was most recently made *dormant*. This evidence may include certificates of creditable coverage or other documents from the person's employers or insurers.
3. If, within this [120 day] period, you do not provide us with proof of coverage as explained in 2. above, we will refund *UnitedHealth continuity rider premium* less any claims paid during the [120 day] period and coverage will lapse for the affected person back to the date the person became *dormant*.

#### **PREMIUMS:**

You may keep [the *policy/certificate*] in force by timely payment of the *total premium* for *covered persons* who are *active* and the *UnitedHealth continuity rider premium* for *covered persons* who are *dormant*. If the benefits of this rider have been exhausted, you will only have to pay the *insurance benefits premium*.

1. The *UnitedHealth continuity rider premium* will be a minimum dollar amount or percentage of each *covered person's insurance benefits premium*, whichever is greater. These minimum dollar and percentage amounts are [set forth in the Data Page.]
2. The percentage will vary depending on whether each *covered person* is *active* or *dormant* [as reflected in the Data Page].
3. Any time there is an increase in *insurance benefits premium*, we will send you written notification, so you are informed of what the *total premium* will be when *active* and what the *UnitedHealth continuity rider premium* will be when *dormant*. The *insurance benefits premium* will increase even when *covered persons* are *dormant*.
4. As long as the [*policy/certificate*] starts in *policy active status* and remains in *policy active status* for at least [12-24] months, the *UnitedHealth continuity rider premium* for that *covered person* will be reduced [as set forth in the Data Page.]

#### **NEWBORNS:**

1. A child born to a *covered person* will be covered under the [*policy/certificate*] from the time of birth until [the 31st day] after that child's birth.
2. Additional *total premium* or *UnitedHealth continuity rider premium* will be required to continue coverage beyond the 31<sup>st</sup> day after the birth of the child and will be calculated from the child's date of birth. Coverage for the child will terminate on the 31<sup>st</sup> day after his/her birth, unless we have received written

notice of the child's birth and the required *total premium* or *UnitedHealth continuity rider premium* within [90] days of the child's birth.

3. Once we are notified of the child's birth, we will inform the *covered person* of the required *total premium* amount and *UnitedHealth continuity rider premium* amount for the child. If the *covered person* elects to have the child's coverage be *active* under this rider, the *covered person* should pay the *total premium* amount. If the *covered person* elects to have the child's coverage be *dormant* under this rider, the *covered person* should pay the *UnitedHealth continuity rider premium* and provide us with *satisfactory proof of employer coverage* for the child.

### **ADDING OTHER DEPENDENTS**

If a *dependent* is added as insured under the terms of the *policy/certificate*, you must declare in writing whether the added *dependent* will be *active* or *dormant* under this rider. You must provide *satisfactory proof of employer coverage* for the added *dependent* to be *dormant*.

### **CHANGES TO YOUR DEDUCTIBLE:**

1. You may make a written request to change the [stated deductible] to an amount currently available at any time regardless of whether the *covered persons* are *active* or *dormant*.
2. A written request to decrease the [stated deductible] will require *satisfactory proof of good health*.
3. Any change in the [stated deductible] will become effective as of the next premium due date after we receive and, if required, approve the request. The *total premium* and *UnitedHealth continuity rider premium* will then be adjusted to reflect this change.

### **REINSTATEMENT:**

A *covered person* must provide *satisfactory proof of employer coverage* for a *covered person* to be *dormant* upon reinstatement. If we approve reinstatement of coverage and include this rider, we will confirm the *active* or *dormant* status for each *covered person*.

### **12-MONTH EXCLUSION:**

The 12-month exclusion period for expenses due to a *preexisting condition* or natural progression of a *preexisting condition* will be satisfied twelve (12) months after a *covered person's policy effective date*, even if a *covered person* is *dormant* during that 12-month period.

### **DISCONTINUANCE:**

If a *covered person* is *dormant* at the time we notify you that: (a) we are going to discontinue offering or refuse to renew [this *policy/certificate*] in your state; and (b) we will not be offering a new [*policy/certificate*] with benefits similar to those under the [*policy/certificate*], we will stop collecting the *UnitedHealth continuity rider premium* and refund any [*UnitedHealth*][*health*] *continuity rider premium* you have paid in the prior 36 months.

**BENEFITS AFTER COVERAGE TERMINATES:**

Benefits for *covered expenses* incurred after an individual ceases to be a *covered person* under the *policy* are provided for certain *illnesses* and *injuries* only if that *covered person* is *active* at the time of termination.

**[EFFECT ON [DECREASING] TERM LIFE RIDER/ACCIDENTAL DEATH:**

A *covered person* is never *dormant* with regard to insurance under a [decreasing] term life rider/accidental death rider. Therefore, premium required to maintain the [decreasing] term life rider/accidental death rider is not affected by the insurance benefits UnitedHealth continuity rider.]

**EFFECT ON BENEFITS AVAILABLE UNDER OPTIONAL PREGNANCY EXPENSE BENEFITS RIDER (“Pregnancy Rider”):**

1. Benefits for *covered expenses* under the optional *Pregnancy Rider*, if any, will only be available for a *covered person* who is *active* under this rider.
2. If a female *covered person* is *dormant* and insured under a *Pregnancy Rider* with us, the female *covered person* will be *dormant* with respect to the *Pregnancy Rider*. If you want the female *covered person* to have the right to receive reimbursement for *covered expenses* under the *Pregnancy Rider* despite her *dormant* status for the base coverage, you must notify us in writing and pay the required premium. We will advise you of this option when a female *covered person* becomes *dormant*.
3. Only the months that a *covered person* is *active* and insured under a *Pregnancy Rider* will be counted to satisfy [a benefit year, as defined in the *Optional Pregnancy Rider*].

**EFFECT ON PRESCRIPTION DRUG DISCOUNT CARD:**

Discounts on prescription drug expenses available through use of any prescription drug discount card provided as a non-insurance benefit will be available only if a *covered person* is *active*.

**TERMINATION OF UNITEDHEALTH CONTINUITY RIDER**

This rider will terminate if:

- i. you give us [10-15] days advance written notice that you wish to terminate it; or
- ii. you fail to pay the *UnitedHealth continuity rider premium* within 30 days after it is due

If this rider is terminated for any reason:

1. it cannot be added back at any later date;
2. *UnitedHealth continuity rider premium* will no longer be required; and

3. *you* will be responsible to continue payment of the *insurance benefits premium* under the *policy* for any *covered person* who is *active* under this rider.

Except as specifically stated in this rider, the [provisions in this rider are subject to all of the terms, conditions, exclusions, and limitations of the *policy/certificate*.]

The rider will not change, waive or extend any part of the [*policy/certificate*], other than as stated herein.  
This rider is effective on [XXXXXXX, XX 20XX or at the same time as the *policy/certificate*, whichever is later.]

**[Golden Rule Insurance Company]**

*SERFF Tracking Number:* AMMS-126101836      *State:* Arkansas  
*Filing Company:* Golden Rule Insurance Company      *State Tracking Number:* 42049  
*Company Tracking Number:* SA-S-1353R  
*TOI:* H16G Group Health - Major Medical      *Sub-TOI:* H16G.001C Any Size Group - Other  
*Product Name:* Unitedhealth Continuity Rider  
*Project Name/Number:* UnitedHealth Continuity Rider/SA-S-1353R

