

SERFF Tracking Number: IADC-126569810 State: Arkansas
 Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 45345
 Company Tracking Number: SSL SMGRP HEARING AID RIDER
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
 Product Name: Act 1179 Compliance - Hearing Aids
 Project Name/Number: /

Filing at a Glance

Company: Standard Security Life Insurance Company of New York

Product Name: Act 1179 Compliance - Hearing Aids SERFF Tr Num: IADC-126569810 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved-Closed State Tr Num: 45345

Sub-TOI: H16G.003A Small Group Only - PPO Co Tr Num: SSL SMGRP HEARING AID RIDER State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor
 Author: Shellie Howard Disposition Date: 05/17/2010
 Date Submitted: 04/02/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name:
 Project Number:
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 05/17/2010

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type:
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 05/17/2010
 Created By: Shellie Howard
 Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Shellie Howard

Filing Description:

Hearing aid benefit rider to comply with Act 1179 and bulletin 7A-2009. Please see cover letter for additional details

Company and Contact

Filing Contact Information

Shellie Howard, Forms Development & howards@iacusa.com

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Compliance Specialist
 2101 W. Peoria Ave 602-861-6070 [Phone]
 Suite 100
 Phoenix, AZ 85029-4925

Filing Company Information

Standard Security Life Insurance Company of New York CoCode: 69078 State of Domicile: New York
 485 Madison Avenue Group Code: 450 Company Type: Life and Health
 New York, NY 10022-4141 Group Name: State ID Number:
 (212) 355-4141 ext. [Phone] FEIN Number: 13-5679267

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Security Life Insurance Company of New York	\$20.00	04/02/2010	35346326
Standard Security Life Insurance Company of New York	\$80.00	05/17/2010	36595882

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/17/2010	05/17/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policyholder Option	Shellie Howard	05/17/2010	05/17/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional Filing Fees	Note To Filer	Rosalind Minor	04/05/2010	04/05/2010

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Disposition

Disposition Date: 05/17/2010

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	3rd Party Authorization	Approved-Closed	Yes
Supporting Document	Cover letter	Approved-Closed	Yes
Form	[Optional] Hearing Aid Rider	Approved-Closed	Yes
Form	Policyholder Option	Approved-Closed	Yes

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Amendment Letter

Submitted Date: 05/17/2010

Comments:

Hello Rosalind, I am sending an additional \$80 to make up the difference in the filing fees, an additional \$30 for the initial fee, and then another \$50 for the additional form which is the policyholder election form. Thank you for your continued review of this filing.

Sincerely,

Shellie Howard

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
SSL AEAR OPT ELEC AR 0410	Other	Policyholder Initial Option						SSL AEAR OPT ELC AR 0410 for filing 042310.pdf

SERFF Tracking Number: IADC-126569810 *State:* Arkansas
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Note To Filer

Created By:

Rosalind Minor on 04/05/2010 12:29 PM

Last Edited By:

Rosalind Minor

Submitted On:

05/17/2010 03:31 PM

Subject:

Additional Filing Fees

Comments:

Our Rule 57 on filing fees has recently been updated. Please refer to the General Instructions for ArkansasLH.

The filing fee for this submission is \$50.00. Please remit the additional \$30.00.

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Form Schedule

Lead Form Number: SSL MMC HEARDAE AR 310

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/17/2010	SSL MMC HEARDAE AR 0310	Certificate	[Optional] Hearing Aid Rider	Initial			SSL MMC HEARDAE AR 0310 (Optional Hearing Aid Rider)033110.pdf
Approved-Closed 05/17/2010	SSL AEAR OPT ELEC AR 0410	Other	Policyholder Option	Initial			SSL AEAR OPT ELC AR 0410 for filing 042310.pdf

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK

[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. SECTION 3 BENEFITS, A. Major Medical Benefits the following benefit is added:

[12.] Hearing Aids, not subject to the Calendar Year Deductible or Daily Deductible or Copay, 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.

