

SERFF Tracking Number: PERR-126900134 State: Arkansas
 Filing Company: AXIS Insurance Company State Tracking Number: 47334
 Company Tracking Number: AXIS-AH-BAPR-AR-10-01-F
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident Policy Riders
 Project Name/Number: AXIS-AH-BAPR-AR-10-01-F/AXIS-AH-BAPR-AR-10-01-F

Filing at a Glance

Company: AXIS Insurance Company

Product Name: Blanket Accident Policy Riders SERFF Tr Num: PERR-126900134 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 47334
 Closed

Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: AXIS-AH-BAPR-AR- State Status: Approved-Closed
 10-01-F

Filing Type: Form

Authors: Lana Begunova, Addy Anggelico, Shera Fournier

Reviewer(s): Rosalind Minor

Disposition Date: 11/23/2010

Date Submitted: 11/16/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AXIS-AH-BAPR-AR-10-01-F

Status of Filing in Domicile: Pending

Project Number: AXIS-AH-BAPR-AR-10-01-F

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted concurrently.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Blanket

Filing Status Changed: 11/23/2010

Explanation for Other Group Market Type: N/A

State Status Changed: 11/23/2010

Deemer Date:

Created By: Lana Begunova

Submitted By: Addy Anggelico

Corresponding Filing Tracking Number: N/A

PPACA: Not PPACA-Related

Filing Description:

On behalf of AXIS Insurance Company (the "Company" or "AXIS"), we are filing the captioned Blanket Accident riders for your review and approval:

Out of Country Medical Expense Benefit Rider - BACC-008-0909

Natural Disaster Evacuation Benefit Rider - BACC-009-0909

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Loss of Use Rider - BACC-010-0909
Repatriation Reunion Trip Rider - BACC-011-0909
Accident Medical Benefit Definition Rider - BACC-012-0909

The Riders submitted in this filing will be attached to and become part of the underlying Blanket Accident Policy. Your Department recently approved the following Blanket Accident Policy filing:

Policy Form Number: BACC-001-0909-AR
Company Filing Number: AXIS-AH-BA-AR-09-01-F
Department Filing number: 3831
Approval Date: 11/04/2009

The Out of Country Medical Expense Benefit Rider will provide coverage for Covered Medical Services when an Insured Person is traveling outside of the United States.

The Natural Disaster Evacuation Benefit Rider will provide a benefit to transport an Insured Person to the nearest place of safety if a Natural Disaster occurs while traveling.

The Loss of Use Rider will provide a benefit should the Insured Person lose use of one, or both, arms and/or legs. These Covered Losses should have been included in the underlying Blanket Accident Policy under the Accidental Death & Dismemberment Schedule.

When a Repatriation Benefit becomes payable under the Blanket Accident Policy, the Repatriation Reunion Trip Rider will provide a benefit for a family member to accompany the remains of the Insured Person to his/her place of residence.

The Accident Medical Benefit Definition Rider provides definitions for terms which are used in the Accident Medical Benefit of the underlying Blanket Accident Policy. These terms should have been defined and included in the original policy. We are adding these definitions now by rider for clarification purposes.

The subject forms are new and are not intended to replace any other forms.

Any bracketed material is being filed as variable. Please note, variable information will never be less favorable to an insured than the minimum statutory and regulatory requirements of the state where the policy is issued. Any numeric variables will vary to ranges shown and will comply with minimum statutory/regulatory requirements. A Statement of Variable Language is included to provide you with an explanation of how these forms may vary to accommodate different policyholders, plan designs, or specific clients/cases.

The Company respectfully requests that the proposed forms be implemented for all policies effective on and after the

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 earliest possible dates upon approval/acknowledgement.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

Company and Contact

Filing Contact Information

Lana Begunova, State Filings Analyst doi@perrknight.com
 881 Alma Real Dr., Suite 205 888-201-5123 [Phone] 151 [Ext]
 Pacific Palisades, CA 90272 310-230-8529 [FAX]

Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

AXIS Insurance Company	CoCode: 37273	State of Domicile: Illinois
11680 Great Oaks Way	Group Code: 3416	Company Type:
Ste. 500	Group Name: AXIS Specialty Limited	State ID Number:
Alpharetta, GA 30022	FEIN Number: 39-1338397	
(678) 746-9423 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$250.00
Retaliatory?	No
Fee Explanation:	\$50 x 5 forms = \$250
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXIS Insurance Company	\$250.00	11/16/2010	41982013

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/23/2010	11/23/2010

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Disposition

Disposition Date: 11/23/2010

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	Statement of Variability, Letter of Authority	Approved-Closed	Yes
Form	OUT OF COUNTRY MEDICAL EXPENSE BENEFIT RIDER	Approved-Closed	Yes
Form	NATURAL DISASTER EVACUATION BENEFIT RIDER	Approved-Closed	Yes
Form	LOSS OF USE BENEFIT RIDER	Approved-Closed	Yes
Form	REPATRIATION REUNION TRIP RIDER	Approved-Closed	Yes
Form	ACCIDENT MEDICAL BENEFIT DEFINITION RIDER	Approved-Closed	Yes

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Form Schedule

Lead Form Number: BACC-001-0909-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/23/2010	BACC-008-0909	Policy/Cont ract/Fratern al	OUT OF COUNTRY MEDICAL EXPENSE BENEFIT RIDER	Initial		56.870	BACC-008-0909.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 11/23/2010	BACC-009-0909	Policy/Cont ract/Fratern al	NATURAL DISASTER EVACUATION	Initial		62.370	BACC-009-0909.pdf
		Certificate: BENEFIT RIDER Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 11/23/2010	BACC-010-0909	Policy/Cont ract/Fratern al	LOSS OF USE BENEFIT RIDER	Initial		76.760	BACC-010-0909.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 11/23/2010	BACC-011-0909	Policy/Cont ract/Fratern al	REPATRIATION REUNION TRIP RIDER	Initial		65.790	BACC-011-0909.pdf
		Certificate:					

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Approved- BACC-012- Policy/Cont ACCIDENT Initial 61.970 BACC-012-
 Closed 0909 ract/Fratern MEDICAL BENEFIT
 11/23/2010 al DEFINITION RIDER
 Certificate:
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[LOGO]1

Underwritten by:
AXIS INSURANCE COMPANY
[303 West Madison, Suite 500
Chicago, Illinois 60606]2
(A Stock Company)

Administrative Office:
[1 University Square Drive, Suite 200
Princeton, NJ 08540]2

Policyholder: [ABC Incorporated]
Policy Number: [XXXXXX]
Effective Date [of this Rider]: [January 1, 2010]
[Insured: _____ [John R. Smith] _____]3

OUT OF COUNTRY MEDICAL EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Effective Date shown above. It applies only with respect to Covered Injury or Sickness that occurs 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 Schedule of Benefits of the Policy for the applicability of this Rider with respect to each class of [Insured Persons] and each Condition of Coverage.

Rider Schedule

OUT OF COUNTRY MEDICAL EXPENSE BENEFIT

[Expense must be incurred within	[13, 26, 52, 104] weeks after the Covered Accident causing the Covered Injury or after the onset of the Sickness]
Benefit Amount	[actual expenses incurred up to] [\$500-\$5,000,000] (in \$500 increments) per [Insured Person] per Covered Injury or Sickness
[Deductible	[up to] [\$0-\$2500] (in \$50 increments)]
[Maximum Benefit Amount for Pregnancy	[up to] [\$500-\$50,000] (in \$500 increments)]
[Maximum Benefit Amount for Pre-existing Condition	[\$500-\$50,000] (in \$500 increments)]

[OUT OF COUNTRY MEDICAL EMERGENCY GUARANTEE CHARGE EXPENSE BENEFIT

Hospital Admission Guarantee Charge	[Actual expenses incurred up to] \$1,000-\$50,000]
Medical Expense Guarantee Charge	[Actual expenses incurred up to] \$1,000-\$50,000]]

Description of Benefit

OUT OF COUNTRY MEDICAL EXPENSE BENEFIT. If, while traveling outside his or her country of permanent residence, [during the course of any trip of less than [30,60,90,180,365] days] [or] [while on Business] [or] [while covered under a Condition of Coverage per the Schedule of Benefits] [and] [While on the Business of the Policyholder] an [Insured Person] suffers a Covered Injury or contracts a Sickness that requires treatment by a Physician, the Company will pay the Usual and Customary Charges incurred for Covered Medical Services received due to that Covered Injury or Sickness up to the maximum Benefit Amount shown in the Rider schedule.