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMMS-126101836</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>42049</i>
<i>Company Tracking Number:</i>	<i>SA-S-1353R</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001C Any Size Group - Other</i>
<i>Product Name:</i>	<i>Unitedhealth Continuity Rider</i>		
<i>Project Name/Number:</i>	<i>UnitedHealth Continuity Rider/SA-S-1353R</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	04/08/2009
<b>Comments:</b>				
<b>Attachment:</b>				
	Readability.pdf			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	04/08/2009
<b>Bypass Reason:</b>	n/a			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved-Closed	04/08/2009
<b>Comments:</b>				
<b>Attachment:</b>				
	Cover letter 4-3-09.pdf			
<b>Satisfied -Name:</b>	Redlined rider	<b>Review Status:</b>	Approved-Closed	04/08/2009
<b>Comments:</b>				
<b>Attachment:</b>				
	Redlined rider.pdf			

READABILITY CERTIFICATION

We do hereby certify that in our judgement this filing is:

READABLE (simple sentence structure, shortness of sentences, use of common words, avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided, minimum cross references);

LEGIBLE (ample type size for text with contrasting type for headings and subheadings, ample space between lines, ample white space in margins and between sections, ample ink to paper contact); and

IN LOGICAL ORDER AND FORMAT (table of contents included, sections and subsections self-contained and arranged in logical flow, extensive use of headings and subheadings to facilitate location of particular items, outline form used where desirable for clarity).

Further, this filing meets or exceeds the requirements of the policy readability legislation currently effective in your state.

Certified by:

April 3, 2009  
Date



\_\_\_\_\_  
Julie A. Van Straten  
Vice President and General Counsel

# Golden Rule®

A UnitedHealthcare Company

April 3, 2009

Filed via SERFF

Ms. Rosalind Minor  
Arkansas State Department of Insurance  
Life, A&H, Annuities  
1200 W. Third Street  
Little Rock, AR 72201-1904

**Re: UnitedHealth Continuity Rider formerly known as Health Continuity Benefit Rider**  
Golden Rule Insurance Company  
NAIC # 707-62286  
Company Tracking No.: SA-S-1353R

SA-S-1353R      UnitedHealth Continuity Rider  
Readability Certification

Dear Ms. Minor:

We respectfully submit the attached form for your approval. This form is new and does not replace any form previously submitted for approval to your Department.

This filing represents a new concept in health insurance. It is designed to allow insureds to maintain individual health insurance (in a dormant or inactive state) when covered by an employer provided group plan. Such insureds may activate individual health insurance benefits when they leave group coverage without being required to reapply and be underwritten again.

This rider was originally filed under the name of 'Health Continuity Benefit Rider' and was approved by the Arkansas State Department of Insurance on September 30, 2008, form number SA-S-1353. A business decision has been made to rename the rider to 'UnitedHealth Continuity Rider' and adjust the form number to SA-S-1353R. These are the only changes to the rider.

I have enclosed a copy of the previously approved rider for you along with a red-lined version for your review.

Golden Rule Insurance Company  
712 Eleventh Street  
Lawrenceville, Illinois 62439  
(618) 943-8000  
[www.goldenrule.com](http://www.goldenrule.com)

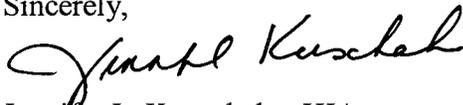
Golden Rule Insurance Company  
7440 Woodland Drive  
Indianapolis, Indiana 46278-1719  
(317) 297-4123  
[www.goldenrule.com](http://www.goldenrule.com)

April 3, 2009

Page 2

We appreciate your time and attention to this matter. If you have any questions or need additional information, please contact me at 1-800-232-5432 extension 12867, by email at Jennifer.Konschake@eAMS.com, or by fax at 920-661-9730. My mailing address is P.O. Box 19032, Green Bay, WI 54307-9032.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jennifer L. Konschake".

