Filing at a Glance

Company: Provident Life and Accident Insurance Company

Product Name: 211-CAR-EN	SERFF Tr Num: UNUM-126234177	State: ArkansasLH
TOI: H04 Health - Blanket Accident/Sickness	SERFF Status: Closed	State Tr Num: 43016
Sub-TOI: H04.000 Health - Blanket Accident/Sickness	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Authors: Laneeta Derrick, Hazel Shadrick, Sandy Kirkman, Julie Mader, Karen Romans, Joanna Shepich	Disposition Date: 07/24/2009
	Date Submitted: 07/23/2009	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:

State Filing Description:

General Information

Project Name: Volunteer Fireman Blanket Accident Career Rider	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 06/22/2009
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Blanket
Filing Status Changed: 07/24/2009	Explanation for Other Group Market Type:
	State Status Changed: 07/24/2009
Deemer Date:	Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review is the referenced form which is for use with Emergency Responder Blanket Accident Insurance Policy 211, issued to a Tennessee Trust and approved by your department January 6, 2003. This rider does not impact rates currently on file for these policies.

This form is intended to replace Rider Form 211-CAR which was approved by your department on May 16, 2005.

Company and Contact

Filing Contact Information

Laneeta Derrick, Contract Consulstant
One Fountain Square
Chattanooga, TN 37402

lderrick@unum.com
(423) 294-7390 [Phone]

Filing Company Information

Provident Life and Accident Insurance Company
1 Fountain Square
Chattanooga, TN 37402
(800) 451-8475 ext. [Phone]

CoCode: 68195
Group Code: 565
Group Name:
FEIN Number: 62-0331200

State of Domicile: Tennessee
Company Type:
State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Provident Life and Accident Insurance Company	$20.00	07/23/2009	29386674

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/24/2009	07/24/2009

Disposition

Disposition Date: 07/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*UNUM-126234177*	*State:*	*Arkansas*
Filing Company:	*Provident Life and Accident Insurance Company*	*State Tracking Number:*	*43016*
Company Tracking Number:			
TOI:	*H04 Health - Blanket Accident/Sickness*	*Sub-TOI:*	*H04.000 Health - Blanket Accident/Sickness*
Product Name:	*211-CAR-EN*		
Project Name/Number:	*Volunteer Fireman Blanket Accident Career Rider/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	AR Filing Letter	Approved-Closed	Yes
Form	Career Personnel Rider	Approved-Closed	Yes

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	211-CAR-EN`	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Career Personnel Rider	Initial		50	211-CAR-EN Enhanced Career Rider - w retirement termination.pdf

CAREER PERSONNEL RIDER

Organization: **((Anytown Volunteer Fire Department, U.S.A.))**
Policy Number: **((_____))**
Rider Effective Date: **((_____))**

This rider is a part of the policy to which it is attached. This benefit is subject to the terms and conditions of this rider and the policy. All provisions of the policy apply to this rider and remain the same except where we change them by this rider.

This rider is effective on the Effective Date of the policy or the Rider Effective Date, whichever is later.

The policy is amended by adding or changing the following provisions:

The definition of **Insured Person** is changed to read:

> **Insured Person** means any person who is a member of the organization. All classes of membership may be included, as well as any other party designated by the policyholder including Volunteer Member, **Career Personnel,** Part-Time Personnel, **Emergency Volunteer**, **Auxiliary Person**, **Community Volunteer**, Board Members, Trustees, Administrative Personnel, Junior Members, Members in Training or Probationary Members.

The following definition is added to the policy:

> Career **Personnel** or Part-Time Personnel are employees or members of the organization that received **Weekly Earned Income** for regularly working at least 30 cumulative hours per week as an emergency service provider for one or more organization(s) identified as a Named Insured of the policy holder.

For **Career Personnel** as defined in this rider, Section III.A. Maximum Weekly Total Disability Benefits is changed to read:

III.A. MAXIMUM WEEKLY TOTAL DISABILITY BENEFITS FOR CAREER PERSONNEL

III.A.i. Minimum Weekly Total Disability Benefit

We will pay the **Minimum Weekly Total Disability Benefi**t shown on the Policy Schedule page if an **Insured Person** is **Totally Disabled** as a result of a **Covered Injury** for a period up to [0, 260] weeks.

We will pay the **Minimum Weekly Total Disability Benefit** shown on the Policy Schedule page if an **Insured Person** is **Totally Disabled** as a result of a **Covered Illness** for a period up to [0, 260] weeks.

