

SERFF Tracking Number: AGDE-126265469 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 43271
 Company Tracking Number: C36159DBG
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: @WORK
 Project Name/Number: GTP Forms - 2009 /C36159DBG

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, PA

Product Name: @WORK SERFF Tr Num: AGDE-126265469 State: Arkansas
 TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 43271
 Closed
 Sub-TOI: H04.000 Health - Blanket Co Tr Num: C36159DBG State Status: Approved-Closed
 Accident/Sickness
 Filing Type: Form Reviewer(s): Rosalind Minor
 Authors: Wanda Floyd, Darren Disposition Date: 08/28/2009
 O'Toole
 Date Submitted: 08/19/2009 Disposition Status: Approved-
 Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: GTP Forms - 2009
 Project Number: C36159DBG
 Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 08/28/2009

Deemer Date:
 Submitted By: Wanda Floyd

Filing Description:
 RE: National Union Fire Insurance Company of Pittsburgh, Pa.
 NAIC # 012-19445, FEIN 25-0687550
 Blanket Accident Insurance Program (C11860DBG-AR et al)
 Form C36159DBG Out-of Country Medical Expense Benefit Rider

Status of Filing in Domicile: Authorized
 Date Approved in Domicile: 08/13/2009
 Domicile Status Comments: Deregulated in
 Pennsylvania
 Market Type: Group
 Group Market Size: Small and Large
 Group Market Type: Blanket
 Explanation for Other Group Market Type:
 State Status Changed: 08/28/2009
 Created By: Darren O'Toole
 Corresponding Filing Tracking Number:
 C36159DBG

SERFF Tracking Number: AGDE-126265469 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 43271
Company Tracking Number: C36159DBG
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: @WORK
Project Name/Number: GTP Forms - 2009 /C36159DBG

Form C36160DBG Hazard H-45 – Home Leave
Form C36161DBG Attendor Benefit Rider

Enclosed are copies of the above referenced forms for your review and approval. These forms are new and not intended to replace any other forms previously approved by your Department. The subject forms are optional benefit riders and, when elected by the Blanket Policyholder, will be attached to Blanket Accident Insurance Policy Form C11860DBG-AR et al, approved by your Department on October 29, 2001. Subsequent enhancements to this product were approved on August 28, 2002, August 14, 2007, April 15, 2008 and September 10, 2008

Any language in brackets is variable to be included or omitted or, where applicable, to vary to the numeric ranges displayed within the brackets.

The effective date of issue of these forms will be upon approval by your Department.

Please note that we respectfully request the actuarial memorandum and accompanying rate manual be kept confidential where not prohibited by law.

Company and Contact

Filing Contact Information

Darren O'Toole, Regulatory affairs Analyst Darren.O'Toole@chartisinsurance.com
600 King Street 800-225-5244 [Phone] 2984 [Ext]
PDV1 302-594-4810 [FAX]
Wilmington, DE 19601

Filing Company Information

National Union Fire Insurance Company of CoCode: 19445 State of Domicile: Pennsylvania
Pittsburgh, PA
70 Pine Street Group Code: 12 Company Type:
New York, NY 10270 Group Name: AIG State ID Number:
(212) 770-7000 ext. [Phone] FEIN Number: 25-0687550

Filing Fees

Fee Required? Yes
Fee Amount: \$60.00

SERFF Tracking Number: AGDE-126265469 State: Arkansas
 Filing Company: National Union Fire Insurance Company of State Tracking Number: 43271
 Pittsburgh, PA
 Company Tracking Number: C36159DBG
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: @WORK
 Project Name/Number: GTP Forms - 2009 /C36159DBG
 Retaliatory? No
 Fee Explanation: 3 forms @ \$20.00ea.
 Total - \$60.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, PA	\$60.00	08/19/2009	29958619

SERFF Tracking Number: AGDE-126265469 State: Arkansas
Filing Company: National Union Fire Insurance Company of State Tracking Number: 43271
Pittsburgh, PA
Company Tracking Number: C36159DBG
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: @WORK
Project Name/Number: GTP Forms - 2009 /C36159DBG

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/28/2009	08/28/2009

SERFF Tracking Number: AGDE-126265469 State: Arkansas
Filing Company: National Union Fire Insurance Company of State Tracking Number: 43271
Pittsburgh, PA
Company Tracking Number: C36159DBG
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: @WORK
Project Name/Number: GTP Forms - 2009 /C36159DBG

Disposition

Disposition Date: 08/28/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGDE-126265469 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 43271
 Company Tracking Number: C36159DBG
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: @WORK
 Project Name/Number: GTP Forms - 2009 /C36159DBG

Form Schedule

Lead Form Number: C36159DBG

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/28/2009	C36159DBG G	Policy/Cont Out-of Country ract/Fratern Medical Expense al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.500	C36159DBG. pdf
Approved-Closed 08/28/2009	C36160DBG G	Policy/Cont Hazard H-45 – Home ract/Fratern Leave al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.200	C36160DBG. pdf
Approved-Closed 08/28/2009	C36161DBG G	Policy/Cont Attendor Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	C36161DBG. pdf

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

BENEFIT B-44 OUT OF COUNTRY MEDICAL EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy [as of the Policy Effective Date shown in the Declarations section of this Policy] effective [Month Day, Year]. It applies only with respect to Medical Emergencies that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Person and each Hazard.

[I] Out of Country Medical Expense Benefit. If, while traveling outside of his or her country of permanent residence, [during the course of any Trip of less than [30, 60, 90, 180, 365 days]] [and] [While on the Business of the Policyholder,] an Insured Person suffers an Injury or contracts an Sickness that requires him or her to be treated by a Physician, the Company will pay, subject to the Out of Country Medical Expense Limitations noted below, the Usual and Customary Charges incurred for Covered Medical Services received due to that Injury or Sickness up to \$[1,000 – 1,000,000 (in \$500 increments)] per Insured Person for that Injury or Sickness. This benefit is payable for such charges incurred [after the Deductible of \$[100 - 1,000 (in \$50 increments)] has been met and] within [26,52,104] weeks after the date of the accident causing the Injury or the onset of the Sickness.

Covered Medical Service(s) - as used in this Rider, means any of the following services, if the service is Medically Necessary:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (R.N.);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof; physical therapy and occupational therapy;
8. rental of Durable Medical Equipment;
9. artificial limbs, artificial eyes or other prosthetic appliances; or
10. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Definitions. As used in this Rider, the following terms are defined as follows:

Ambulatory Medical Center - means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

[Deductible – means the amount of Usual and Customary Charges for Medically Necessary Covered Medical Services that must be incurred by the Insured Person due to the Injury or Sickness before an Out of Country Medical Expense Benefit becomes payable. Benefits are not payable for charges applied to the Deductible.]

Durable Medical Equipment - refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Medical Emergency - means a condition caused by an Injury or Sickness which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this Rider applies.

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Sickness – means any disease, illness, or infection of an Insured Person that begins while coverage under the Rider is in force as to the Insured Person.

Medically Necessary - refers to a Covered Medical Service that: (1) is essential for diagnosis, treatment or care of the or condition for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

[Pre-Existing Condition – means a condition for which the Insured Person received any diagnosis, medical advice or treatment or had taken any prescription medicines during the 12 months immediately preceding the effective date of the Insured Person's coverage under the Policy unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.]

Usual and Customary Charge(s) - means a charge that: (1) is made for a Covered Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

[Out of Country Medical Expense Limitations. In addition to the limitations noted above, [the maximum amount payable for Out of Country Medical expenses related to pregnancy is [\$1000 – \$5000 in \$1000 increments]] [and [the maximum amount payable for Out of Country Medical expenses related to a Pre-Existing Condition is [\$1000 – \$10000 in \$1000 increments]]]

Out of Country Medical Expense Exclusions. In addition to the Exclusions in the General Exclusions section of the Policy, Out of Country Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment in the underlying bodily condition.

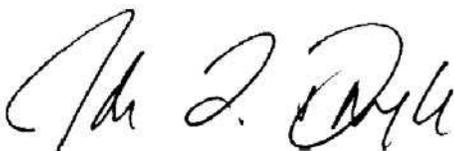
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of the Injury or Sickness not to exceed \$[100 – 500 (in \$50 increments)] per tooth per accident.
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless the Injury or Sickness has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of sight.
4. new hearing aids or hearing examinations unless the Injury or Sickness has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of hearing.
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Out of Country Medical Benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Medical Expense in lieu of such rental expense).
6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
- [7. Pre-Existing Conditions, [except as provided herein.]]
- [8. any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.]

[II Medical Emergency Guarantee Charge Expense Benefit. If[, while traveling outside of his or her country of permanent residence,] an Insured Person suffers a Medical Emergency for which Out of Country Medical Expense benefits become payable under this Rider and such person incurs a Hospital Admission Guarantee Charge and/or a Medical Expense Guarantee Charge, the Company will pay the actual expenses incurred for guarantee of the payment to the Hospital or the medical provider up to a maximum of [\$5,000 - \$10,000].

- **Hospital Admission Guarantee Charge** means any charge or expense made by a Hospital prior to and as a condition of an Insured Person's admission to that Hospital.
- **Medical Expense Guarantee Charge** means any charge or expense made by a medical provider other than a Hospital prior to and as a condition of an Insured Person's being provided with the medical service or treatment by that provider.

