

SERFF Tracking Number: AGDE-126447606 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 44844
Company Tracking Number: S30655DBG ET AL
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: Impairment Riders/S30655DBG et al

Filing at a Glance

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

Product Name: Speciality Markets SERFF Tr Num: AGDE-126447606 State: Arkansas
TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- Closed State Tr Num: 44844
Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: S30655DBG ET AL State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor
Authors: Jane Ford, Penny Berry, Disposition Date: 02/12/2010
Veronica Bullock
Date Submitted: 02/12/2010 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Impairment Riders
Project Number: S30655DBG et al
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: Not filed in domicile state of Pennsylvania as this is deregulated.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/12/2010

Market Type: Group
Group Market Size: Small and Large
Group Market Type: Blanket
Explanation for Other Group Market Type:
State Status Changed: 02/12/2010
Created By: Penny Berry
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Wanda Floyd
Filing Description:
February 12, 2010

Honorable Jay Bradford
Insurance Commissioner

SERFF Tracking Number: AGDE-126447606 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 44844
Company Tracking Number: S30655DBG ET AL
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: Impairment Riders/S30655DBG et al

Arkansas Insurance Department
Life/Health Division
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Blanket Accident Insurance Program (C11695DBG et al)
S30655DBG Permanent Impairment Benefit Rider (Lump Sum)
S30656DBG Permanent Impairment Benefit Rider (Percentage)
S30657DBG Occupational Retraining Benefit Rider
Form Filing

Dear Commissioner:

The above-captioned forms are submitted for approval pursuant to Arkansas statute 23-79-109. These forms will be used with our Blanket Accident Insurance Policy C11695DBG, which was previously approved by your Department on August 30, 2001. These forms are new and are not intended to replace any existing forms previously approved by your Department.

The referenced program provides coverage to eligible individuals who sustain a permanent impairment as a result of an injury.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms (including sequential ordering of the provisions, color, type face and font) and to go outside the range of variables if we are requested to do so by a particular policyholder, but will only do so if such changes are within the allowable parameters or requirements set forth in the Arkansas statutes.

We thank you in advance for your attention to this filing. Please do not hesitate to contact our office if you have any questions or require additional information.

Sincerely,

Penny L. Berry
Regulatory Analyst

SERFF Tracking Number: AGDE-126447606 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 44844
 Company Tracking Number: S30655DBG ET AL
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Speciality Markets
 Project Name/Number: Impairment Riders/S30655DBG et al

A&H Regulatory Affairs Department
 Phone: (888) 396-5369 x 2414
 Fax: (302) 594-4810
 penny.berry@chartisinsurance.com

Company and Contact

Filing Contact Information

Penny Berry, Product Analyst penny.berry@chartisinsurance.com
 600 King Street 888-396-5369 [Phone] 2414 [Ext]
 PDV1 302-594-4810 [FAX]
 7th Floor
 Wilmington, DE 19801

Filing Company Information

National Union Fire Insurance Company of Pittsburgh, Pa. CoCode: 19445 State of Domicile: Pennsylvania
 600 King Street Group Code: 12 Company Type:
 7th Floor Group Name: AIG State ID Number:
 PDV1 FEIN Number: 25-0687550
 Wilmington, DE 19801
 (888) 396-5369 ext. 2421[Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 1 x \$20.00 = \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$20.00	02/12/2010	34159444

SERFF Tracking Number: AGDE-126447606 State: Arkansas
Filing Company: National Union Fire Insurance Company of State Tracking Number: 44844
Pittsburgh, Pa.
Company Tracking Number: S30655DBG ET AL
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: Impairment Riders/S30655DBG et al

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/12/2010	02/12/2010

SERFF Tracking Number: AGDE-126447606 State: Arkansas
Filing Company: National Union Fire Insurance Company of State Tracking Number: 44844
Pittsburgh, Pa.
Company Tracking Number: S30655DBG ET AL
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Speciality Markets
Project Name/Number: Impairment Riders/S30655DBG et al

Disposition

Disposition Date: 02/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGDE-126447606 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 44844
 Company Tracking Number: S30655DBG ET AL
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Speciality Markets
 Project Name/Number: Impairment Riders/S30655DBG et al

