

SERFF Tracking Number: ACEH-126681572 State: Arkansas  
Filing Company: ACE American Insurance Company State Tracking Number: 45976  
Company Tracking Number: STUDENT - DOM PARTNER  
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student  
Product Name: Student A&S - Domestic Partner  
Project Name/Number: Student A&S - Domestic Partner/Student A&S - Domestic Partner

## Filing at a Glance

Company: ACE American Insurance Company

Product Name: Student A&S - Domestic Partner SERFF Tr Num: ACEH-126681572 State: Arkansas

Partner

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- Closed State Tr Num: 45976

Sub-TOI: H04.001 Student Co Tr Num: STUDENT - DOM PARTNER State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Karen Moore, Anne Hickey Disposition Date: 06/22/2010

Date Submitted: 06/17/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Student A&S - Domestic Partner

Project Number: Student A&S - Domestic Partner

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: Pennsylvania, our domiciliary state, does not require the filings of forms intended for issue in the Commonwealth of Pennsylvania (PA Notice 96-1).

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/22/2010

Market Type: Group

Group Market Size: Large

Group Market Type: Blanket

Explanation for Other Group Market Type:

Student Accident and Sickness

State Status Changed: 06/22/2010

Deemer Date:

Submitted By: Karen Moore

PPACA: Not PPACA-Related

Filing Description:

RE: ACE American Insurance Company

FEIN#: 95-2371728 / NAIC#: 626-22667

Created By: Karen Moore

Corresponding Filing Tracking Number:

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Domestic Partner Amendment – AH-12837-DP for use with Student Blanket Accident and Sickness Insurance Policy – AH-10748(AR) Approved Effective October 31, 2001

In State Filing

Dear Commissioner:

We submit the form filing referenced above on behalf of ACE American Insurance Company. The form is new and is not intended to replace any forms currently on file. Pennsylvania, our domiciliary state, does not require the filings of forms intended for issue in the Commonwealth of Pennsylvania (PA Notice 96-1).

Enclosed for your review is form number AH-12837-DP, Domestic Partner Amendment to be used to add Domestic Partners to our filed and approved Student Accident and Sickness Policy, AH-10748(AR). The additional language is optional and may be selected by the Policyholder. Specific variability is noted throughout the form, indicated by soft brackets ({ }). Optional material is indicated by hard brackets ([ ]) and will be included or excluded as requested by the Policyholder. For existing cases, the benefits may be issued on amendment form AH-12837-DP and for new cases we may incorporate the language directly into the policy.

Using the Rudolph Flesch Formula and when scored along with the Student Accident and Sickness Policy form to which it will be attached, the Readability Score is 50.5.

I trust this filing meets with your approval. If you have any questions, or require additional information, please contact me directly at karen.moore@acegroup.com.

Regards,

Karen N. Moore  
Compliance Manager

## Company and Contact

### Filing Contact Information

Karen Moore, Compliance Manager karen.moore@acegroup.com  
436 Walnut Street 215-640-5134 [Phone]  
WA09D 215-640-5548 [FAX]  
Philadelphia, PA 19106

### Filing Company Information

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 ACE American Insurance Company CoCode: 22667 State of Domicile: Pennsylvania  
 PO Box 1000 Group Code: 626 Company Type:  
 436 Walnut Street Group Name: State ID Number:  
 Philadelphia, PA 19106 FEIN Number: 95-2371728  
 (215) 640-5123 ext. [Phone]

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: one form X \$50 = \$50  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	06/17/2010	37290630

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/22/2010	06/22/2010

*SERFF Tracking Number:* ACEH-126681572      *State:* Arkansas  
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*Product Name:* Student A&S - Domestic Partner  
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## **Disposition**

Disposition Date: 06/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Amendment - Domestic Partner	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: AH-12837-DP

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/22/2010	AH-12837-DP	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Amendment - Domestic Partner	Initial		50.500	AH-12837-DP - Student Health - Domestic Partner Amendment.pdf



ACE American Insurance Company  
A Stock Company  
Philadelphia, PA 19106  
(Herein called We, Us, Our)  
800.352.4462

# Amendment

[Policy Number: {SDHNXXXXXXXXX}  
Policyholder: {ABC School}]

Effective Date: {Month X, XXXX}  
{Amendment No.: 1}]

This Amendment form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Amendment takes effect as of the Policy Effective Date. This Amendment ends at the same time as the Policy. It is subject to all of the terms, limitations and conditions of the Policy except as they are changed by it.