[OUT OF COUNTRY MEDICAL EMERGENCY GUARANTEE CHARGE EXPENSE BENEFIT. If while traveling outside of his her country of permanent residence, [during the course of any trip of less than [30,60,90,180,365] days] [or] [while on Business] [or] [while covered under a Condition of Coverage per the Schedule of Benefits] [and] [While on the Business of the Policyholder] an [Insured Person] suffers a Medical Emergency for which an Out of Country Medical Expense Benefit is payable under the Rider and such persons incurs a Hospital Admission Guarantee Charge and/or a Medical Expense Guarantee Charge, the Company will pay the actual expenses incurred for guarantee of payment to the Hospital or the Physician as shown in the Rider Schedule.

Definitions For purposes of this Benefit:

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Hospital Admission Guarantee Charge means any charge or expense made by a Hospital prior to and as a condition of the [Insured Person's] admission to the 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] is being provided with the medical service or treatment by that provider.

The following conditions apply:

- a) The Company will receive the balance of the Out of Country Medical Expense Guarantee Expense upon discharge from the facility
- b) The company has the right to recover for the [Insured Person] any amount deducted from the Out of Country Medical Expense Guarantee for expenses not covered under this Rider.
- c) The Company reserves the right to post other forms of collateral in lieu of the Out of Country Medical Expense Guarantee Charge.

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

[Pre-Existing Condition Benefit

The Company will pay the Covered Expenses incurred up to the maximum shown in the Rider schedule, for the treatment of a Pre-existing Condition.]

Definitions For purposes of this Rider:

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;
8. physical therapy and occupational therapy;
9. rental of Durable Medical Equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances; or
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.
12. [Pregnancy]

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 Covered Injury or Sickness before and 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).

Covered Injury as used in this Rider, means [accidental] bodily [harm] [injury]: (1) which is sustained [by an Insured Person] [as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the Insured Person's coverage under the Policy is in force,] and (2) which [results] directly

[and independently from all other causes from a Covered Accident] [(independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a Covered Loss][and (3) which occurs while such person is participating in a Covered Activity]. [The Covered Injury must be caused through accidental means.] [All injuries sustained by an [Insured Person] in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.]

Hospital - as used in this Rider, 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 as used in this Rider, means disease or illness, including related conditions and recurrent symptoms, which begins after the effective date of a [Insured Person's] Coverage and while coverage is in force under this Rider. [Sickness also includes [Pregnancy] [and Complications of Pregnancy].]

[Complication(s) of Pregnancy] mean(s) conditions which require Hospital stays before the pregnancy ends and whose diagnoses are distinct from but are caused or affected by pregnancy. These conditions are

- [Acute nephritis or nephrosis; or]
- [Pre eclampsia; or]
- [Eclampsia; [puerperal infection;]or]
- [RH Factor problems; or]
- [Severe loss of blood requiring transfusion; or]
- [Cardia decomposition or [missed abortion];or]
- [Similar condition as severe as these above;]
- [Non elective cesarean section; and]
- [Termination of an ectopic pregnancy; and]
- [Spontaneous termination when live birth is not possible (This does not include voluntary or elective abortion)]

[Delivery by cesarean section is considered a Complication of Pregnancy if the cesarean section is non elective. A cesarean section will be considered non elective if the fetus or the mother is determined to be in distress and is in immediate danger of death, Sickness or Injury if the cesarean section is not performed. A cesarean section beyond one performed in any previous pregnancy will also be considered non elective if vaginal delivery is medically inappropriate, or vaginal delivery is attempted but discontinued due to immediate danger of death, Sickness or injury to child or mother.]

[Not included: (a) false labor, occasional spotting or Doctor prescribed rest during the period of pregnancy; (b) morning sickness; [(c) [hyperemesis gravidarum] [and [pre eclampsia]]]; and [(d)] similar conditions not medically distinct from a difficult pregnancy.]]

[Pre-existing Condition] as used in this Rider means a condition for which the [Insured Person] receives any diagnosis, treatment or had taken any prescription medicines during the [6,12,24] months immediately preceding the effective date of the [Insured Person's] coverage under the Policy or Rider whichever is later. This does not apply when the [Insured Person] is taking prescription medications for a condition which is and remains under control without any change in the required prescription for this time period.]