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Transmittal	Approved-Closed	Yes
Form	Permanent Impairment Benefit Rider (Lump Sum)	Approved-Closed	Yes
Form	Permanent Impairment Benefit Rider (Percentage)	Approved-Closed	Yes
Form	Occupational Retraining Benefit Rider	Approved-Closed	Yes

SERFF Tracking Number: AGDE-126447606 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 44844
 Company Tracking Number: S30655DBG ET AL
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Speciality Markets
 Project Name/Number: Impairment Riders/S30655DBG et al

Form Schedule

Lead Form Number: S30655DBG

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/12/2010	S30655DB G	Policy/Cont ract/Fratern al	Permanent Impairment Benefit Rider (Lump Sum) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.600	S30655DBG Permanent Impairment Benefit Rider Lump Sum.pdf
Approved-Closed 02/12/2010	S30656DB G	Policy/Cont ract/Fratern al	Permanent Impairment Benefit Rider (Percentage) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.500	S30656DBG Permanent Impairment Benefit Rider Percentage.p df
Approved-Closed 02/12/2010	S30657DB G	Policy/Cont ract/Fratern al	Occupational Retraining Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.100	S30657DBG Occupational Retraining Benefit Rider.pdf

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: _____

Policy Number: _____

PERMANENT IMPAIRMENT BENEFIT RIDER (LUMP SUM)

This Rider is attached to and made part of the Policy [as of the Policy Effective Date shown in the Policy's Master Application.][effective [Month Day, Year]. It applies only with respect to accidents 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.

Permanent Impairment Benefit. If, within [30, 45, 60, 90,120,180, 365] days of the accident that caused an Injury, an Insured is deemed to have a Permanent Impairment Percentage Value of at least [60-90]% due to that Injury, the Company will, at the end of [6,12, 18, 24] consecutive months of such Permanent Impairment, pay, the Permanent Impairment Benefit Maximum Amount shown on the Benefit Schedule subject to the following:

1. prior to the end of [6, 12, 18, 24] consecutive months of such Permanent Impairment, the Insured will have participated in an approved physical rehabilitation program if his or her physical condition so warrants as determined by a Physician;
2. the evaluation to assign a Permanent Impairment Percentage Value will be performed at the end of [6,12, 18, 24] consecutive months of such Permanent Impairment;
3. the Company reserves the right, at the end of the [6,12, 18, 24] consecutive months of Permanent Impairment, to determine, on the basis of all the facts and circumstances, that the Insured is Permanently Impaired, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

[If the Insured has a Permanent Impairment value of [75-100]³% or higher, the Insured 's benefit will be increased to [105 - 150]⁵% of the Permanent Impairment Benefit Maximum Amount.]¹

[If the Insured had an impairment prior to the accident that caused the Injury, and the current Injury is a re-injury of that prior permanent impairment, the permanent impairment percentage value attributable to that prior permanent impairment will be deducted from the Permanent Impairment Percentage Value for the current Injury.]²

Examples:

- (1) If a knee Injury results in a Permanent Impairment Percentage Value of 38% (impairment of the knee relative to the whole body), no benefit will be will be payable.
- (2) If a spinal Injury results in a Permanent Impairment Percentage Value of 75% (impairment of the spine relative to the whole body), [a benefit of [105-150] % of the Permanent Impairment Benefit Maximum Amount]¹ [the Permanent Impairment Benefit Maximum Amount]³ will be payable.
- (3) If a combination of leg and back Injuries result in an Permanent Impairment Percentage Value of 70% and 40%, respectively, [a benefit of [105-150] % of the Permanent Impairment Benefit Maximum Amount]¹ [the Permanent Impairment Benefit Maximum Amount]³ will be payable.
- [(4) If an arm Injury results in a Permanent Impairment Percentage Value of 80% (impairment of the arm relative to the whole body), and is a re-injury of a prior permanent impairment with an permanent impairment value percentage of 25% for that prior permanent impairment, no benefit will be payable.]²

Definitions

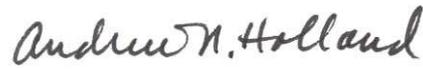
Permanent Impairment means a physical or functional abnormality or loss which is considered stable or non-progressive by a Physician at the time an evaluation is performed to assign a Permanent Impairment Percentage Value.

Permanent Impairment Percentage Value means the assignment by a Physician of a Permanent Impairment Percentage Value to the Insured's Injury(ies), expressed as a percentage relative to the Insured's whole body. This value will be determined utilizing the most current edition of the American Medical Association's (AMA) "Guides to the Evaluation of Permanent Impairment".

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



President



Secretary

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: _____
Policy Number: _____

PERMANENT IMPAIRMENT BENEFIT RIDER (PERCENTAGE)

This Rider is attached to and made part of the Policy[as of the Policy Effective Date shown in the Policy's Master Application.][effective [Month Day, Year]. It applies only with respect to accidents 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.

Permanent Impairment Benefit. If, within [30, 45, 60, 90,120,180, 365] days of the accident that caused the Injury, an Insured is rendered Permanently Impaired, the Company will, at the end of [6,12, 18, 24] consecutive months of such Permanent Impairment, pay a benefit based on the Permanent Impairment Percentage Value up to the Permanent Impairment Benefit Maximum Amount shown on the Benefit Schedule, subject to the following:

1. prior to the end of [6, 12, 18, 24] consecutive months of such Permanent Impairment, the Insured participated in an approved physical rehabilitation program if his or her physical conditions so warrants as determined by a Physician;
2. the evaluation to assign a Permanent Impairment Percentage Value will be performed at the end of [6, 12, 18, 24] consecutive months of such Permanent Impairment;
3. the Company reserves the right, at the end of the [6,12, 18, 24] consecutive months of Permanent Impairment, to determine, on the basis of all the facts and circumstances, that the Insured is Permanently Impaired, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Benefit Determination. The Permanent Impairment Percentage Value will be applied to the Permanent Impairment Benefit Maximum Amount shown in the Benefit Schedule. The resulting amount will be the benefit payable to the Insured. [If the Insured has a Permanent Impairment Percentage Value of [75-100]% or higher, the Insured's benefit will be increased to [100 - 150] % of the Permanent Impairment Benefit Maximum Amount.]¹

[If the Insured had an permanent impairment prior to the accident that caused the Injury, and the current Injury is a re-injury of that prior permanent impairment, the permanent impairment percentage value attributable to that prior permanent impairment will be deducted from the Permanent Impairment Percentage Value for the current Injury.]²

Examples:

- (1) If a knee Injury results in a Permanent Impairment Percentage Value of 38% (impairment of the knee relative to the whole body), a benefit of 38% of the Permanent Impairment Benefit Maximum Amount will be payable.
- (2) If a spinal Injury results in a Permanent Impairment Percentage Value of 75% (impairment of the spine relative to the whole body), a benefit of [75-150]% of the Permanent Impairment Benefit Maximum Amount will be payable.
- (3) If a combination of leg and back Injuries result in an Permanent Impairment Percentage Value of 70% and 40%, respectively, a benefit of [100-150] % of the Permanent Impairment Benefit Maximum Amount will be payable.
- [(4) If an arm Injury results in a Permanent Impairment Percentage Value of 80% (impairment of the arm relative to the whole body), and is a re-injury of a prior permanent impairment with an permanent impairment value percentage of 25% for that prior permanent impairment, a benefit of 55% of the Permanent Impairment Benefit Maximum Amount will be payable.]²

Definitions

Permanent Impairment means a physical or functional abnormality or loss condition which is considered stable or non-progressive by a Physician at the time an evaluation is performed to assign a Permanent Impairment Percentage Value.

Permanent Impairment Percentage Value means the assignment by a Physician of a Permanent Impairment Percentage Value to the Insured's Injury(ies), expressed as a percentage relative to the Insured's whole body. This value will be determined utilizing the most current edition of the American Medical Association's (AMA) "Guides to the Evaluation of Permanent Impairment".

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



President



Secretary

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: _____

Policy Number: _____

OCCUPATIONAL RETRAINING BENEFIT RIDER

This Rider is attached to and made part of the Policy[as of the Policy Effective Date shown in the Policy's Master Application.][effective [Month Day, Year]. It applies only with respect to accidents 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.

If, as a result of an Injury due to an accident, the Insured is unable to engage in Gainful Occupation, and chooses to enroll in an institution of higher learning or professional or trade training program, the Company will pay Covered Retraining Expenses up to the Occupational Retraining Maximum Amount and subject to the Benefit Period. The Occupational Retraining Maximum Amount and the Benefit Period are shown in the Benefit Schedule. The objective of any education training or program must be to return the Insured to work in an occupation to which he or she is suited. The education or training program must be agreed upon by the Insured and the Company[and the Insured must remain continuously enrolled in the Occupational Retraining Program for its full duration].

[If, during the course of the education or training program, the Insured returns to a Gainful Occupation for a period of [30-120] days, then the Company will cease paying the Covered Retraining Expenses as a result of the Injury.]

The benefits under this Rider will be excess of any benefits paid or payable under any Worker's Compensation act or similar law, and any Other Valid and Collectible Insurance.

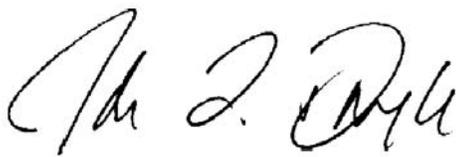
Definitions

Covered Retraining Expenses means expenses, including but not limited to, tuition, books, and any other training materials required by the institution of higher learning or professional or trade training program.

Gainful Occupation means an occupation for which an Insured is qualified or may become qualified by reason of education, training or experience, which has a reasonable expectation to provide more than [50-85]% of pre-disability earnings.

Other Valid and Collectible Insurance means any: (1) group plan, program, or insurance policy; (2) any other group hospital, surgical or medical benefit plan; (3) union welfare plans or group employer or employee benefit programs; or (4) any no-fault automobile insurance plan or similar law. Other Valid and Collectible Insurance will not include benefits provided by the United States Social Security Act or any individual disability insurance plans.

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



President



Secretary

SERFF Tracking Number: AGDE-126447606 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 44844
 Company Tracking Number: S30655DBG ET AL
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Speciality Markets
 Project Name/Number: Impairment Riders/S30655DBG et al

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	02/12/2010
Comments:		
Attachment: S30655DBG S30656DBG S30657DBG AR Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	02/12/2010
Bypass Reason: Not applicable as this is not a policy or application filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Transmittal	Approved-Closed	02/12/2010
Comments:		
Attachment: S30655DBG S30656DBG S30657DBG NAIC Transmittal form.pdf		

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached form number(s) S30655DBG, S30656DBG, and S30657DBG achieved a Flesch Reading Ease scores of 50.7, 50.7, 50.7 and complies with the requirements of Ark. Stat. Ann. § 23-80-201 through § 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

A handwritten signature in cursive script, reading "Susan E. Martin". The signature is written in black ink and is positioned above a horizontal line.

Susan E. Martin, Assistant Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
-----------	----------------------------------	----------

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	National Union Fire Insurance Company of Pittsburgh, PA 600 King Street Wilmington, DE 19801	Pennsylvania		012	19445	25-0687550	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Penny L. Berry 600 King Street Wilmington, DE 19801	302-594-2414	302-594-4810	penny.berry@chartisinsurance.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
-----------	------------------------------	--

6.	Company Tracking Number	S30655DBG et al
-----------	--------------------------------	-----------------

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
-----------	--	-----------------------

8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
-----------	---------------	--

9.	Type of Insurance (TOI)	H04 Health-Blanket AS
-----------	--------------------------------	-----------------------

10.	Sub-Type of Insurance (Sub-TOI)	H04 Health-Blanket AS
------------	--	-----------------------

11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
------------	----------------------------	---

12.	Filing Submission Date	02/12/2010	
13	Filing Fee (If required)	Amount <u>\$20.00</u>	Check Date <u>EFT</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	Not regulated in domicile state of PA therefore not filed	
15.	Filing Description:		
<p>Forms S30655DBG, S30656DBG and S30657DBG are being submitted for your review and approval.</p> <p>The above-captioned forms are submitted for approval pursuant to Arkansas statute 23-79-109. These forms will be used with our Blanket Accident Insurance Policy C11695DBG, which was previously approved by your Department on August 30, 2001. These forms are new and are not intended to replace any existing forms previously approved by your Department.</p> <p>The referenced program provides coverage to eligible individuals who obtain a permanent impairment as a result of an injury.</p>			

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Penny L. Berry</u> Title <u>Regulatory Analyst</u></p> <p>Signature  Date: <u>02/12/2010</u></p>			

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		S30655DBG et al
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Permanent Impairment Benefit Rider (Lump Sum)	S30655DBG	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Rider			
02	Permanent Impairment Benefit Rider (Percentage)	S30656DBG	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Rider			
03	Occupational Retraining Benefit Rider	S30657DBG	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Rider			
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1