

SERFF Tracking Number: NWLC-126132966 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 42261
Company Tracking Number: COLLEGE - SPORTS ACCIDENT RIDER
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: College - Sports Accident Rider
Project Name/Number: Sports Accident Rider/NSHSAS 2400-1 Sports Accident Rider

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: College - Sports Accident Rider SERFF Tr Num: NWLC-126132966 State: ArkansasLH

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 42261

Sub-TOI: H04.001 Student Co Tr Num: COLLEGE - SPORTS ACCIDENT RIDER State Status: Approved-Closed

Filing Type: Form

Co Status: Reviewer(s): Rosalind Minor

Authors: Shana Paladino-Ripp, Disposition Date: 05/06/2009

Jonna Shields, Bobby Handley

Date Submitted: 05/01/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Sports Accident Rider

Status of Filing in Domicile: Pending

Project Number: NSHSAS 2400-1 Sports Accident Rider

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Blanket

Filing Status Changed: 05/06/2009

Explanation for Other Group Market Type:

State Status Changed: 05/06/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing includes a Sports Accident Rider. Form number NSHSAS 2400-1 Sports Accident Rider is new and will replace the NSHSAS 2400 Sports Accident Rider that was originally approved on 05/16/08 under filing number NWLC-125633999. The revised rider has more variability to better meet the needs of the colleges and universities.

Also attached is a new Wellness rider. This will allow Nationwide to offer wellness programs, such as health

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assessments.

Please let me know if you have any questions or need additional information.

Thank you for your assistance with this filing.

Company and Contact

Filing Contact Information

Jonna Shields, Compliance Specialist shieldj@nationwide.com
 5525 Parkcenter Circle (614) 854-3049 [Phone]
 Dublin, OH 43017 (614) 854-3469[FAX]

Filing Company Information

Nationwide Life Insurance Company	CoCode: 66869	State of Domicile: Ohio
5525 Parkcenter Circle	Group Code: 140	Company Type:
Dublin, OH 43017	Group Name:	State ID Number:
(800) 525-8669 ext. 43508[Phone]	FEIN Number: 31-4156830	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	05/01/2009	27579284

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/06/2009	05/06/2009

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Disposition

Disposition Date: 05/06/2009

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	Sports Accident rider	Approved-Closed	Yes
Form	Wellness Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: NSHSAS 2400-1 Sports Accident Rider

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	NSHSAS 2400-1 Sports Accident Rider	Certificate Amendment, Insert Page, Endorsement or Rider	Sports Accident rider	Initial		58	NSHSAS 2400-1 Sports Accident Rider.pdf
Approved-Closed	NSHSAS 2400 Wellness	Certificate Amendment, Insert Page, Endorsement or Rider	Wellness Rider	Initial		48	NSHSAS 2400 - Wellness.pdf

SPORTS ACCIDENT RIDER

**NATIONWIDE LIFE INSURANCE COMPANY
Columbus, Ohio**

Issues this rider to

THE INSURED REFERRED TO ON THE COVER PAGE OF THE POLICY TO WHICH THIS
RIDER IS ATTACHED AND MADE A PART THEREOF

The effective date of this rider is the effective date of the Policy to which this rider is attached.

The Policy is amended as described below. All other terms remain unchanged.

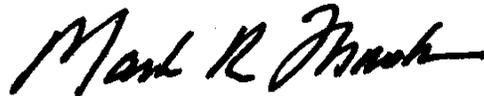
Subject to the Benefits and Limitations in the Policy, this Rider provides benefits for injuries sustained while (a) participating in any [intramural], [intercollegiate], [professional], [semi-professional] or [club sport, contest, or competition]; (b) traveling to or from such sport, contest, or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest, or competition;

The maximum benefit for under this rider is [\$1,000 - \$15,000 in \$1,000 increments, \$20,000, \$25,000] per injury] [\$25,000 - \$100,000 lifetime].

NATIONWIDE LIFE INSURANCE COMPANY



Secretary



President

NATIONWIDE LIFE INSURANCE COMPANY
One Nationwide Plaza
Columbus, Ohio 43215-2220

Wellness and/or Health Care Services Endorsement

General Information Regarding this Endorsement

This Insured's Wellness and/or Health Care Services Endorsement ("Endorsement") revises the terms and conditions of the policy to which it is attached. To the extent the terms of the policy and this Endorsement are inconsistent, the terms of this Endorsement shall control. Non-defined terms shall have the meaning given to them in the policy.

There is no additional charge or required Premium for programs or services offered pursuant to this Endorsement.

Purpose

The purpose of this Endorsement is to inform the Policy Owner that, from time to time, we may offer the Insured access to certain health and/or wellness programs and services.

Programs and Services

The programs and services may include, but are not limited to, access to service provider referral networks, benefit consultation services and/or wellness programs. Such programs and/or services will be offered on all eligible policies on a uniform and not unfairly discriminatory basis.

We may arrange for third party service providers to administer such program or service.

All terms and conditions regarding the program or service, if any, are determined by the third party service provider. We are not liable for negligent acts or omissions of such third party service providers. Participation in such program or service is voluntary.

Availability

Programs and services provided under this Endorsement are subject to availability and may be modified, suspended, or terminated providing you with written notice.


President



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Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 05/06/2009
Comments:
Attachments:
Certification of Compliance.pdf
Read Cert.pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 05/06/2009
Comments:
To be used with NSHSAS 2300 and NSHSAS 2800 that was previously approved on 05/16/08.

CERTIFICATION OF COMPLIANCE

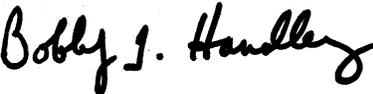
Name and Address of Insurer:

Nationwide Life Insurance Company
5525 Parkcenter Circle
Dublin, OH. 43017-3584
Mail Code: CO-01-30

Policy/Certificate Form Number(s):

NSHSAS 2400-1 Sports Accident Rider
NSHSAS 2400 Wellness Rider

I certify that, to the best of my knowledge and belief, the policy/certificate forms are in compliance with Arkansas Rule/Regulation 19, Arkansas Rule/Regulation 49 and the Consumer Information Notice as outlined in ACA 23-79-138.

A handwritten signature in black ink that reads "Bobby J. Handley". The signature is written in a cursive style with a large initial "B".

Bobby Handley
Assistant General Counsel

Date: May 1, 2009

CERTIFICATION OF COMPLIANCE WITH
INSURANCE POLICY SIMPLIFICATION REQUIREMENTS

Name and Address of Insurer:

Nationwide Life Insurance Company
5525 Parkcenter Circle
Dublin, OH. 43017-3584
Mail Code: CO-01-30

Policy/Certificate Form Number(s):

NSHSAS 2400-1 Sports Accident rider
NSHSAS 2400 Wellness

I certify that, to the best of my knowledge and belief, the policy/certificate forms are in compliance with the Flesch reading ease score and the other requirements set forth in the Insurance Policy Language Simplification Act of the State of Arkansas.

A handwritten signature in black ink, appearing to read "Tom DeNoma". The signature is fluid and cursive, with a large loop at the beginning.

Tom DeNoma
Associate Vice President

Date: May 1, 2009