B. SECTION 4 – EXCLUSION AND LIMITATIONS FROM COVERAGE the following change is hereby made:

Item [#27] pertaining to routine hearing exams is amended by deleting the reference to “the purchase of hearing aids.”

C. SECTION 9 – 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 Insured/Insured Person(s) 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.

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/Certificate 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/Certificate other than stated above.

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

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK



Rachel Lipari
President



Adam C. Vandervoot
Secretary

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK
[485 Madison Avenue, New York, NY 10022]

POLICYHOLDER ELECTION FORM
ARKANSAS RESIDENTS ONLY

As elected by the Policyholder, and in consideration of any applicable additional premium for each Arkansas resident Certificate holder for each benefit option selected, Covered Charges will include all or any of the following, which will be paid in lieu of any similar benefits described in the Policy. We will not duplicate benefits payable elsewhere under the Policy or any attached Rider.

[1.] Accept _____ Reject _____ Hearing Aids (Act 1179 of 2009/Bulletin 7A-2009)

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

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/17/2010
Comments:		
Attachment: ARCertificate of ComplianceSSL033010.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	05/17/2010
Bypass Reason: n/a		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: 3rd Party Authorization	Approved-Closed	05/17/2010
Comments:		
Attachment: SSL Filing Authorization Letter 2010.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover letter	Approved-Closed	05/17/2010
Comments:		
Attachment: SSL(AR)filing letter 040210.pdf		

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Standard Security Life Insurance Company of New York (SSL)

Form Number(s):

SSL MMC HEARDAE AR 0310

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

Signature of Company Officer:



Adam Vandervoort
Name

Secretary
Title

03/30/10
Date

January 6, 2010

RE: Standard Security Life Insurance Company of New York

NAIC Company Number: 69078
NAIC Group Number: 0450
FEIN Number: 13-5679267

AUTHORIZATION STATEMENT

Standard Security Life Insurance Company of New York ("SSLICNY") hereby authorizes IHC Health Solutions (Member of the IHC Group), to represent us in the submission of accident and health insurance Group and Individual Policy Forms, and related forms and rates, and to negotiate with the Department for their approval.

Sincerely,



Adam C. Vandervoort
Secretary



2101 W Peoria Avenue #100
Phoenix, AZ 85029

April 2, 2010

Honorable Jay Bradford
Insurance Commissioner
State of Arkansas
Arkansas Department of Insurance
1200 W. Third St.
Little Rock, AR 72201-1904

**RE: Standard Security Life Insurance Company of New York
NAIC Company Number: 69078
NAIC Group Number: 0450
FEIN Number: 13-5679267
Group Major Medical Expense Policy form SSL MMC 0205 and Related Forms**

New Form:

SSL MMC HEARDAIE AR 0310 [Optional] Hearing Aid Benefit Rider

Dear Commissioner Bradford:

We are submitting for your review and approval, the above referenced out-of-state Group Policy forms on behalf of Standard Security Life Insurance Company of New York. This filing is being made in order to comply with Bulletin 7A-2009 & Act 1179 of 2009 regarding the mandatory offering of hearing aids. The Hearing Aid Benefit Rider is a new form and will not replace any approved forms currently on file with the Department. The original policy form approval date is July 1, 2005. We will list this rider on the Schedule of Benefits as applicable or not applicable, depending on the applicant's selection.

IHC has received authorization to file life, accident, and health forms on SSL's behalf. For your reference, we have enclosed the filing letter of authorization from SSL. Additionally, we have also included a Certification signed by an officer of SSL, in accordance with Rule and Regulation 19.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions. We confirm that the forms meet the minimum required readability standards.

For any questions or if any additional information is needed, please contact me at (602)-861-6070, or by email: howards@iacusa.com. Thank you for your prompt consideration of this filing.

Sincerely,

Shellie Howard

Shellie Howard
Form Development & Compliance Specialist
PH: 602-861-6070