

SERFF Tracking Number: USHG-126158079 State: Arkansas  
 Filing Company: Freedom Life Insurance Company of America State Tracking Number: 42408  
 Company Tracking Number: PROS-AE-AR-FLIC  
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group  
 Expense  
 Product Name: PROS-AE-AR-FLIC  
 Project Name/Number: PROS-AE-AR-FLIC/PROS-AE-AR-FLIC

## Filing at a Glance

Company: Freedom Life Insurance Company of America

Product Name: PROS-AE-AR-FLIC

SERFF Tr Num: USHG-126158079 State: ArkansasLH

TOI: H15G Group Health -

SERFF Status: Closed

State Tr Num: 42408

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.001 Any Size Group

Co Tr Num: PROS-AE-AR-FLIC

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Georgiana Cozine

Disposition Date: 05/20/2009

Date Submitted: 05/19/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: PROS-AE-AR-FLIC

Status of Filing in Domicile: Pending

Project Number: PROS-AE-AR-FLIC

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 05/20/2009

Explanation for Other Group Market Type:

State Status Changed: 05/20/2009

Deemer Date:

Corresponding Filing Tracking Number: PROS-AE-AR-FLIC

Filing Description:

Amendatory Endorsement - Prostate Cancer Screening Benefit

## Company and Contact

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**Filing Contact Information**

Georgiana Cozine, Product Analyst cozineG@ushealthgroup.com  
 3100 Burnett Plaza (817) 878-3812 [Phone]  
 Fort Worth, TX 76102 (817) 878-3310[FAX]

**Filing Company Information**

Freedom Life Insurance Company of America CoCode: 62324 State of Domicile: Texas  
 3100 Burnett Plaza Group Code: 839 Company Type: Accident, Life and Health  
 801 Cherry Street, Unit 33  
 Fort Worth, TX 76102 Group Name: State ID Number:  
 (817) 878-3328 ext. [Phone] FEIN Number: 61-1096685  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: 1 x 100 = \$100.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Freedom Life Insurance Company of America	\$100.00	05/19/2009	27983959

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/20/2009	05/20/2009

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## Disposition

Disposition Date: 05/20/2009

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>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Form</b>	Amendatory Endorsement	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: PROS-AE-AR-FLIC

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	PROS-AE-AR-FLIC	Certificate Amendmen	Amendatory Endorsement	Initial			PROS-AE-AR-FLIC.pdf
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

# FREEDOM LIFE INSURANCE COMPANY OF AMERICA

[3100 Burnett Plaza • 801 Cherry Street, Unit 33 • Fort Worth, Texas 76102 • 1-800-387-9027]

## AMENDATORY ENDORSEMENT

This Amendatory Endorsement is issued to and made a part of **Your Certificate** to which it is attached. This Amendatory Endorsement changes **Your Certificate** as follows:

The **Benefit** for **PROSTATE CANCER SCREENING** is deleted in its entirety and replaced with the following:

**[[PROSTATE CANCER SCREENING [BENEFIT]] [Prostate Cancer Screening]]**

Benefits included the following **[[Covered Expenses Incurred] [Covered Expenses incurred]]** by male **[[Covered Insureds][Covered Insureds]]** during a medically recognized diagnostic examination for the detection of prostate cancer. This Benefit shall include an annual physical examination for the detection of prostate cancer, and an prostate-specific antigen test used for the detection of prostate cancer for each male **[[Covered] Insured] [[Covered] Insured]** who is at least forty (40) years of age or older.

[or]

**[Services [Provided] [provided] during]** an annual physical examination for the detection of prostate cancer, and a prostate-specific antigen test used for the detection of prostate cancer for each male **[Covered] Insured** who is at least forty (40) years of age or older.

The prostate cancer screening must be performed by a **[Provider] [Provider]**, and shall consist of a prostate specific antigen blood test and a digital rectal examination.

The prostate cancer screening is not subject to any plan deductibles and shall not exceed the actual cost of the prostate cancer screening.

This AMENDATORY ENDORSEMENT is subject to all the terms, conditions, limitations, exclusions, and definitions of the **Certificate** to which it is attached not inconsistent herewith. In all other respects, the coverage remains the same.

  
SECRETARY

  
PRESIDENT

*SERFF Tracking Number:* USHG-126158079      *State:* Arkansas  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	05/20/2009
<b>Comments:</b>				
<b>Attachment:</b>				
	Readability Cert.pdf			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	05/20/2009
<b>Bypass Reason:</b>	Not applicable			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved-Closed	05/20/2009
<b>Comments:</b>				
<b>Attachment:</b>				
	Cover Letter.pdf			

**FREEDOM LIFE INSURANCE COMPANY OF AMERICA**

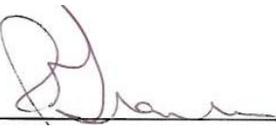
**READABILITY CERTIFICATION**

I hereby certify that the forms, listed below, have been properly scored and have achieved the Flesch Score, as indicated.

<u>Form Number</u>	<u>Flesch Score</u>
PROS-AE-AR-FLIC	42.25

(Scored with insurance forms)

Name: Ranita Grauwiler

Signature:  \_\_\_\_\_

Title: Vice President

Dated: May 19, 2009

# FREEDOM LIFE INSURANCE COMPANY OF AMERICA

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3100 Burnett Plaza • 801 Cherry Street, Unit 33 • Fort Worth, Texas 76102 • 1-800-387-9027

May 19, 2009

Honorable Joy Bradford  
Commissioner of Insurance  
Insurance Division  
1200 W. Third Street  
Little Rock, AR 72201

Re: **Freedom Life Insurance Company of America**  
**NAIC # 62324                      FEIN # 61-1096685**

**Form**  
**PROS-AE-AR-FLIC              Amendatory Endorsement**

Dear Commissioner:

The above referenced form is submitted for your approval. This is a new form and not intended to replace any previously approved forms.

This form is being submitted to bring the company's insurance forms into compliance with the requirements of Arkansas Insurance Code 23-79-1303 regarding benefits for Prostate Cancer Screening, effective January 1, 2010. All forms issued or renewed after the January 1, 2010 date will have this endorsement attached.

Due to various wording in our forms I have submitted the endorsement with optional language bracketed. This would enable us to use the form without having to file several different endorsements.

Thank you for your review. Should you have any questions or comments, please contact me at 1-800-387-9027, ext 812 or by email at [cozineg@ushealthgroup.com](mailto:cozineg@ushealthgroup.com).

Sincerely,



Georgiana Cozine, FLMI  
Product Analyst  
Product Development  
(817) 878-3812