

<i>SERFF Tracking Number:</i>	<i>GARD-126193246</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Guardian Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>42718</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H06 Health - Conversion</i>	<i>Sub-TOI:</i>	<i>H06.000 Health - Conversion</i>
<i>Product Name:</i>	<i>8520</i>		
<i>Project Name/Number:</i>	<i>/8520</i>		

Filing at a Glance

Company: The Guardian Life Insurance Company of America

Product Name: 8520	SERFF Tr Num: GARD-126193246	State: ArkansasLH
TOI: H06 Health - Conversion	SERFF Status: Closed	State Tr Num: 42718
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: 06/23/2009
	Date Submitted: 06/22/2009	Disposition Status: Approved-Closed
		Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number: 8520	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: 06/23/2009	Explanation for Other Group Market Type:
	State Status Changed: 06/23/2009
Deemer Date:	Corresponding Filing Tracking Number:

Filing Description:

The purpose of this rider is to provide coverage for dependent students on medically necessary leave of absence, in compliance with Federal HR 2851.

Company and Contact

Filing Contact Information

SERFF Tracking Number: GARD-126193246 State: Arkansas
Filing Company: The Guardian Life Insurance Company of State Tracking Number: 42718
America
Company Tracking Number:
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
Product Name: 8520
Project Name/Number: /8520

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

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

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

State of Domicile: New York

Company Type: Life
State ID Number:

SERFF Tracking Number: GARD-126193246 State: Arkansas
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America
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TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
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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	06/22/2009	28715869

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	06/23/2009	06/23/2009

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State: Arkansas

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America

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Product Name: 8520

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Disposition

Disposition Date: 06/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-126193246 State: Arkansas

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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	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	AR Filing Fee Form	Approved-Closed	Yes
Form	Policy Rider	Approved-Closed	Yes

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Product Name: 8520

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Form Schedule

Lead Form Number: HC-R-SCC-FED-09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HC-R-SCC-FED-09	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Policy Rider	Initial			PR.pdf

POLICY RIDER

This rider amends this policy's "Covered Persons" section as follows:

A dependent child who is not able to maintain his or her status as a student due to a medically necessary leave of absence may continue as a covered person until the earlier of: (a) the date that is one year after the first day of the medically necessary leave of absence; or (b) the date on which coverage would otherwise end under this policy. You must provide written certification by a treating physician which states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

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

1[



Second Vice President & Actuary, Group Insurance]

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State: Arkansas

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America

State Tracking Number: 42718

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-126193246 State: Arkansas
 Filing Company: The Guardian Life Insurance Company of State Tracking Number: 42718
 America
 Company Tracking Number:
 TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
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Supporting Document Schedules

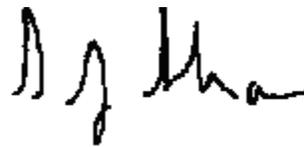
Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	06/23/2009
Comments:				
Attachment:				
	Cert. of Read .pdf			
Bypassed -Name:	Application	Review Status:	Approved-Closed	06/23/2009
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	06/23/2009
Bypass Reason:	N/A			
Comments:				
Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	06/23/2009
Comments:				
Attachment:				
	AR Cover Letter.pdf			
Satisfied -Name:	AR Filing Fee Form	Review Status:	Approved-Closed	06/23/2009
Comments:				
Attachment:				
	AR Form.pdf			

CERTIFICATION OF READABILITY

Form number(s): HC-R-SCC-FED-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)



Date: 6/22/09

Group Contracts



Honorable Insurance Commissioner
Arkansas Insurance Department
1200 W 3rd Street
Little Rock, Arkansas 72201-1904
Attn: Life and Health

Re: Individual Accident and Health Policy Form(s) HC-R-SCC-FED-09.

NAIC # 64246

Dear Sir:

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-SCC-FED-09 is new, and does not replace any other form. The purpose of this rider is to provide coverage for dependent students on medically necessary leave of absence, in compliance with HR 2851.

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 50. The form was computer-scored. The certification of readability scores required by your jurisdiction is attached.

Variable language is indicated and numbered to correspond with the following explanations:

- (1) Illustrative data has been filled in.



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

Date: 6/22/09

#8520



ARKANSAS INSURANCE DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock Arkansas 72204

501-686-2900

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: The Guardian Life Insurance Company of America
Company NAIC Code: 64246
Company Contact Person & Telephone #: John Melendez (212) 598-1322
Form Number(s): HC-R-SCC-FED-09

* INSURANCE DEPARTMENT USE ONLY *
* ANALYST: AMOUNT: ROUTE SLIP: *

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. * x \$50 = Retaliatory

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. * x \$50 = Retaliatory

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * x \$20 = Retaliatory

Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms. * x \$20 = 20. Retaliatory

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * x \$25 = Retaliatory

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority.

* _____ x \$400 = _____

Filing to amend Certificate of Authority.

*** _____ x \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. §23-61-401.**