

SERFF Tracking Number: USHG-126162659 State: Arkansas
 Filing Company: National Foundation Life Insurance Company State Tracking Number: 42464
 Company Tracking Number: PROS-AE-AR-NFL
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.001 Any Size Group
 Expense
 Product Name: PROS-AE-AR-NFL
 Project Name/Number: PROS-AE-AR-NFL/PROS-AE-AR-NFL

Filing at a Glance

Company: National Foundation Life Insurance Company

Product Name: PROS-AE-AR-NFL

SERFF Tr Num: USHG-126162659 State: ArkansasLH

TOI: H15G Group Health -

SERFF Status: Closed

State Tr Num: 42464

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.001 Any Size Group

Co Tr Num: PROS-AE-AR-NFL

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Georgiana Cozine

Disposition Date: 05/29/2009

Date Submitted: 05/22/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PROS-AE-AR-NFL

Status of Filing in Domicile: Pending

Project Number: PROS-AE-AR-NFL

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type:

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 05/29/2009

Explanation for Other Group Market Type:

State Status Changed: 05/29/2009

Deemer Date:

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

Filing Description:

Amendatory Endorsement.

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

National Foundation Life Insurance Company CoCode: 98205 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: 73-1187572

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 #
National Foundation Life Insurance Company	\$100.00	05/22/2009	28059511

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/29/2009	05/29/2009

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Disposition

Disposition Date: 05/29/2009

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
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: PROS-AE-AR-NFL

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	PROS-AE-AR-NFL	Certificate Amendmen	Amendatory Endorsement	Initial		43	PROS-AE-AR-NFL.pdf
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

NATIONAL FOUNDATION LIFE INSURANCE COMPANY

[3100 Burnett Plaza • 801 Cherry Street, Unit 33 • Fort Worth, Texas 76102 • 1-800-221-3039]

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

Services **Provided** by **Participating Providers** 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 **Insured** who is at least forty (40) years of age or older.

[or]

Services provided for 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 Insured who is at least forty (40) years of age or older.

The prostate cancer screening must be performed by a **[Provider]** [Physician], 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

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Flesch Certification	Review Status: Approved-Closed	05/29/2009
Comments:		
Attachment: Readabilty Cert NFL.pdf		
Bypassed -Name: Application	Review Status: Approved-Closed	05/29/2009
Bypass Reason: Does not apply.		
Comments:		
Satisfied -Name: Cover Letter	Review Status: Approved-Closed	05/29/2009
Comments:		
Attachment: PROS-AE-AR-NFL Cover Letter.pdf		

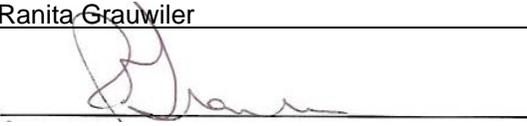
NATIONAL FOUNDATION LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

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

Form Number	Flesch Score
PROS-AE-AR-NFL	43.25
(Scored with insurance forms)	

Name: Ranita Grauwiler

Signature: 

Title: Vice President

Dated: May 22, 2009

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

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

May 22, 2009

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

Re: **National Foundation Life Insurance Company**
NAIC # 98205 FEIN # 73-1187572

Form
PROS-AE-AR-NFL 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 1-800-221-9039, ext 812 or by email at cozineg@ushealthgroup.com.

Sincerely,



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