

SERFF Tracking Number: HMRK-126249697 State: Arkansas
Filing Company: HM Life Insurance Company State Tracking Number: 43076
Company Tracking Number: HM207-EH-E (AR)(07/09)
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Expatriate Insurance
Project Name/Number: Hearing Aid Endorsement/HM207-EH-E(AR)(07/09)

Filing at a Glance

Company: HM Life Insurance Company
Product Name: Expatriate Insurance
TOI: H21 Health - Other
Sub-TOI: H21.000 Health - Other

SERFF Tr Num: HMRK-126249697 State: ArkansasLH
SERFF Status: Closed State Tr Num: 43076
Co Tr Num: HM207-EH-E State Status: Approved-Closed
(AR)(07/09)
Co Status: Reviewer(s): Rosalind Minor
Author: Jennifer Bayich Disposition Date: 08/06/2009
Date Submitted: 07/30/2009 Disposition Status: Approved-Closed

Filing Type: Form

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: Hearing Aid Endorsement
Project Number: HM207-EH-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: Not applicable
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer, Association, Trust
Explanation for Other Group Market Type:
State Status Changed: 08/06/2009
Corresponding Filing Tracking Number:

Filing Status Changed: 08/06/2009

Deemer Date:

Filing Description:

July 30, 2009

Life and Health Division
Arkansas Insurance Department
1200 W. Third Street

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Product Name: Expatriate Insurance
Project Name/Number: Hearing Aid Endorsement/HM207-EH-E(AR)(07/09)
Little Rock, AR 72201-1904

RE: HM Life Insurance Company, NAIC #93440
Expatriate Insurance Filing
Hearing Aid Endorsement- HM207-EH-E (AR) (07/09)

Dear Sir or Madam:

Enclosed for your review is Endorsement form HM207-EH-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 June 29, 2007. (Please reference State tracking number 35626).

As stated in our initial filing Expatriate Health policy provides accident and health insurance coverage for individuals who may live outside of their home country or spend extended periods of time residing outside of their home countries.

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.

Thank you in advance for your attention to this matter.

Sincerely,

Jennifer Bayich, Esq.
Compliance Analyst III

Company and Contact

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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

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	29544017

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/06/2009	08/06/2009

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Disposition

Disposition Date: 08/06/2009

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	No
Supporting Document	Application	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	No
Form	Endorsement	Approved-Closed	No

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Form Schedule

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

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HM207-EH-E (AR)(07/09)	Certificate of Amendment	Endorsement	Initial			Hearing Aid Endorsement.pdf

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

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	08/06/2009
Comments:				
n/a				
Satisfied -Name:	Application	Review Status:	Approved-Closed	08/06/2009
Comments:				
n/a				
Satisfied -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	08/06/2009
Comments:				
n/a				
Satisfied -Name:	Outline of Coverage	Review Status:	Approved-Closed	08/06/2009
Comments:				
n/a				
Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	08/06/2009
Comments:				
Attachment:				
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

RE: HM Life Insurance Company, NAIC #93440
Expatriate Insurance Filing
Hearing Aid Endorsement- HM207-EH-E (AR) (07/09)

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Thank you in advance for your attention to this matter.

Sincerely,

Jennifer Bayich, Esq.
Compliance Analyst III

Mailing Address
PO Box 535061
Pittsburgh, PA 15253-5061

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

Enclosures

www.hminsurancegroup.com

Telephone
412-544-1000
800-328-5433

Coverage is underwritten by HM Life Insurance Company or HM Casualty Insurance Company, Pittsburgh, PA in all states except New York. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY. HM Life Insurance Company, HM Benefits Administrators and RBS Re provide certain administrative and customer support services. The coverage or service requested may not be available in all states.

LHP-185 (R12-07)