1. The following provision is added to the ELIGIBILITY FOR INSURANCE section:

### Domestic Partner Provision

An Insured may elect coverage for a Domestic Partner if all of the following conditions are met:

1. The Insured has not been married to any person within the past {12 to 36} months.
2. The Domestic Partner is the only person meeting the Policy's definition of "Domestic Partner" with respect to the Insured.
3. The Insured and Domestic Partner furnish a {notarized affidavit/signed statement} reflecting these requirements, and an agreement to notify the Company if the requirements cease to be met, on a form acceptable to the Company.

[In addition to the above requirements, consent of either party to the Domestic Partner relationship must not have been obtained by force, duress, or fraud.]

To obtain insurance for a Domestic Partner, the Insured must request coverage in writing [and agree to make any required premium contribution]. Insurance will be effective on {the first day of the month after we receive a signed request and all required information / the first day of the month after we have approved a signed request}.

The amount of insurance with respect to any Domestic Partner is as shown in the Schedule.

2. The following Definition is added to the DEFINITIONS Section:

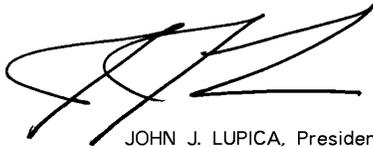
**"Domestic Partner"** means a person who:

1. Shares the Insured's permanent residence;
2. Has resided with the Insured for at least {6 to 24} months prior to the date of enrollment and is expected to continue to reside with the Insured indefinitely;
3. Is financially interdependent with the Insured in each of the following ways:
  - (a) By holding one or more credit or bank accounts, including a checking account, as joint owners;
  - (b) By owning or leasing their permanent residence as joint tenants;
  - (c) By naming, or being named by, the Insured as a beneficiary of life insurance or under a will;

- (d) By each agreeing in writing to assume financial responsibility for the welfare of the other;
- [4. Has signed a Domestic Partner declaration with the Insured, if the Insured resides in a jurisdiction which provides for Domestic Partner declarations;]
  - [5. Has not signed a Domestic Partner declaration with any other person within the last {12 months};]
  - [6. Is older than {18} years old, but no more than {70} years old;]
  - [7. Is legally prohibited from marrying the Insured;]
  - [8. Is not currently legally married to any other person; and]
  - [9. Is not a blood relative any closer than would prohibit legal marriage.]

This Amendment ends at the same time as the Policy.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



GEORGE D. MULLIGAN, Secretary

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	06/22/2010
<b>Comments:</b>		
<b>Attachment:</b>		
Student A&S - Domestic Partner Amend - Readability Cert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	06/22/2010
<b>Bypass Reason:</b> Submission is for an amendment only.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	06/22/2010
<b>Bypass Reason:</b> Not applicable to this submission.		
<b>Comments:</b>		

# ACE American Insurance Company

436 Walnut Street  
Philadelphia, Pennsylvania 19106

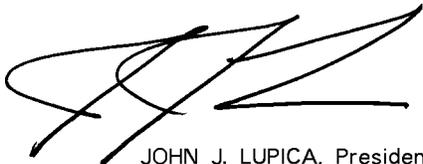
## READABILITY CERTIFICATION

### SCHEDULE OF FORMS

I hereby certify that the following forms were tested for readability using the Rudolf Flesch Formula and achieved the following results.

June 2010

Form Number	Description	Score
AH-12837-DP	Amendment – Domestic Partner	50.5



JOHN J. LUPICA, President

Person responsible for this filing: Karen Moore, Compliance Manager  
ACE USA Accident & Health Department  
karen.moore@acegroup.com  
215.640.5134