

SERFF Tracking Number: HMRK-126249554 State: Arkansas  
Filing Company: HM Life Insurance Company State Tracking Number: 43077  
Company Tracking Number: HM207-SI-E(AR)(07/09)  
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student  
Product Name: Student Accident and Sickness Insurance  
Project Name/Number: Hearing Aid Endorsement Filing/HM207-SI-E (AR)(07/09)

## Filing at a Glance

Company: HM Life Insurance Company

Product Name: Student Accident and Sickness Insurance SERFF Tr Num: HMRK-126249554 State: ArkansasLH

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 43077  
Sub-TOI: H04.001 Student Co Tr Num: HM207-SI-E(AR)(07/09) State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
Author: Jennifer Bayich Disposition Date: 08/05/2009  
Date Submitted: 07/30/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Hearing Aid Endorsement Filing  
Project Number: HM207-SI-E (AR)(07/09)  
Requested Filing Mode:  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments: N/A  
Market Type: Group  
Group Market Size: Small and Large  
Group Market Type: Employer, Association, Trust  
Explanation for Other Group Market Type:  
State Status Changed: 08/05/2009  
Corresponding Filing Tracking Number:

Filing Status Changed: 08/05/2009

Deemer Date:

Filing Description:

July 30, 2009

Life and Health Division

Arkansas Insurance Department

1200 W. Third Street

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Little Rock, AR 72201-1904

RE: HM Life Insurance Company, NAIC #93440  
Student Accident and Sickness Insurance Filing  
Hearing Aid Endorsement- HM207-SI-E (AR) (07/09)

Dear Sir or Madam:

Enclosed for your review is Endorsement form HM207-SI-E (AR)(07/09). This Endorsement is filed to comply with HB1930 and Bulletin 7-2009, which require certain health benefit plan to offer coverage for hearing aids. This form will be used in conjunction with our student sickness and accident forms approved for use by the Department on April 30, 2007. (Please reference State tracking number 35624).

As stated in our initial filing Student Insurance provides accident and health insurance coverage for individuals engaged in educational activities who are enrolled in schools or other institutions.

If you have any questions, please contact me at the left-side address; should you prefer, I may also be reached at either my direct dial, 412-544-0923; my fax number 412-544-1138; or my e-mail address, [jennifer.bayich@hminsurancegroup.com](mailto:jennifer.bayich@hminsurancegroup.com).

Thank you in advance for your attention to this matter.

Sincerely,

Jennifer Bayich, Esq.  
Compliance Analyst III

Enclosures

SERFF Tracking Number: HMRK-126249554 State: Arkansas  
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## Company and Contact

### Filing Contact Information

Jennifer Bayich, Compliance Analyst II jennifer.bayich@hminsurancegroup.com  
 P.O. Box 535061 (412) 544-0923 [Phone]  
 Pittsburgh, PA 15235-5061 (412) 544-1138[FAX]

### Filing Company Information

HM Life Insurance Company CoCode: 93440 State of Domicile: Pennsylvania  
 PO Box 535065 Group Code: 812 Company Type:  
 Suite P6504  
 Pittsburgh, PA 15253-5065 Group Name: HM Insurance Group State ID Number:  
 (412) 544-1139 ext. [Phone] FEIN Number: 06-1041332  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: \$20 for seperately filed form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HM Life Insurance Company	\$20.00	07/30/2009	29543059

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/05/2009	08/05/2009

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## Disposition

Disposition Date: 08/05/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HMRK-126249554 State: Arkansas  
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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>	Submission Letter	Approved-Closed	Yes
<b>Form</b>	Endorsement	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** HM207-SI-E(AR)(07/09)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HM207-SI-E(AR)(07/09)	Certificate Amendment	Endorsement	Initial			Hearing Aid Endorsement.pdf
		t, Insert Page, Endorsement or Rider					

# HM LIFE INSURANCE COMPANY

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

1-800-328-5433

**Administrative Office:** One Radnor Corporate Center, Suite 100, Radnor, Pennsylvania 19087

## Endorsement to Policy/Certificate State of Arkansas

This Endorsement is made part of the policy/certificate to which it is attached:

By attachment of this Endorsement, it is understood and agreed that the insurance under the policy/certificate is amended, with respect to Covered Persons residing in the state of Arkansas, to offer for hearing aids as follows:

1. [Coverage for hearing aids includes an instrument or device, including repair and replacement parts, that:

1. are designed and offered for the purpose of aiding persons with or compensating or impaired hearing;
2. is worn in or on the body; and
3. is generally not useful to a person in the absence of a hearing impairment.

Coverage offered shall not be for less than one thousand four hundred dollars (\$1,400) per ear, for each three year period beginning on the first day of coverage and is not subject to policy deductibles or copayments.]

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## **Rate Information**

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## Supporting Document Schedules

<b>Satisfied -Name:</b> Flesch Certification	<b>Review Status:</b> Approved-Closed	08/05/2009
<b>Comments:</b> Not Applicable		
<b>Satisfied -Name:</b> Application	<b>Review Status:</b> Approved-Closed	08/05/2009
<b>Comments:</b> Not Applicable		
<b>Satisfied -Name:</b> Submission Letter	<b>Review Status:</b> Approved-Closed	08/05/2009
<b>Comments:</b> <b>Attachment:</b> Hearing Aid Endorsement Submission Letter 7.30.09.pdf		



A HIGHMARK COMPANY

HM Life Insurance  
Company

HM Life Insurance  
Company of New York

HM Casualty  
Insurance Company

RBS Re

HM Benefits  
Administrators

July 30, 2009

Life and Health Division  
Arkansas Insurance Department  
1200 W. Third Street  
Little Rock, AR 72201-1904

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Thank you in advance for your attention to this matter.

Sincerely,

*Jennifer Bayich, Esq.*

Compliance Analyst III

***Enclosures***

**Mailing Address**

PO Box 535061  
Pittsburgh, PA 15253-5061

**Overnight Deliveries**

Fifth Avenue Place  
120 Fifth Avenue  
Pittsburgh, PA 15222-3099

[www.hminsurancegroup.com](http://www.hminsurancegroup.com)

**Telephone**

412-544-1000  
800-328-5433