Jennifer L. Konschake, HIA  
Compliance Analyst

Attachments

## INSURANCE BENEFITS UNITEDHEALTH HEALTH CONTINUITY RIDER

By attachment of this Insurance Benefits UnitedHealth Health Continuity Rider ("rider"), the *policy/certificate* is amended to the extent of any conflict or inconsistency with the following:

### DEFINITIONS:

In addition to the definitions in the *policy/certificate*, the following definitions apply to this rider:

- "Active ", under this rider, means eligible for *insurance benefits*.
- "Covered spouse" means *your spouse* who is a *covered person* under [*the policy/certificate*].
- "UnitedHealth Health-continuity rider premium" means the amount *you* must pay to keep this rider in force and maintain the benefits of this rider.
- "Dormant", under this rider, means ineligible for *insurance benefits*.
- ["*Employer-sponsored medical coverage*" means any employer-sponsored medical insurance or HMO coverage.]
- "*Insurance benefits*" means the right to receive reimbursement for *covered expenses* according to the terms of [*the policy/certificate*].
- "*Insurance benefits premium*" means premium for the *policy/certificate*, excluding the UnitedHealth health continuity rider premium.
- "*Involuntarily terminates*" means ceases for reason other than *voluntary termination*.
- "*Policy Active Status*" means the period of time that at least one (1) *covered person* is *active*.
- "*Policy effective date*" means the earliest date an individual becomes a *covered person* under [*the policy/certificate*].
- "*Satisfactory proof of employer coverage*" means written documentation that clearly shows the person is currently, or will soon be, covered by *employer-sponsored medical coverage*.
- "*Total premium*" means the combined *insurance benefits premium* and UnitedHealth health-continuity rider premium.
- "*Voluntary termination*" or "*voluntarily terminates*" means *employer-sponsored medical coverage* ceases for any *covered person*: (a) because *you* or *your spouse* requests termination of the coverage; or (b) due to failure to pay required premium when due.

### BENEFITS OF THIS RIDER:

The benefit of this Rider is to enable a *covered person* to be *active* or *dormant* under the terms of the *policy/certificate*. A *covered person's* status depends on whether that person has *employer-sponsored medical coverage* and the terms of this rider.

If *employer-sponsored medical coverage involuntarily terminates*, the benefits of this rider continue.

If *employer-sponsored medical coverage* (other than COBRA coverage) for any *covered person*:

- a) *voluntarily terminates*; and
  - b) is not replaced with other *employer-sponsored medical coverage* within 62 days,
- then the benefits of this rider will be exhausted and no longer available for all *covered persons*. UnitedHealth Health continuity rider premium will no longer be required.

#### **INSURANCE BENEFITS STATUS FOR COVERED PERSONS:**

Before the *policy effective date*, you must declare in writing whether each *covered person* will begin *active* or *dormant*. A *covered person* may only begin in a dormant state if that *covered person* has *employer-sponsored medical coverage* on the *policy effective date*. One *covered person* may be *active* under this rider while another *covered person* is *dormant* under this rider.

#### **WHEN A COVERED PERSON IS ACTIVE UNDER THIS RIDER:**

1. You are required to pay the *total premium* for all *covered persons* who are *active*.
2. When a *covered person* is *active*, that *covered person* will have the right to receive reimbursement for *covered expenses* according to the terms of the *policy/certificate*.

#### **DEACTIVATION OF INSURANCE BENEFITS:**

1. You may request that we make a *covered person dormant* by providing us with *satisfactory proof of employer coverage* for that person. Upon receipt of such proof, that person will be *dormant* on the later of (a) the date that person is eligible to receive benefits under *employer-sponsored medical coverage* or (b) the date we receive the written request to make the person *dormant*.
2. Each time a *covered person* is made *dormant*, we will provide written notice indicating that *insurance benefits* are not available.

#### **WHEN A COVERED PERSON IS DORMANT UNDER THIS RIDER:**

1. You are required to pay the UnitedHealth ~~health~~ *continuity rider premium* for all *covered persons* who are *dormant*.
2. When a *covered person* is *dormant*, that *covered person* will not have the right to receive reimbursement for *covered expenses* according to the terms of the *policy/certificate*.
3. In order to remain *dormant*, a *covered person* must be covered under *employer-sponsored medical coverage*. If *employer-sponsored medical coverage* terminates, see "Activation of Insurance Benefits" below.
4. If you or your *covered spouse* voluntarily terminates *employer-sponsored medical coverage* for any *covered person(s)*, also see "Benefits of This Rider", on page [1] of this Rider.