Any maximum payable under the Out of Country Medical Expense Benefit will be reduced by any amounts paid or payable under this Medical Emergency Guarantee Charge Expense Benefit.]

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

HAZARD H-45 HOME LEAVE

Hazard H-45 applies only with respect to an Insured Person who is on assignment outside his or her country of permanent residence and who is also in a class to which this Hazard applies as stated in the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of this Policy. It only applies with respect to Injury sustained by such person while Traveling on Home Leave from his or her country of assignment to his or her Home Leave Site; and:

1. while operating or riding in or on (including getting in or out of, or on or off of), or by being struck or run down by any conveyance being used as a means of land or water transportation, except:
 - a. any such conveyance the Insured Person has been hired to operate or for which the Insured Person has been hired as a crew member [and while the Insured Person is performing as an operator or crew member on any such conveyance]; or
 - b. any such conveyance the Insured Person is operating, or for which the Insured Person is performing as a crew member, (including getting in or out of, or on or off of) for the transportation of Passengers or property for hire, profit or gain; or
2. while riding as a Passenger in or on (including getting in or out of, or on or off of):
 - a. any Civilian Aircraft; or
 - b. any Military Air Transport Aircraft; or
3. by being struck or run down by any aircraft.

“Traveling on Home Leave”, as used in this Hazard means the period of time beginning when the Insured Person departs for a Home Leave Site from his or her residence or place of employment in his or her country of assignment. It ends when the Insured Person arrives at the Home Leave Site. It begins again when the Insured Person departs from the Home Leave Site on the return trip to his or her residence or place of employment in his or her country of assignment, and ends upon arrival at that residence or place of employment.

“Home Leave” as used in this Hazard means temporary leave of absence from the Insured Person’s country of assignment which is authorized by the Policyholder. Such leave of absence may not exceed [3, 6, 12, 18, 24] months.

“Home Leave Site” as used in this Hazard means the Insured Person’s primary residence in his or her country of permanent residence, or some other location selected by the Insured Person to spend Home Leave.

Exclusions. Exclusion 2 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such person under the circumstances described in this Hazard. It is not waived with respect to such person traveling or flying in or on (including getting in or out of, or on or off of) any aircraft other than as expressly described in this Hazard, otherwise provided by this Policy.

In addition to all other exclusions in the General Exclusions section of this Policy, the circumstances described in this Hazard are deemed to exclude travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies) [except [*insert name of Specialized Aviation Activity(ies) to be covered*]].

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 770-7000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

BENEFIT B-45 ATTENDOR BENEFIT RIDER

This Rider is attached to and made part of the Policy [as of the Policy Effective Date shown in the Declarations section of the Policy] [effective [Month Day, Year]]. It applies only with respect to losses of life that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider. See the Principal Sums, Hazards and Benefits for Eligible Persons section of the Declarations section of the Policy for the applicability of this Rider with respect to each class of Insured Persons and each Hazard.

Attendor Benefit. If a Repatriation of Remains benefit becomes payable under the Policy, the Company will also pay for expenses reasonably incurred for one person (referred to as the Attendor) to accompany the deceased Insured Person's remains from the place where death occurred to the deceased Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket. [The Company will also pay for the Attendor's lodging and meals for up to 7 days, but: (a) only while the Attendor is away from his or her place of primary residence in connection with accompanying the deceased Insured Person's remains as described above; and (b) not to exceed \$100 per day for lodging and \$50 per day for meals].

[AIG Assist] must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact [AIG Assist] in advance.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Rider:



President



Secretary

SERFF Tracking Number: AGDE-126265469 State: Arkansas
 Filing Company: National Union Fire Insurance Company of State Tracking Number: 43271
 Pittsburgh, PA
 Company Tracking Number: C36159DBG
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: @WORK
 Project Name/Number: GTP Forms - 2009 /C36159DBG

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/28/2009
Comments:			
Attachment:			
arkansas cert.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/28/2009
Bypass Reason:	N/A Policy already approved. This is a filing of riders.		
Comments:			

**STATE OF ARKANSAS
REVISED CERTIFICATE OF COMPLIANCE**

COMPANY NAME: National Union Fire Insurance Company of Pittsburgh, Pa

DESCRIPTION: Optional Policy Riders for Blanket Accident Coverage

FORM NUMBER: C36159NUFIC, C36160NUFIC and C36161NUFIC

EDITION DATE: N/A

This is to certify that the above captioned policy forms have achieved a Flesch Reading Ease Test score of 50.00 and complies with the requirements of Act 517 of 1981 (Ark. State Ann. Sec. 23-80-301 — 23-80-308) and Rule and Regulation 29.



Signature of Officer of Company

Assistant Vice President

Title

If a policy is scored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.