[Medical Emergency] – means a condition caused by a Covered Injury or Sickness which meets all if the following criteria: (1) 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 Rider is in effect.]

Medically Necessary - as used in this Rider, refers to a Covered Medical Service that: (1) is essential for diagnosis, treatment or care of the Covered Injury or Sickness 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.

[Physician as used in this Rider means a licensed health care provider practicing within the scope of his license and rendering care and treatment to the [Insured Person] that is appropriate for the condition and locality, and who is not:

1. the [Insured Person];
2. an Immediate Family Member of either the [Insured Person] or [the Insured Person's] spouse;
3. a person living in the [Insured Person's] household;
4. a person employed or retained by [the Policyholder; Subscriber]; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.]]]

Usual and Customary Charge(s) - as used in this Rider, 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.

Exclusions. In addition to the Exclusions in the Common 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 Covered 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 Covered Injury or Sickness not to exceed [\$25-\$5000] 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 Covered 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 Covered Injury or Sickness has caused further impairment of sight.
4. new hearing aids or hearing examinations unless the Covered 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 Covered 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 Expense 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 Charge for a 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. any condition for which the [Insured Person] is entitled to benefits under any Workers' Compensation Act or similar law.
- [8. an Emergency Evacuation for which any benefits are payable under the Policy's Medical Evacuation Benefit.]
- [9. Pregnancy]
10. Any Trip for which a purpose, whether primary or otherwise, is to obtain medical treatment.

[Benefits paid under this rider are in lieu of all other benefits covered under the Policy.]

The President and Secretary witness this Rider:

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Secretary

[



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President

[LOGO]1

Underwritten by:
AXIS INSURANCE COMPANY
[303 West Madison, Suite 500
Chicago, Illinois 60606]2
(A Stock Company)

Administrative Office:
[1 University Square Drive, Suite 200
Princeton, NJ 08540]2

Policyholder: [ABC Incorporated]
Policy Number: [XXXXXX]
Effective Date [of this Rider]: [January 1, 2010]
[Insured: _____ [John R. Smith] _____]3

NATURAL DISASTER EVACUATION BENEFIT RIDER
[Not applicable to Insured Dependents]

This Rider is attached to and made part of the Policy as of the Effective Date shown above. 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 Schedule of Benefits of the Policy for the applicability of this Rider with respect to each class of [Insured Persons] and each Condition of Coverage.

Rider Schedule

NATURAL DISASTER EVACUATION BENEFIT

Benefit Amount	[\$500-\$10,000,000]
[Rider Aggregate Maximum	[\$25,000-\$10,000,000]]

[Not more than the Rider Aggregate Maximum specified above will be paid for Natural Disaster Evacuation eligible expenses for all [Insured Persons] as the result of any one Occurrence. If this amount does not allow all [Insured Persons] to be paid the Benefit Amounts this policy otherwise provides, the amount paid will be the proportion of the [Insured Person's] loss to the total of all losses, multiplied by the Rider Aggregate Maximum.]]

Description of Benefit

The Company will pay the Benefit Amount shown in the Rider Schedule, subject to all applicable conditions and exclusions, if an [Insured Person] requires a Natural Disaster Evacuation as a result of an Occurrence that takes place [while the [Insured Person] is traveling] [outside his or her Home Country] [While on Business of the Policyholder outside his or her Home Country] [during a Short Stay outside his or her Home Country] [during a Covered Activity outside his or her Home Country] . The Company will pay eligible expenses up to the Benefit Amount shown in the Rider Schedule to Transport the [Insured Person] to the Nearest Place of Safety.

All Natural Disaster Evacuation arrangement must be made through and approved by [The Company]. [The Company] is not responsible for the availability of Transport Services.

Benefits will not be payable for Natural Disaster Evacuation from or to an Excluded Country. Covered Expenses are for Transportation and Related Cost to the Nearest Place of Safety necessary to ensure the [Insured Person's] safety and well being, [Benefits are payable only once per Occurrence.]

