

SERFF Tracking Number: TRST-126864807 State: Arkansas
Filing Company: Trustmark Life Insurance Company State Tracking Number: 47073
Company Tracking Number: 10.00408
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: PPACA Amendment Filing (R2) & (R1)
Project Name/Number: /

Filing at a Glance

Company: Trustmark Life Insurance Company

Product Name: PPACA Amendment Filing (R2) SERFF Tr Num: TRST-126864807 State: Arkansas
& (R1)

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 47073
Closed

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: 10.00408 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Author: Sarah Cole Disposition Date: 11/09/2010

Date Submitted: 10/18/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Trust

Filing Status Changed: 11/09/2010

Explanation for Other Group Market Type:

State Status Changed: 11/09/2010

Deemer Date:

Created By: Sarah Cole

Submitted By: Lisa Sayerstad

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

Filing Description:

October 18, 2010

RE: TRUSTMARK LIFE INSURANCE COMPANY

FEIN# 36-3421358; NAIC# 276-62863

PPACA Amendment

SERFF Tracking Number: TRST-126864807 State: Arkansas
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Form Numbers: PPACA Amend/GRP GF (R2)
PPACA Amend/GRP NGF (R1)

Our Filing Number: 10.00408

Dear Sir or Madam:

We are submitting the above captioned amendments for your review and approval. The original version of each amendment was filed and approved on 8/9/10 under SERFF# TRST-126740012. Revisions have been made to further clarify the requirements of the Patient Protection and Affordable Care Act.

The amendments will be used with the same list of group major medical forms originally provided to comply with the requirements of the Patient Protection and Affordable Care Act.

Bracketed material represents variability. Variations will reflect the type of plan affected such as PPO or indemnity as well as options that may differ between the types of plans. Variable material will always meet the minimum requirements of law.

The amendment is in final printed format as issued from a laser printer. We, however, use different computer publishing systems. Therefore, actual issued amendments may have a different font style than the submitted amendments. As a result, page breaks may occur at different lines and line wording may not match up exactly. The wording and its order, however, will remain identical. We do not anticipate refileing for such font style variation.

We respectfully request your favorable review and approval of this filing. If you would like to discuss any aspect of this filing, you may reach me by phone at 847-283-3182, or by email at scole@trustmarkins.com.

Very truly yours,

Sarah Cole
Regulatory Advocacy Analyst
The Trustmark Companies

Company and Contact

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Filing Contact Information

Sarah Cole, Regulatory Advocacy Analyst scole@trustmarkins.com
 400 Field Drive 800-666-6977 [Phone] 33182 [Ext]
 Lake Forest, IL 60045 847-615-3872 [FAX]

Filing Company Information

Trustmark Life Insurance Company	CoCode: 62863	State of Domicile: Illinois
400 Field Drive	Group Code: 276	Company Type:
Lake Forest, IL 60045	Group Name:	State ID Number:
(800) 666-6977 ext. [Phone]	FEIN Number: 36-3421358	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: 2 forms x \$50 = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Trustmark Life Insurance Company	\$100.00	10/18/2010	40852003

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/09/2010	11/09/2010

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Disposition

Disposition Date: 11/09/2010

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
Form	PPACA Amendment/Group Grandfathered	Approved-Closed	Yes
Form	PPACA Amendment/Group Nongrandfathered	Approved-Closed	Yes

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Form Schedule

Lead Form Number: PPACA AMEND/GRP GF (R2)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 11/09/2010	PPACA AMEND/G RP GF (R2)	Certificate	PPACA Amendmen Grandfathered	Initial	t, Insert Page, Endorseme nt or Rider		MANDATOR Y AMENDMEN T GRANDFATH ERED GROUP (R2)- CLEAN 081310.pdf
Approved- Closed 11/09/2010	PPACA Amend/GR P NGF (R1)	Certificate	PPACA Amendmen Nongrandfathered	Initial	t, Insert Page, Endorseme nt or Rider		MANDATOR Y AMENDMEN T NONGRAND FATHERED GROUP - (R1).pdf

MANDATORY AMENDMENT GRANDFATHERED GROUP

To the extent the benefits described below are more beneficial to the covered person than the terms and conditions of your certificate, the following provisions shall apply for plan years beginning on or after September 23, 2010 to ensure compliance with Federal health care reform known as the Patient Protection and Affordable Care Act, including any amendments, regulations, rules or other guidance issued with respect to the ("Act"):