III.A.ii. Earned Income Replacement Benefit

If an **Insured Person** is **Totally Disabled**, and the **Minimum Weekly Total Disability Benefit** is payable pursuant to Section III.A.i., we will pay, a weekly **Earned Income Replacement Benefit**, up to the amount listed on the Policy Schedule page while the **Insured Person** is **Totally Disabled** and the **Minimum Weekly Total Disability Benefit** is payable.

The amount payable under this Section III.A.ii. shall be computed by determining the **Insured Person's Weekly Earned Income** and by subtracting there from, the combined total of:

1.) the **Minimum Weekly Total Disability Benefit**; and
2.) the **Loss of Earnings Coverage** as defined on Page 6.

For **Career Personnel** as defined in this rider, **Section III.B. Partial Disability Benefit** is changed to read:

III. B. PARTIAL DISABILITY BENEFIT FOR CAREER PERSONNEL

If a **Covered Injury** or **Covered Illness** permits the **Insured Person** to return to any **Reasonable Occupation**, but at a lower rate of **Weekly Earned Income**, or if the **Insured Person** is receiving any **Weekly Earned Income** from any source, we will pay, such weekly benefit, but not to exceed the **Maximum Weekly Total Disability Benefit**, which had been, or would have been paid, had the **Insured Person** been **Totally Disabled**. The **Partial Disability Benefit** is payable for as long as the **Insured Person** is **Partially Disabled** up to a maximum of [0, 260] weeks.

If an **Insured Person** is approved for disability retirement by the Public Employee Retirement Administration Commissioner, or otherwise retires following a **Covered Injury** or **Covered Illness** for which benefits have been paid, all eligibility for Benefits under Section III - Income Protection terminates on the effective date of such retirement.

In no event will coverage provided to **Career Personnel** by this rider be in lieu of any workers' compensation act or similar law.

This rider will end on the date the policy to which it is attached terminates

This rider is subject to all of the terms, provisions and limitations of the policy to which it is attached. In the event of conflict between the policy and this rider the terms of this rider will prevail.

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

SUSAN N. ROTH
Corporate Secretary

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Flesch Certification

Review Status: Approved-Closed 07/24/2009

Comments:

Attachment:

Readability Cert (0114k).pdf

Bypassed -Name: Application

Review Status: Approved-Closed 07/24/2009

Bypass Reason: N/A

Comments:

Satisfied -Name: AR Filing Letter

Review Status: Approved-Closed 07/24/2009

Comments:

Attachment:

AR Filing Letter.pdf

STATE OF ARKANSAS

CERTIFICATE OF READABILITY

This is to certify the following:

Form	Flesch Score	Number of Words Contained in Text
211-CAR-EN	50	654

1. The forms are printed, except for specification pages, schedules and tables, in not less than ten point type, one point leaded;

2. There is no language or terminology entitled to exception under the Act; and

3. The entire policy forms were analyzed.

Prepared by: Joanna Shepich

Joanna Shepich
Director and Assistant Secretary

0114:k

July 23, 2009

Arkansas Deparmtent of Insurance
Compliance and Health Section
1200 West Third Street
Little Rock, AR 72201

RE: **Provident Life and Accident Insurance Company NAIC #565-68195**
Emergency Responder Blanket Accident Insurance
Career Personnel Rider, Form 211-CAR-EN

Dear Examiner:

Enclosed for your review is the referenced form which is for use with Emergency Responder Blanket Accident Insurance Policy 211, issued to a Tennessee Trust and approved by your department January 6, 2003. This rider does not impact rates currently on file for these policies.

This form is intended to replace Rider Form 211-CAR which was approved by your department on May 16, 2005.

The only material change is the addition of the following paragraph which clarifies that disability income protection terminates upon retirement.

"If an Insured Person is approved for disability retirement by the Public Employee Retirement Administration Commissioner, or otherwise retires following a Covered Injury or Covered Illness for which benefits have been paid, all eligibility for Benefits under Section III – Income Protection except Section III F terminates on the effective date of such retirement."

We would appreciate your early consideration and approval of this filing. If you have any questions or need additional information, please feel free to contact me at 1-800 451-8475 ext. 48981, fax, 423-294-8346 or the e-mail address below.

Sincerely,

Sandra D. (Sandy) Kirkman
Senior Contract Consultant
skirkman@unum.com

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