#### **ACTIVATION OF INSURANCE BENEFITS**

1. If *employer-sponsored medical coverage* terminates for any *covered person*, that person will immediately be *active* under this rider:
  - a. You have an obligation to provide us with written notice and pay the required premium within [62 days] after a *covered person* becomes *active*; and
  - b. If you do not pay the required premium within the [62 days], coverage for that person will lapse. We will refund all premiums for that person back to the date coverage lapsed.
2. Each time a *covered person* becomes *active*, you have [120 days] to provide us with written evidence that shows that the person has been covered by *employer-sponsored medical coverage*, with no lapse greater than [63 days], since the date the person was most recently made *dormant*. This evidence may include certificates of creditable coverage or other documents from the person's employers or insurers.
3. If, within this [120 day] period, you do not provide us with proof of coverage as explained in 2. above, we will refund UnitedHealth health-continuity rider premium less any claims paid during the [120 day] period and coverage will lapse for the affected person back to the date the person became *dormant*.

#### **PREMIUMS:**

You may keep [the *policy/certificate*] in force by timely payment of the *total premium* for *covered persons* who are *active* and the UnitedHealth health-continuity rider premium for *covered persons* who are *dormant*. If the benefits of this rider have been exhausted, you will only have to pay the *insurance benefits premium*.

1. The UnitedHealth health continuity rider premium will be a minimum dollar amount or percentage of each *covered person's insurance benefits premium*, whichever is greater. These minimum dollar and percentage amounts are [set forth in the Data Page.]
2. The percentage will vary depending on whether each *covered person* is *active* or *dormant* [as reflected in the Data Page].
3. Any time there is an increase in *insurance benefits premium*, we will send you written notification, so you are informed of what the *total premium* will be when *active* and what the UnitedHealth health continuity rider premium will be when *dormant*. The *insurance benefits premium* will increase even when *covered persons* are *dormant*.
4. As long as the [*policy/certificate*] starts in *policy active status* and remains in *policy active status* for at least [12-24] months, the UnitedHealth health continuity rider premium for that *covered person* will be reduced [as set forth in the Data Page.]

#### **NEWBORNS:**

1. A child born to a *covered person* will be covered under the [*policy/certificate*] from the time of birth until [the 31st day] after that child's birth.
2. Additional *total premium* or UnitedHealth health-continuity rider premium will be required to continue coverage beyond the 31<sup>st</sup> day after the birth of the child and will be calculated from the child's date of birth. Coverage for the child will terminate on the 31<sup>st</sup> day after his/her birth, unless we have received

written notice of the child's birth and the required *total premium* or UnitedHealth health continuity rider premium within [90] days of the child's birth.

3. Once we are notified of the child's birth, we will inform the *covered person* of the required *total premium* amount and UnitedHealth health continuity rider premium amount for the child. If the *covered person* elects to have the child's coverage be *active* under this rider, the *covered person* should pay the *total premium* amount. If the *covered person* elects to have the child's coverage be *dormant* under this rider, the *covered person* should pay the UnitedHealth health continuity rider premium and provide us with *satisfactory proof of employer coverage* for the child.

### **ADDING OTHER DEPENDENTS**

If a *dependent* is added as insured under the terms of the *policy/certificate*, you must declare in writing whether the added *dependent* will be *active* or *dormant* under this rider. You must provide *satisfactory proof of employer coverage* for the added *dependent* to be *dormant*.

