

SERFF Tracking Number: AGDE-126842319 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 46982
Company Tracking Number: C36182DBG
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: @WORK
Project Name/Number: Bedside Benefit Rider/C36182DBG

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: @WORK SERFF Tr Num: AGDE-126842319 State: Arkansas
TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 46982
Closed
Sub-TOI: H04.000 Health - Blanket Co Tr Num: C36182DBG State Status: Approved-Closed
Accident/Sickness
Filing Type: Form Reviewer(s): Rosalind Minor
Authors: Darren O'Toole, Veronica Bullock Disposition Date: 10/11/2010
Bullock
Date Submitted: 10/05/2010 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Bedside Benefit Rider
Project Number: C36182DBG
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 10/11/2010

Deemer Date:
Submitted By: Veronica Bullock

PPACA: Not PPACA-Related

Filing Description:

RE: National Union Fire Insurance Company of Pittsburgh, Pa.

NAIC # 012-19445, FEIN 25-0687550

Blanket Accident Insurance Program (C11860DBG et al)

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 10/01/2010
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: 10/11/2010
Created By: Darren O'Toole
Corresponding Filing Tracking Number:
C36182DBG

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Form C36182DBG Bedside Visit Benefit Rider

Enclosed is a copy of the above referenced form for your review and approval. This form is new and not intended to replace any other forms previously approved by your Department. The subject form is an optional benefit rider 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, September 10, 2008 and August 28, 2009

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 this form will be upon approval by your Department.

Thank you for your attention to this filing. Should you have any questions regarding this filing, please feel free to contact me.

Company and Contact

Filing Contact Information

Darren O'Toole, Regulatory affairs Analyst Darren.O'Toole@chartisinsurance.com
503 Carr Road 888-396-5369 [Phone] 31749 [Ext]
3rd Floor 302-830-4466 [FAX]
Wilmington, DE 19809

Filing Company Information

National Union Fire Insurance Company of Pittsburgh, Pa. CoCode: 19445 State of Domicile: Pennsylvania
503 Carr Road Group Code: 12 Company Type:
3rd Floor Group Name: AIG State ID Number:
Wilmington, DE 19809 FEIN Number: 25-0687550
(888) 396-5369 ext. 31722[Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

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Retaliatory? No
Fee Explanation: \$50.00 filing fee per form x 1 form = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$50.00	10/05/2010	40281675

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/11/2010	10/11/2010

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Disposition

Disposition Date: 10/11/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Filing Letter	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Form	Bedside Visit Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: C36182DBG

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/11/2010	C36182DBG	Policy/Contract	Bedside Visit Benefit Initial Rider	Initial		50.900	C36182DBG.pdf
			Certificate: Amendment, Insert Page, Endorsement or Rider				

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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

(212) 458-5000

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

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]¹

BENEFIT B-46 BEDSIDE VISIT 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]]². 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.

Bedside Visit Benefit. If the Insured Person is confined to a Hospital or other medical facility for [3,4,5,6,7]³ days or more due to an Illness or Injury; the Company will pay for expenses reasonably incurred to bring one person chosen by the Insured Person to and from the Hospital or other medical facility where the Insured Person is confined if the place of confinement is outside a 100 mile radius from the 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 lodging and meals for up to [3,4,5,6,7,8,9,10]⁴ days for such person in the area of such place of confinement, but: (a) only while the Insured Person remains so confined; and (b) not to exceed [\$100, \$200, \$300, \$400, \$500]⁵ per day for lodging and [\$50, \$75, \$100]⁶ per day for meals.

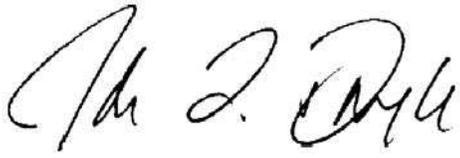
[Travel Guard]⁷ must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact [Travel Guard]⁷ in advance.

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

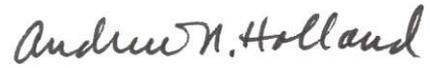
Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); 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.

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

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



President



Secretary

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/11/2010
Comments:			
Attachment:			
Certification.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/11/2010
Bypass Reason:	N/A as this is a policy rider filing only.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/11/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Filing Letter	Approved-Closed	10/11/2010
Comments:			
Attachment:			
Filing Letter.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variables	Approved-Closed	10/11/2010
Comments:			

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Attachment:

Bedside Benefit Rider EOV.pdf

**STATE OF ARKANSAS
REVISED CERTIFICATE OF COMPLIANCE**

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

DESCRIPTION: Optional Policy Rider for Blanket Accident Coverage

FORM NUMBER: C36182DBG

EDITION DATE: N/A

This is to certify that the above captioned policy forms have achieved a Flesch Reading Ease Test score of 50.9 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.

**NATIONAL UNION FIRE INSURANCE
COMPANY OF PITTSBURGH, PA.**

Administrative Offices:

A&H Regulatory Affairs Department
P.O. Box 9708
Wilmington, DE 19809

CHARTIS 

October 1, 2010

Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
Life & Health Division
1200 W 3rd Street
Little Rock, Ar 72201-1904

RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Blanket Accident Insurance Program (C11860DBG et al)
Form C36182DBG Bedside Visit Benefit Rider

Dear Commissioner Bradford:

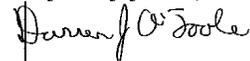
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Any language in brackets is variable to be included or omitted or, where applicable, to vary to the numeric ranges displayed within the brackets.

The effective date of issue of this form will be upon approval by your Department.

Thank you for your attention to this filing. Should you have any questions regarding this filing, please feel free to contact me.

Very truly yours,



Darren O'Toole
Product Analyst
Chartis U.S.
503 Carr Road - 3rd Floor
Wilmington, Delaware 19809
Phone - 302-765-1749
Fax - 302-765-1758

EXPLANATION OF VARIABLES

FORM C36182DBG

1. The Policyholder Name and Policyholder Number will be filled in on a case-by-case basis.
2. The description of the Rider's effective date will either be the Policy's Effective Date or a later date if the Policyholder chooses to add the benefit or coverage after the Policy is already in effect.
3. The minimum number of days confined will vary on a case-by-case basis by the specific increments of 3,4,5,6 and 7 days.
4. The maximum number of days for which the company will pay for lodging and meals will vary on a case-by-case basis by the specific increments of 3,4,5,6,7,8,9 and 10 days.
5. The maximum amount for which the company will pay for lodging will vary on a case-by-case basis by the specific increments of \$100, \$200, \$300, \$400 and \$500 per day.
6. The maximum amount for which the company will pay for meals will vary on a case-by-case basis by the specific increments of \$50, \$75 and \$100 dollars per day.
7. Reference to Travel Guard is variable which will change if the entity itself changes its name.