

SERFF Tracking Number: GARD-126173972 State: Arkansas  
Filing Company: The Guardian Life Insurance Company of America State Tracking Number: 42578  
Company Tracking Number:  
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion  
Product Name: 8634  
Project Name/Number: /8634

## Filing at a Glance

Company: The Guardian Life Insurance Company of America

Product Name: 8634 SERFF Tr Num: GARD-126173972 State: ArkansasLH  
TOI: H06 Health - Conversion SERFF Status: Closed State Tr Num: 42578  
Sub-TOI: H06.000 Health - Conversion Co Tr Num: State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
Author: Marilyn Young Disposition Date: 06/08/2009  
Date Submitted: 06/04/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: 8634 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 06/08/2009 Explanation for Other Group Market Type:  
State Status Changed: 06/08/2009  
Deemer Date: Corresponding Filing Tracking Number:  
Filing Description:  
Re: Individual Accident and Health Policy Form(s) HC-R-PCS-AR-09.

NAIC # 64246

Dear Sir:

SERFF Tracking Number: GARD-126173972 State: Arkansas  
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The captioned form is being submitted for filing and/or approval by your Department. The form will be used with our individual policy insert form HC-P-85 et al, currently on file with your Department.

Policy form HC-R-PCS-AR-09 is new, and does not replace any other form. The new form provides coverage for prostate cancer screening for men age 40 and over, as mandated by Arkansas HB 1031.

Since the new form was developed for use in your jurisdiction, they will not be filed with our domiciliary state, New York, until they are approved by your Department.

The form in this submission were developed using simplified language. Each form has a Flesch reading ease test score of at least 40. The form was computer-scored. The certification of readability scores required by your jurisdiction is attached.

Your early consideration of this submission will be greatly appreciated.

Sincerely,

Marilyn Young  
Contract Coordinator  
Group Contracts and Regulatory Affairs  
Ph:(212) 598-8762  
Fax:(212) 919-3339  
E-mail: Marilyn\_Young@glic.com

## **Company and Contact**

### **Filing Contact Information**

Marilyn Young, Contract Analyst  
7 Hanover Square  
New York, NY 10004

Marilyn\_Young@glic.com  
(212) 598-8762 [Phone]  
(212) 919-3339[FAX]

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**Filing Company Information**

The Guardian Life Insurance Company of America

7 Hanover Square

New York, NY 10004

(212) 598-8704 ext. [Phone]

CoCode: 64246

Group Code: 429

Group Name:

FEIN Number: 13-5123390

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State of Domicile: New York

Company Type: Life

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Life Insurance Company of America	\$20.00	06/04/2009	28358236

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	06/08/2009	06/08/2009

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## Disposition

Disposition Date: 06/08/2009

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>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Policy Rider	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: HC-R-PCS-AR-09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HC-R-PCS-AR-09	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Rider	Initial			#8634 IHC Policy Rider.pdf

## ARKANSAS POLICY RIDER

This rider amends the "Covered Charges" section of this policy so that we cover charges for prostate cancer screening for men age 40 and older, according to the National Comprehensive Cancer Network guidelines.

Upon recommendation by a physician, a prostate specific antigen blood test is covered, even if the covered person has already had a digital rectal exam and the result was negative.

We cover charges for prostate screening the same way we cover charges for a sickness. But, these charges are not subject to the deductible.

Unless this policy provides specific benefits, we do not cover any other charges for routine, preventive or diagnostic care.

This rider is a part of this policy. Except as stated in this rider, nothing contained in this rider changes or affects any other terms of this policy.

**The Guardian** Life Insurance Company of America



SPECIMEN

Vice President, Group Products ]

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

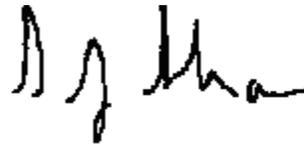
<p> <b>Satisfied -Name:</b> Flesch Certification  <b>Comments:</b>  <b>Attachment:</b>            Cert. of Read .pdf         </p>	<p> <b>Review Status:</b>            Approved-Closed 06/08/2009         </p>
<p> <b>Bypassed -Name:</b> Application  <b>Bypass Reason:</b> N/A  <b>Comments:</b> </p>	<p> <b>Review Status:</b>            Approved-Closed 06/08/2009         </p>
<p> <b>Bypassed -Name:</b> Outline of Coverage  <b>Bypass Reason:</b> N/A  <b>Comments:</b> </p>	<p> <b>Review Status:</b>            Approved-Closed 06/08/2009         </p>

## CERTIFICATION OF READABILITY

Form number(s):   HC-R-PCS-AR-09  

The undersigned individuals have carefully reviewed, and know the contents of, the filing submitted herewith, and except as qualified, do hereby certify the following:

1. The said form(s) meet the minimum reading ease requirements of your jurisdiction.
2. The captioned form(s) have a Flesch reading ease test score of at least 50 with no exemptions.
3. The said form(s) are printed in 10-point or larger type.



\_\_\_\_\_  
(Signature of Officer)



\_\_\_\_\_  
Group Contracts

Date:   6/4/09