### **CHANGES TO YOUR DEDUCTIBLE:**

1. You may make a written request to change the [stated deductible] to an amount currently available at any time regardless of whether the *covered persons* are *active* or *dormant*.
2. A written request to decrease the [stated deductible] will require *satisfactory proof of good health*.
3. Any change in the [stated deductible] will become effective as of the next premium due date after we receive and, if required, approve the request. The *total premium* and UnitedHealth health continuity rider premium will then be adjusted to reflect this change.

### **REINSTATEMENT:**

A *covered person* must provide *satisfactory proof of employer coverage* for a *covered person* to be *dormant* upon reinstatement. If we approve reinstatement of coverage and include this rider, we will confirm the *active* or *dormant* status for each *covered person*.

### **12-MONTH EXCLUSION:**

The 12-month exclusion period for expenses due to a *preexisting condition* or natural progression of a *preexisting condition* will be satisfied twelve (12) months after a *covered person's policy effective date*, even if a *covered person* is *dormant* during that 12-month period.

### **DISCONTINUANCE:**

If a *covered person* is *dormant* at the time we notify you that: (a) we are going to discontinue offering or refuse to renew [this *policy/certificate*] in your state; and (b) we will not be offering a new [*policy/certificate*] with benefits similar to those under the [*policy/certificate*], we will stop collecting the UnitedHealth health continuity rider premium and refund any UnitedHealth health continuity rider premium you have paid in the prior 36 months.

## **BENEFITS AFTER COVERAGE TERMINATES:**

Benefits for *covered expenses* incurred after an individual ceases to be a *covered person* under the *policy* are provided for certain *illnesses* and *injuries* only if that *covered person* is *active* at the time of termination.

## **[EFFECT ON [DECREASING] TERM LIFE RIDER/ACCIDENTAL DEATH:**

A *covered person* is never *dormant* with regard to insurance under a [decreasing] term life rider/accidental death rider. Therefore, premium required to maintain the [decreasing] term life rider/accidental death rider is not affected by the insurance benefits UnitedHealth health continuity rider.]

## **EFFECT ON BENEFITS AVAILABLE UNDER OPTIONAL PREGNANCY EXPENSE BENEFITS RIDER (“Pregnancy Rider”):**

1. Benefits for *covered expenses* under the optional *Pregnancy Rider*, if any, will only be available for a *covered person* who is *active* under this rider.
2. If a female *covered person* is *dormant* and insured under a *Pregnancy Rider* with us, the female *covered person* will be *dormant* with respect to the *Pregnancy Rider*. If you want the female *covered person* to have the right to receive reimbursement for *covered expenses* under the *Pregnancy Rider* despite her *dormant* status for the base coverage, you must notify us in writing and pay the required premium. We will advise you of this option when a female *covered person* becomes *dormant*.
3. Only the months that a *covered person* is *active* and insured under a *Pregnancy Rider* will be counted to satisfy [a benefit year, as defined in the *Optional Pregnancy Rider*].

## **EFFECT ON PRESCRIPTION DRUG DISCOUNT CARD:**

Discounts on prescription drug expenses available through use of any prescription drug discount card provided as a non-insurance benefit will be available only if a *covered person* is *active*.

## **TERMINATION OF UNITEDHEALTH HEALTH CONTINUITY RIDER**

This rider will terminate if:

- i. you give us [10-15] days advance written notice that you wish to terminate it; or
- ii. you fail to pay the UnitedHealth health continuity rider premium within 30 days after it is due

If this rider is terminated for any reason:

1. it cannot be added back at any later date;
2. UnitedHealth Health continuity rider premium will no longer be required; and

3. *you* will be responsible to continue payment of the *insurance benefits premium* under the *policy* for any *covered person* who is *active* under this rider.

Except as specifically stated in this rider, the [provisions in this rider are subject to all of the terms, conditions, exclusions, and limitations of the *policy/certificate*.]

The rider will not change, waive or extend any part of the [*policy/certificate*], other than as stated herein.  
This rider is effective on [XXXXXXX, XX 20XX or at the same time as the *policy/certificate*, whichever is later.]

**[Golden Rule Insurance Company]**