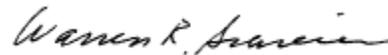
1. Any lifetime maximum dollar limit referenced pertains only to those health care services and supplies that are not essential benefits as defined in the Act.
2. The annual maximum dollar limit, if any, shall not be applied to essential benefits except as allowed in the Act.
3. Coverage cannot be rescinded except for fraud or intentional misrepresentation of a material fact.
4. If coverage includes dependents, dependent child coverage will continue until [the date the dependent child turns age 26][the end of the month the dependent child turns age 26][the end of the calendar year in which the dependent child turns age 26] regardless of the marital status of such dependent child. Coverage does not include the spouse or child of such dependent child unless that child meets other coverage criteria established under state law. [Coverage will not continue for the dependent child that has coverage available through his or her employer.]
5. Any preexisting condition exclusions do not apply to enrollees or dependents under age 19.

This amendment takes effect on [insert renewal date]. This amendment terminates concurrently with the certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the certificate except as stated.

TRUSTMARK LIFE INSURANCE COMPANY



David McDonough
President & Chief Executive Officer



Warren R. Schreier
Corporate Secretary

MANDATORY AMENDMENT NON-GRANDFATHERED GROUP

To the extent the benefits described below are more beneficial to the covered person than the terms and conditions of your certificate, the following provisions shall apply for plan years beginning on or after September 23, 2010 to ensure compliance with Federal health care reform known as the Patient Protection and Affordable Care Act, including any amendments, regulations, rules or other guidance issued with respect to the ("Act"):

1. Any lifetime maximum dollar limit referenced pertains only to those health care services and supplies that are not essential benefits or preventive benefits as defined in the Act.
2. Any annual maximum dollar limit shall only be applied to essential benefits as allowed in the Act.
3. Coverage cannot be rescinded except for fraud or intentional misrepresentation of a material fact.
4. If coverage includes dependents, dependent child coverage will continue until [the date the dependent child turns age 26][the end of the month the dependent child turns age 26][the end of the calendar year in which the dependent child turns age 26] regardless of the marital status of such dependent child. Coverage does not include the spouse or child of such dependent child unless that child meets other coverage criteria established under state law. [Coverage will not continue for the dependent child that has coverage available through his or her employer.]
5. Any "per calendar year" or "per plan year" dollar limits are not applied to preventive benefits.
6. Any preexisting condition exclusions do not apply to enrollees or dependents under age 19.
7. Coverage for preventive benefits, as defined in the Act, does not require payment of any deductible, copayment, or coinsurance [if obtained from a participating provider].
8. All internal and external appeal rights will be administered in accordance with the Act or state law, whichever provides greater rights to the consumer. There will be no fee for filing for an external review.
9. [Emergency services from non-participating providers will be covered at the same coinsurance percentage or copayment amount as services provided by participating providers.]

This amendment takes effect on [insert renewal date][insert new business effective date]. This amendment terminates concurrently with the certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the certificate except as stated.

TRUSTMARK LIFE INSURANCE COMPANY



David McDonough
President & Chief Executive Officer



Warren R. Schreier
Corporate Secretary

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/09/2010
Comments:			
Attachment:			
AR FLESCH.pdf			

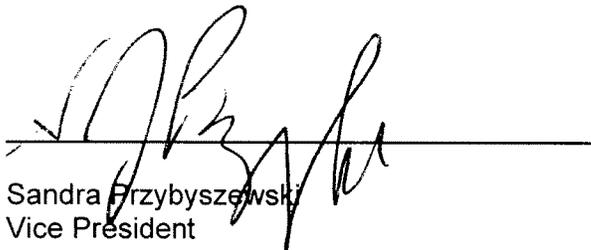
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/09/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	11/09/2010
Bypass Reason:	N/A - Already approved under previous filing.		
Comments:			

Trustmark
LIFE INSURANCE COMPANY

RE: Forms PPACA AMEND/GRP GF; PPACA AMEND/GRP NGF

This is to certify the forms shown below comply with the requirements of Arkansas Stat. Ann. Sections 23-80-201 to 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act and have achieved a Flesch reading ease score of at least 40.



Sandra Przybyszewski
Vice President

ARKANSAS