[Benefits will also be payable for the Transportation and Related Cost within [5-30] days of the Natural Disaster Evacuation to the following locations as chosen by the [Insured Person]:

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1. [back to the Host Country if return is safe and permitted;] [or]
2. [the [Insured Person's] Home Country;]
3. [the country where the educational institution that sponsored the [Insured Person's] trip is located].

[The Company] will make all reasonable efforts to provide the services contained in this Rider but are not responsible for the availability of these services.]

Definitions For purposes of this benefit:

Excluded Country/Countries means the following countries: [(countries to be listed by name here.)]

This list may be changed at any time with 30 days advance notice to the Policyholder of the Company's change in its risk exposure for the Natural Disaster Evacuation Coverage. Any country subject to the administration and enforcement of U.S economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC) is a country from which Natural Disaster Evacuations are not available under this benefit.

Home Country means a country from which the [Insured Person] holds a passport. If the [Insured Person] holds passports from more than one country, the Home Country will be the country declared to in writing as his or her Home Country.

Host Country means the country, other than an Excluded Country, in which the [Insured Person] is [located] [traveling] while covered under this benefit.

Imminent Physical Danger means the [Insured person] is subject to possible physical injury or sickness that could result in grave physical harm or death.

Natural Disaster means an event , including but not limited to wind storm, rain, snow, hail, lightning, dust or sand storm, earthquake, tornado, flood, volcanic eruption, wildfire or other similar event that

1. Is due to natural causes; and
2. Results in widespread severe damage such that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

Natural Disaster Evacuation means the extrication of an [Insured Person] from the Host Country due to an Occurrence which results in the [Insured Person] being placed in Imminent Physical Danger.

Nearest Place of Safety means a location where:

1. the [Insured Person]] can be presumed safe from the Occurrence that precipitated [Insured Person's] Natural Disaster Evacuation; and
2. the [Insured Person] has access to Transportation; and
3. the [Insured Person] has availability to temporary lodging, if needed.

Occurrence means Natural Disaster that takes place while an [Insured Person] is covered under this Rider.

Related Cost means food, lodging and, if necessary, physical protection for the [Insured Person]] during the Transport to the Nearest Place of Safety.

Transport/Transportation means the most efficient and available method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the [Insured person's] previously purchased Common Carrier tickets will be used.

Exclusions [Other than the list of Excluded Countries,]

1. [[Medical Services]
2. [Repatriation of remain expenses]

Exclusions that apply to this benefit are in the *Common Exclusions* Section.]

The President and Secretary witness this Rider:

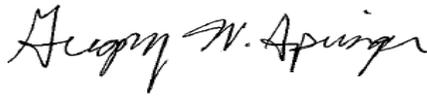
[

[



]4

Secretary



]5

President

[LOGO]1

Underwritten by:
AXIS INSURANCE COMPANY
[303 West Madison, Suite 500
Chicago, Illinois 60606]2
(A Stock Company)

Administrative Office:
[1 University Square Drive, Suite 200
Princeton, NJ 08540]2

Policyholder: [ABC Incorporated]
Policy Number: [XXXXXX]
Effective Date [of this Rider]: [January 1, 2010]
[Insured: _____ [John R. Smith] _____]3

LOSS OF USE BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Effective Date shown above. It applies only with respect to Covered Injury [or Emergency Sickness] that occurs 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 Schedule of Benefits of the Policy for the applicability of this Rider with respect to each class of [Insured Persons] and each Condition of Coverage

If a Covered Injury to the [Insured Person] [Insured Dependent] [or] [Insured Spouse] results, in any one of the Permanent Total Losses of Use specified below, the Company will pay the percentage of the Principal Sum shown below for that loss.

<u>Permanent Total Loss of Use</u>	<u>Percentage of Principal Sum</u>
Both Arms and Both Legs	100%
Both Arms or Both Legs	[50, 75, 100] %
One Arm and One Leg	[50, 75, 100]%
[One Arm or One Leg.....	25%]

If the [Insured Person] suffers more than one of the above losses as a result of the same Covered Accident, only one amount, the largest, will be paid.

Definition for this Rider

Loss of Use of a Arm or Leg means total loss of all ability to move the arm or leg, within [30-365 days] of a Covered Accident, that continues for [6-24 months] and is expected to continue for the remainder of [the Insured Person's] lifetime.

Exclusions

Exclusions that apply to this benefit are in the Common Exclusions Section of the Policy.

The President and Secretary witness this Rider:

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Secretary

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[


President

]5

[LOGO]1

Underwritten by:
AXIS INSURANCE COMPANY
[303 West Madison, Suite 500
Chicago, Illinois 60606]2
(A Stock Company)

Administrative Office:
[1 University Square Drive, Suite 200
Princeton, NJ 08540]2

Policyholder: **[ABC Incorporated]**
Policy Number: **[XXXXXX]**
Effective Date [of this Rider]: **[January 1, 2010]**
[Insured: **[John R. Smith]**]**3**

REPATRIATION REUNION TRIP RIDER

This Rider is attached to and made part of the Policy as of the Effective Date shown above. 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 Schedule of Benefits of the Policy for the applicability of this Rider with respect to each class of [Insured Persons] and each Condition of Coverage

Rider Schedule

REPATRIATION REUNION TRIP BENEFIT

Round Trip Benefit Amount	[up to one round trip economy airfare ticket] [or] [\$100-\$5,000]
[Lodging Benefit Amount	[\$50-\$2,000] per day]
[Meal Benefit Amount	[\$25-\$500] per day]
[Maximum Benefit Period	[1-30] days]

Description of Benefit

If a Repatriation Benefit becomes payable under the Policy, the Company will pay the Round Trip Benefit Amount, subject to all applicable conditions and exclusions, for expense reasonably incurred for an Immediate Family Member 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 the Benefit Amount shown in the Rider Schedule for Lodging [and meals] [up to the Maximum Benefit Period shown in the Rider Schedule.]

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

Exclusions

Exclusions that apply to this benefit are in the Common Exclusions Section of the Policy.

The President and Secretary witness this Rider:

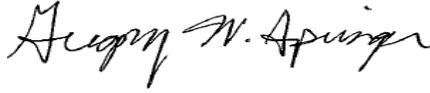
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Secretary

]4

[



President

]5

[LOGO]1

Underwritten by:
AXIS INSURANCE COMPANY
[303 West Madison, Suite 500
Chicago, Illinois 60606]2
(A Stock Company)

Administrative Office:
[1 University Square Drive, Suite 200
Princeton, NJ 08540]2

Policyholder: [ABC Incorporated]
Policy Number: [XXXXXX]
Effective Date [of this Rider]: [January 1, 2010]
[Insured: _____ [John R. Smith] _____]3

This Rider is attached to and made part of the Policy as of the Effective Date shown above. It is subject to all of the provisions, limitations and exclusions of the Policy except as specifically modified herein.

The following definitions are added to the definitions section of the Accident Medical [and Emergency Sickness] Benefit in the Policy:

[Policy Aggregate Deductible] means the total amount of Covered Expenses [and Loss Adjustment Expenses] that the Policyholder must pay before benefits will become payable under this Policy. The Policy Aggregate Deductible applies to all Covered Losses for all [Insured Persons]. Any Covered Expenses that are paid by the Policyholder for a Covered Loss shall reduce the Total Maximum for Accident Medical Expense Benefits payable under this Policy as shown in the *Schedule of Benefits* that Covered Loss.]

[Loss Adjustment Expenses] shall mean reasonable expenses that could be attributable solely to investigating or providing cost containment services to a particular claim. Loss Adjustment Expenses does not include salaries, overhead or any other expenses normally associated with providing claim administrative services nor does it include any expense that is associated with more than one claim.]

[Deductible] means the amount of Covered Expenses that must be paid by the [Insured Person] before benefits will become payable under this Policy. A separate deductible shall apply to each Covered Loss. [The Deductible shall be reduced by the amount of medical expenses paid or payable under an Other Health Care Plan for medical expenses arising out of the Covered Loss that gave rise to the claim under this Policy.]]

