

SERFF Tracking Number: AMLC-126859142 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 47080
Company Tracking Number: ARUMPBDA, ARUMPBCA, ARUPBDBV
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Group Insurance Riders
Project Name/Number: Group Insurance Riders/ARUMPBDA, ARUMPBCA, ARUPBDBV

Filing at a Glance

Company: United American Insurance Company

Product Name: Group Insurance Riders

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: AMLC-126859142 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47080

Co Tr Num: ARUMPBDA,
ARUMPBCA, ARUPBDBV

Author: Tom Cao

Date Submitted: 10/19/2010

State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Disposition Date: 11/15/2010

Disposition Status: Approved-
Closed

Implementation Date:

General Information

Project Name: Group Insurance Riders

Project Number: ARUMPBDA, ARUMPBCA, ARUPBDBV

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/15/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Trust, Other

Explanation for Other Group Market Type:
Union

State Status Changed: 11/15/2010

Created By: Tom Cao

Corresponding Filing Tracking Number:
ARUMPBDA, ARUMPBCA, ARUPBDBV

Deemer Date:

Submitted By: Tom Cao

PPACA: Not PPACA-Related

Filing Description:

We intend on using these riders to provide additional package options with Group Insurance Policy Form ARUERHP/Certificate Forms ARUERHPC and ARUERHPKLC, which was approved by your department on 02/12/2010. Compliance with Chapter 79, of Arkansas Insurance Laws, is not required as the group policyholder and the group is exempt from such requirements according to §23-79-402(b) of Chapter 79. The benefit packages are experienced rated and will be fully negotiated with each group.

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Company and Contact

Filing Contact Information

Tom Cao, Compliance Analyst tcao@torchmarkcorp.com
 3700 S. Stonebridge Drive 214-544-5389 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

United American Insurance Company CoCode: 92916 State of Domicile: Nebraska
 P.O. Box 8080 Group Code: 290 Company Type: Life and Health
 McKinney, TX 75070-8080 Group Name: Liberty National State ID Number:
 (972) 529-5085 ext. [Phone] FEIN Number: 73-1128555

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 3 forms = \$150.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$150.00	10/19/2010	40887598

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	11/15/2010	11/15/2010

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Disposition

Disposition Date: 11/15/2010

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		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	PPACA Uniform Compliance Summary		Yes
Form	Annual Medicare Part B Deductible Benefit Rider	Approved	Yes
Form	Annual Medicare Part B Coinsurance Rider	Approved	Yes
Form	Medicare Part B Deductible Benefit Rider	Approved	Yes

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Form Schedule

Lead Form Number: ARUMPBDA

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/15/2010 A	ARUMPBD	Policy/Cont ract/Fratern al	Annual Medicare Part B Deductible Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		49.640	ARUMPBDA. pdf
Approved 11/15/2010 A	ARUMPBC	Policy/Cont ract/Fratern al	Annual Medicare Part B Coinsurance Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48.640	ARUMPBCA. pdf
Approved 11/15/2010 V	ARUPBDB	Policy/Cont ract/Fratern al	Medicare Part B Deductible Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		57.410	ARUPBDBV.p df

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL MEDICARE PART B DEDUCTIBLE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

Each calendar year, You are required to meet a [\$500] deductible by paying the Medicare Part B Coinsurance Amounts totaling [\$500], before We provide coverage for Medicare Part B Coinsurance Amounts. After You have met this rider deductible amount, if You incur a medical expense that is eligible under Medicare Part B, We will pay the expense incurred for the Coinsurance Amount. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible.

Under this Part 3 of this Certificate, We will not pay benefits for (a) the Medicare Part B blood deductible, for which benefits are paid under Part 2 of this Certificate, or (b) any portion of the Medicare Part B Calendar Year deductible.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Home Office in McKinney, Texas.

Sandy M. [Signature]
SECRETARY

Secretary

[Signature]
PRESIDENT

President

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[\$500] ANNUAL MEDICARE PART B COINSURANCE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

Each calendar year We will pay [50%] of the first [\$1,000] of expense You incur for the Coinsurance Amount. We will then pay 100% of any additional expense You incur for the Coinsurance Amount during the remainder of that calendar year. Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible.

Under this Part 3 of this Certificate, We will not pay benefits for (a) the Medicare Part B blood deductible, for which benefits are paid under Part 2 of this Certificate, or (b) any portion of the Medicare Part B Calendar Year deductible.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Home Office in McKinney, Texas.

Sally M. Clifton
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

UNITED AMERICAN INSURANCE COMPANY
P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

[100%] MEDICARE PART B DEDUCTIBLE BENEFIT RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

We will pay [100%] of the expense You incur for all of the Medicare Part B deductible amount per Calendar Year regardless of Hospital confinement.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.


SPECIMEN

Secretary


SPECIMEN

President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability Certification-AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The application was approved for use on 02/12/2010. It was filing under SERFF filing # AMLC-126471698.		
Attachment: ARUEGRUAP.pdf		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: N/A - This is a rider filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: N/A - This is a rider filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary		
Bypass Reason: N/A - This is not a major medical filing.		

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Comments:

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
ARUMPBDA – Annual Medicare Part B Deductible Benefit Rider	49.64
ARUMPBCA – Annual Medicare Part B Coinsurance Rider	48.64
ARUPBDBV – Medicare Part B Deductible Benefit Rider	57.41

Date: October 14, 2010



 Michael J. Gaisbauer, Vice President

FORM S-1351

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

APPLICATION

1. a. Group Policy Number: [1234]
b. Policyholder: [ABC Corporation]
2. Group Effective Date: [January 25, 2010]
3. Eligible Member of the Group: [Members of ABC Corporation]
4. Eligible Dependents: [The spouse or surviving spouse of a Group Member,] [the spouse of an active employee of the Policyholder,] [the spouse of an early retiree of the Policyholder,] [the widow or widower of a Group Member whose rights are continued under the Policyholder's retirement plan,] or [the divorced spouse of a Group Member whose rights are continued under the Policyholder's retirement plan].

The Applicant hereby applies for Group Insurance and understands and agrees that insurance applied for shall not become effective until the application for Group Insurance is approved by United American Insurance Company at its Administrative Office.

This application, as it may be amended, will become a part of the Group Policy if issued.

FOR THE POLICYHOLDER:

Signed by _____ Title _____

Signed at _____ Date _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARUEGRUAP