

SERFF Tracking Number: ICCI-126573481 State: Arkansas  
Filing Company: Independence American Insurance Company State Tracking Number: 45364  
Company Tracking Number: IAIC STM HEARDAE AR 0310  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.004 Short Term  
Product Name: IAIC STM HEARDAE AR 0310  
Project Name/Number: IAIC STM HEARDAE AR 0310/IAIC STM HEARDAE AR 0310

## Filing at a Glance

Company: Independence American Insurance Company

Product Name: IAIC STM HEARDAE AR 0310 SERFF Tr Num: ICCI-126573481 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- Closed State Tr Num: 45364

Sub-TOI: H16G.004 Short Term Co Tr Num: IAIC STM HEARDAE AR 0310 State Status: Approved-Closed

Filing Type: Form

Author: Brenda Dawson Reviewer(s): Rosalind Minor  
Date Submitted: 04/06/2010 Disposition Date: 04/07/2010  
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: IAIC STM HEARDAE AR 0310

Project Number: IAIC STM HEARDAE AR 0310

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 04/07/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 04/07/2010

Created By: Brenda Dawson

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Brenda Dawson

Filing Description:

See attached cover letter and forms

## Company and Contact

### Filing Contact Information

Brenda Dawson, Authorized Representative  
3925 East State Street, Suite 200

Brendadawson@inscompliance.com  
815-316-6714 [Phone]

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 Project Name/Number: IAIC STM HEARDAE AR 0310/IAIC STM HEARDAE AR 0310  
 Rockford, IL 61108 815-986-2355 [FAX]

**Filing Company Information**

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

Independence American Insurance Company CoCode: 26581 State of Domicile: Delaware  
 485 Madison Avenue Group Code: Company Type:  
 New York, NY 10022 Group Name: State ID Number:  
 (212) 355-4141 ext. [Phone] FEIN Number: 74-1746542

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**Filing Fees**

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

| COMPANY                                 | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Independence American Insurance Company | \$20.00 | 04/06/2010     | 35427544      |
| Independence American Insurance Company | \$80.00 | 04/06/2010     | 35433945      |

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## Correspondence Summary

### Dispositions

| Status          | Created By     | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 04/07/2010 | 04/07/2010     |

### Filing Notes

| Subject                     | Note Type        | Created By     | Created On | Date Submitted |
|-----------------------------|------------------|----------------|------------|----------------|
| Additional filing fee added | Note To Reviewer | Brenda Dawson  | 04/06/2010 | 04/06/2010     |
| Additional Filing Fee       | Note To Filer    | Rosalind Minor | 04/06/2010 | 04/06/2010     |

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## Disposition

Disposition Date: 04/07/2010

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 | Cover letter                         | Approved-Closed      | Yes           |
| Supporting Document | Authorization Letter                 | Approved-Closed      | Yes           |
| Form                | [Optional] Hearing Aid Benefit Rider | Approved-Closed      | Yes           |
| Form                | Policyholder Election Form           | Approved-Closed      | Yes           |

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**Note To Reviewer**

**Created By:**

Brenda Dawson on 04/06/2010 02:08 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

04/07/2010 08:07 AM

**Subject:**

Additional filing fee added

**Comments:**

The additional filing fee was added.

*SERFF Tracking Number:* ICCI-126573481 *State:* Arkansas  
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**Note To Filer**

**Created By:**

Rosalind Minor on 04/06/2010 01:14 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

04/07/2010 08:07 AM

**Subject:**

Additional Filing Fee

**Comments:**

Our filing fees under Rule and Regulation 57 has been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$80.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee

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## Form Schedule

### Lead Form Number: IAIC STM HEARDAE AR 0310

| Schedule Item   | Form Number              | Form Type  | Form Name                            | Action  | Action Specific Data | Readability | Attachment   |
|-----------------|--------------------------|--|--------------------------------------|---------|----------------------|-------------|--|
| Approved-Closed | IAIC STM HEARDAE AR 0310 | Certificate t, Insert Page, Endorsement or Rider | [Optional] Hearing Aid Benefit Rider | Initial |                      |             | AR IAIC STM HEARDAE AR 0310 _Optional Hearing Aid Rider_.pdf   |
| Approved-Closed | IAIC STM OPT ELC AR 0310 | Application/ Policyholder Enrollment Form        | Election Form                        | Initial |                      |             | AR IAIC STM OPT ELC AR 0310 _Optional Rider election form_.pdf |

# INDEPENDENCE AMERICAN INSURANCE COMPANY

[485 Madison Avenue, New York, NY 10022]

## [OPTIONAL] HEARING AID BENEFIT RIDER FOR ARKANSAS RESIDENTS ONLY

This Rider is made a part of the Policy/Certificate to which it is attached. [The consideration for this Rider is the application for the Rider and payment of any applicable premium.]

If You are covered under the [optional] Hearing Aid Benefit Rider, and if specified as applicable on the Schedule of Benefits, the Certificate is amended as follows:

A. Under **DEFINITIONS** the following definition is added:

**Hearing Aid** means an instrument or device, including repair and replacement parts, that:

- a) Is designed and offered for the purpose of aiding Covered Persons with or compensating for impaired hearing;
- b) Is worn in or on the body; and
- c) Is generally not useful to a person in the absence of a hearing impairment.

B. Under **DESCRIPTION OF BENEFITS, Outpatient Miscellaneous Medical Expense Services**, the following benefit is added:

[10.] Hearing Aids, not subject to calendar year Deductible, up to \$[1,400] per ear for each [three-year] period. The Hearing Aids must be dispensed by an individual properly licensed by the State of Arkansas.

C. Under **LIMITATIONS AND EXCLUSIONS** the following change is hereby made:

Item [#33] pertaining to routine hearing exams is amended by deleting the reference to "the purchase of hearing aids."

### TERMINATION

Coverage under this Rider will end on [the earliest of:]

1. the date coverage under the Policy ends; or
2. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider].

This Rider is endorsed and made part of the Policy/Certificate as of [its Effective Date] [[October 1, 2009] or] [Your coverage Effective Date] [whichever is later] [the Effective Date as specified by an attached Endorsement].

This Rider is subject to all provisions of the Policy which are not in conflict with the provisions of this Rider. Nothing in this Rider will be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the Policy other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Rider to be signed by its President.

## INDEPENDENCE AMERICAN INSURANCE COMPANY



David Kettig  
President



Adam C. Vandervoort  
Secretary

**INDEPENDENCE AMERICAN INSURANCE COMPANY**

[485 Madison Avenue, New York, NY 10022]

**POLICYHOLDER ELECTION FORM**

(Arkansas Residents Only)

As elected by the Policyholder, Covered Expenses will include the following. We will not duplicate benefits payable elsewhere under the Policy or any attached Rider.

1. Accept \_\_\_\_\_ Reject \_\_\_\_\_ [Optional] Hearing Aid Benefit Rider (ARS 23-79-1402)

As the Policyholder, we request that you indicate above whether you accept or reject this optional benefit:

Policyholder Name: \_\_\_\_\_

Signed for the Policyholder \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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## Supporting Document Schedules

|  | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|--|---------------------|-------------------------|
| <b>Satisfied - Item:</b> Flesch Certification                            | Approved-Closed     | 04/07/2010              |
| <b>Comments:</b>   |                     |                         |
| <b>Attachment:</b><br>Cert of Comp. with Rule 19 IAIC HEARDAE 4-6-10.pdf |                     |                         |

|   | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|---|---------------------|-------------------------|
| <b>Bypassed - Item:</b> Application               | Approved-Closed     | 04/07/2010              |
| <b>Bypass Reason:</b> NA this is a AE filing only |                     |                         |
| <b>Comments:</b>                                  |                     |                         |

|  | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|--|---------------------|-------------------------|
| <b>Satisfied - Item:</b> Cover letter                      | Approved-Closed     | 04/07/2010              |
| <b>Comments:</b>   |                     |                         |
| <b>Attachment:</b><br>AL IAIC STM filing letter 4-6-10.pdf |                     |                         |

|   | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|---|---------------------|-------------------------|
| <b>Satisfied - Item:</b> Authorization Letter                 | Approved-Closed     | 04/07/2010              |
| <b>Comments:</b>  |                     |                         |
| <b>Attachment:</b><br>ICC Authorization letter dated 2010.pdf |                     |                         |

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: Independence American Insurance Company

Form Number(s): IAIC STM HEARDAE AR 0310, IAIC STM OPT ELC AR 0310

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.

A handwritten signature in black ink, appearing to read 'AG', with a long horizontal flourish extending to the right.

Signature of Company Officer

Alex Giordano

Name

President

Title

April 6, 2010

Date



INSURANCE  
COMPLIANCE  
CONSULTANTS, INC.

3925 East State Street, Suite 200  
Rockford, Illinois 61108

Phone: (815) 316-6711  
FAX: (815) 986-2355

April 6, 2010

Honorable Julie Benafield Bowman  
Insurance Commissioner  
State of Arkansas  
Arkansas Department of Insurance  
1200 W. Third St.  
Little Rock, AR 72201-1904

RE: Independence American Insurance Company - NAIC # 26581  
FEIN Number: 74-1746542  
Policyholder Election Form – IAIC STM OPT ELC AR 0310  
[Optional] Hearing Aid Benefit Rider – IAIC STM HEARDAE AR 0310

Dear Commissioner Benafield Bowman:

Enclosed for review and approval for use in your state are the above referenced forms. These forms are new and are not intended to replace any form previously approved by your Department.

A Filing Letter of Authorization from Independence American Insurance Company authorizing Insurance Compliance Consultants, Inc., to represent them in this filing and to work with the Department for the purposes of obtaining Departmental filing is enclosed.

The Group Policyholder will be offered this [Optional] Hearing Aid Benefit Rider using Policyholder Election Form IAIC STM OPT ELC AR 0310.

If this coverage is accepted, the [Optional] Hearing Aid Benefit Rider IAIC STM HEARDAE AR 0310 will be attached to Group Short-Term Medical Expense Certificate IAIC-STM-1104 previously approved by your Department on January 18, 2005.

If this Rider is accepted, it will provide hearing aid benefits as required by ARS 23-79-1402.

The term [Optional] is bracketed in case the decision is made in the future to provide this benefit.

Your prompt review of this submission will be greatly appreciated. If you have any questions or need further information, please contact me at (815) 316-6714, fax me at (815) 986-2355, or email me at [Brendadawson@inscompliance.com](mailto:Brendadawson@inscompliance.com). Thank you.

Sincerely,

Brenda Dawson, FLMI, AIRC, ACS  
Authorized Representative  
Insurance Compliance Consultants



**INDEPENDENCE AMERICAN INSURANCE COMPANY**  
**485 Madison Avenue**  
**New York, NY 10022**  
**(212) 355-4141**

January 1, 2010

Mr. Brian Camling  
President  
Insurance Compliance Consultants, Inc.  
3925 East State Street, Suite 200  
Rockford, IL 61108

**RE: Independence American Insurance Company**  
NAIC Company #: 26581  
NAIC Group #: 0450  
FEIN #: 74-1746542

**AUTHORIZATION STATEMENT**

The undersigned hereby certifies that *Insurance Compliance Consultants, Inc.*, has the authority to act on behalf of the above Company for the sole purpose of filing with the state insurance department those policy, amendment, endorsement, rider, certificate, reports, rates, surveys and/or application forms approved by the Companies for use in Company's transaction of business.

Authorized by:

A handwritten signature in black ink, appearing to read "David Kettig". The signature is fluid and cursive, with a long, sweeping tail.

David Kettig  
President