The President and Secretary witness this Rider:

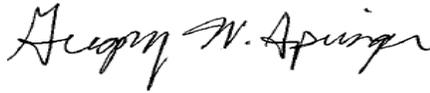
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Secretary

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President

SERFF Tracking Number: PERR-126900134 State: Arkansas
 Filing Company: AXIS Insurance Company State Tracking Number: 47334
 Company Tracking Number: AXIS-AH-BAPR-AR-10-01-F
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident Policy Riders
 Project Name/Number: AXIS-AH-BAPR-AR-10-01-F/AXIS-AH-BAPR-AR-10-01-F

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	11/23/2010
Comments:		
Attachment: Certificate of Readability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	11/23/2010
Comments: Application BACC-003-0909 was approved under State Tracking Number 43831 on 11/04/2009.		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	11/23/2010
Bypass Reason: Not PPACA related.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability, Letter of Authority	Approved-Closed	11/23/2010
Comments:		
Attachments: Blanket Statement of Variability-Riders.pdf LOA.pdf		

CERTIFICATE OF READABILITY

FORM NAME	FORM NUMBER	FLESCH SCORE
OUT OF COUNTRY MEDICAL EXPENSE BENEFIT RIDER	BACC-008-0909	56.87
NATURAL DISASTER EVACUATION BENEFIT RIDER	BACC-009-0909	62.37
LOSS OF USE BENEFIT RIDER	BACC-010-0909	76.76
REPATRIATION REUNION TRIP RIDER	BACC-011-0909	65.79
ACCIDENT MEDICAL BENEFIT DEFINITION RIDER	BACC-012-0909	61.97

The text was Flesch scored by computer.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations.



Megan K. Morehead
Assistant Vice President
AXIS Global Accident & Health

AXIS Insurance Company
STATEMENT OF VARIABLE LANGUAGE for the following RIDERS:

BACC-008-0909 Out of Country Medical Expense Benefit Rider
BACC-009-0909 Natural Disaster Evacuation Benefit Rider
BACC-010-0909 Loss of Use Benefit Rider
BACC-011-0909 Repatriation Reunion Trip Rider
BACC-012-0909 Definition Rider

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

FORM	Variable	Description of Variable
General Variable Items		<p>Any bracketed material is being filed as variable. Please note variable information will never be less favorable to an insured than the minimum statutory and regulatory requirements of the state where the policy is issued. Any numeric variables will vary to ranges shown and will comply with minimum statutory/regulatory requirements.</p> <p>Brackets around numbers or alphas in listing, and punctuation/words such as “and/or” in a listing, will be included or deleted as needed in order to make the statement or provision read correctly.</p> <p>Reference to Insured Person may vary to reflect group type. E.g., when underlying Policyholder is an Employer, the term may be change to “Employee.” When underlying Policyholder is a School, the term may be changed to “Student.”</p> <p>Reference to Spouse may also include a Same Sex Spouse where same sex marriage is recognized or Domestic Partner where said coverage is allowed by state law. Reference to Domestic Partner may vary to reflect the proper designation allowed by state law, e.g., Partner to a Civil Union.</p> <p>The format may vary according to plan design or policyholder preference; however the relative prominence of provisions will not change. Subject to state readability laws, the print size, style, page size and layout may be modified to reflect various formats including 8.5 x 11 pages, booklets or brochure styles.</p>
	1	Logo
	2	Company address may change
	3	<ul style="list-style-type: none"> • Policyholder – John Doe information • Policy Number - John Doe information • Policy Effective Date - John Doe information ; Effective Date may be date Policy Effective Date, or if Rider is issued after Policy Effective Date, Rider will take effect on Rider Effective Date • Insured – John Doe information; name of individual Insured may or may not be included on Rider
	4	Secretary – current Company Secretary appears; name may be revised should corporate officer be removed/replaced
	5	President – current Company President appears; name may be revised should corporate officer be removed/replaced
BACC-008-0909		OUT OF COUNTRY MEDICAL EXPENSE RIDER
Rider Schedule		<p>Benefit amounts will vary to range shown.</p> <ul style="list-style-type: none"> • Time period within which expense must be incurred may be included or omitted according to plan design.

