

SERFF Tracking Number: ICCI-126166093 State: Arkansas
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 42483
Company Tracking Number: MNL AE 309
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: MNL DOL AE 309
Project Name/Number: MNL DOL AE 309/MNL DOL AE 309

Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: MNL DOL AE 309	SERFF Tr Num: ICCI-126166093	State: ArkansasLH
TOI: H16G Group Health - Major Medical	SERFF Status: Closed	State Tr Num: 42483
Sub-TOI: H16G.001A Any Size Group - PPO	Co Tr Num: MNL AE 309	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Brenda Dawson	Disposition Date: 06/02/2009
	Date Submitted: 05/27/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: MNL DOL AE 309	Status of Filing in Domicile:
Project Number: MNL DOL AE 309	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
Overall Rate Impact:	Group Market Type: Employer, Association
Filing Status Changed: 06/02/2009	Explanation for Other Group Market Type:
	State Status Changed: 06/02/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	

We are hereby submitting the form attached to the Form Schedule tab for review and approval. This form is new and is not intended to replace any forms previously filed with your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Madison National Insurance Company, Inc.. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc., at the address shown above.

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Amendment Endorsement MNL AE 309 is intended to be attached to the Group Major Medical Expense Certificate form MNL MMC 0205, previously approved by your Department on June 30, 2005. This amendatory endorsement amends certain exclusions.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
 3925 East State Street, Suite 200 (815) 316-6714 [Phone]
 Rockford, IL 61108 (815) 986-2355[FAX]

Filing Company Information

Madison National Life Insurance Company, Inc. CoCode: 65781	State of Domicile: Wisconsin
P. O. Box 5008	Group Code: Company Type:
Madison, WI 53705	Group Name: State ID Number:
(800) 356-9601 ext. [Phone]	FEIN Number: 39-0990296

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	\$20.00	05/27/2009	28115206

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/02/2009	06/02/2009

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Disposition

Disposition Date: 06/02/2009

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	MNL Authorization Letter	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MNL AE 309

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	MNL AE 309	Certificate Amendmen	Amendatory Endorsement	Initial			MNL AE 309 5-19-09.pdf
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
[P.O. Box 5008, Madison, WI 53705]

AMENDATORY ENDORSEMENT

It is hereby understood that the Policy and Certificate to which this Amendatory Endorsement is attached are amended as follows:

SECTION [4] – EXCLUSIONS AND LIMITATIONS FROM COVERAGE, the following changes are made:

1. Exclusion [21] pertaining to the treatment, services as the result of prognathism, retrognathism, microtrognathism is deleted and replaced with:

[21.] Treatment, services or supplies as the result of prognathism, retrognathism, microtrognathism, or any treatment, services or supplies to reposition the maxilla (upper jaw), mandible (lower jaw), or both maxilla and mandible; or

2. Exclusion [36] pertaining to attempted suicide or intentionally self-inflicted Injury or Sickness is deleted and replaced with:

[36.] Charges incurred by the Insured Person related to an Injury or Sickness that is intentionally self-inflicted while sane, except that this exclusion does not apply to any self-inflicted Injury or Sickness that is the result of a medical condition.

This Amendatory Endorsement takes effect on the Effective Date of the Certificate and terminates concurrently therewith. It is subject to all provisions, exclusions and limitations of the Policy not in disagreement with this Amendatory Endorsement.

IN WITNESS WHEREOF, the Insurance Company has caused this Amendatory Endorsement to be signed by its President and Secretary.

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.



Larry R. Graber
President



Adam C. Vandervoort
Secretary

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 06/02/2009
Comments:
Attachment:
Cert of Comp. with Rule 19 MNL AE 309.pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 06/02/2009
Comments:
Employee Application MNL EEAPP AR 0108 was previously approved on 2/26/08 under State Tracking # 38266.
Employer application form MNL ERAPP 0205 was approved on June 30, 2005.

Satisfied -Name: MNL Authorization Letter **Review Status:** Approved-Closed 06/02/2009
Comments:
Attachment:
ICC Authorization letter Madison Nat 2009.pdf

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Madison National Life Insurance Company, Inc.

Form Number(s): MNL AE 309

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



Signature of Company Officer

Larry R. Graber

Name

President

Title

May 27, 2009

Date



Madison National Life

January 1, 2009

Mr. Brian Camling
President
Insurance Compliance Consultants, Inc.
519 Colman Center Dr.
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Madison National Life Insurance Company, Inc. regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Madison National may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in cursive script that reads "Larry R. Graber". The signature is written in black ink and is positioned above the printed name.

Larry Graber