		<ul style="list-style-type: none"> • Deductible may be included or omitted according to plan design. • Benefit for Pregnancy may be included or omitted according to plan design. • Benefit for Pre-Existing Condition may be included or omitted according to plan design. • Out of Country Medical Emergency Guarantee Charge Expense Benefit may be included or omitted according to plan design.
Description of Benefit		<p>Depending on plan design and Policyholder, Benefits may be paid while the Insured Person is traveling:</p> <ul style="list-style-type: none"> • On a trip of a certain duration • On Business • Under a Condition of Coverage listed in the Schedule of Benefits of the underlying Policy • While on Business of the Policyholder. <p>Out of Country Medical Emergency Guarantee Charge Expense Benefit may be included or omitted according to plan design. The statement regarding reduction of the Out of Country Medical Expense Benefit may be included or omitted according to plan design.</p> <p>Benefit for Pre-Existing Condition may be included or omitted according to plan design.</p> <p>Benefit for Pregnancy and Complications of Pregnancy may be included or omitted according to plan design.</p> <p>Deductible may be included or omitted according to plan design.</p> <p>In the definitions section, definitions shown as variable may be included or omitted when necessary under plan design. E.g., if benefit is payable for Complications of Pregnancy, definition of Complication of Pregnancy will be included.</p> <p>The statement regarding benefits under the Rider being paid in lieu of all other benefits under the Policy may be included or omitted according to plan design.</p>
BACC-009-0909		NATURAL DISASTER EVACUATION BENEFIT RIDER
Rider Schedule		Benefit amount will vary to range shown. Rider Aggregate Maximum may be included or omitted according to plan design.
Description of Benefit		<p>Depending on plan design and Policyholder, the benefit may be paid while the Insured Person is traveling or located:</p> <ul style="list-style-type: none"> • outside his or her Home Country • While on Business of the Policyholder outside his or her Home Country • during a Short Stay outside his or her Home Country • during a Covered Activity outside his or her Home Country. <p>If a Travel Assistance Company is included in the Plan Design, the Travel Assistance Company may be handling arrangements and authorizations.</p> <p>Whether Benefits are payable only once per Occurrence may be included or omitted according to plan design.</p> <p>Benefits payable for Transportation/Related Costs after the Natural Disaster may be included or omitted according to plan design. Depending on plan</p>

		<p>design and Policyholder, benefit may be payable for:</p> <ul style="list-style-type: none"> • return to Host Country; • return to Home Country; or • return to country where educational institution is located. <p>Excluded Countries will be listed by name depending on plan design and Policyholder selection.</p> <p>Exclusions listed may be included or omitted according to plan design. If neither of these apply, exclusions are listed in the underlying Policy.</p>
BACC-010-0909		LOSS OF USE BENEFIT RIDER
		Benefit amounts and time periods will vary to ranges shown. Loss of Use of One Arm or One Leg may be included or omitted according to plan design.
BACC-011-0909		REPATRIATION REUNION TRIP RIDER
Rider Schedule		Benefit amounts will vary to ranges shown. Lodging Benefit Amount may be included or omitted according to plan design. Meal Benefit Amount may be included or omitted according to plan design. Maximum Benefit Period may be included or omitted according to plan design.
Description of Benefit		Reference to Lodging Benefit, Meal Benefit and Maximum Benefit Period will be included or omitted according to plan design. If a Travel Assistance Company is included in the Plan Design, the Travel Assistance Company may be handling arrangements and authorizations.
BACC-012-0909		DEFINITION RIDER
		These definitions may be added to the definitions section of the ACCIDENT MEDICAL [AND EMERGENCY SICKNESS] BENEFIT in the underlying Policy. Reference to Emergency Sickness will be included when Emergency Sickness is offered/covered in the underlying Policy.
Policy Aggregate Deductible		The definition will be included when a Policy Aggregate Deductible is included in the Plan Design. Reference to Loss Adjustment Expense will be included in the Plan Design.
Loss Adjustment Expense		The definition will be included when a Loss Adjustment Expense is included in the Plan Design.
Deductible		The definition will be included when a Deductible is included in the Plan Design.



AXIS Global

ACCIDENT & HEALTH

November 12, 2010

**Re: AXIS Insurance Company
NAIC Company Number: 37273
Blanket Accident Riders - Filing Submission**

To Whom It May Concern:

Perr&Knight is hereby authorized to submit rate, rule, and form filings on behalf of AXIS Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight at the following address:

State Filings Department
Perr&Knight
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Phone: (310) 230-9339
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization.

Sincerely,

Megan K. Morehead
Assistant Vice President –Compliance
AXIS Global Accident & Health
Phone: 609-375-9117
Megan.Morehead@axiscapital.com

