

SERFF Tracking Number: AMMS-126684316 State: Arkansas
 Filing Company: Golden Rule Insurance Company State Tracking Number: 46014
 Company Tracking Number: MGR04462
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
 Product Name: Association Group
 Project Name/Number: MGR04462/MGR04462

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Association Group

TOI: H16G Group Health - Major Medical

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SERFF Status: Closed-Approved-
 Closed State Tr Num: 46014

Sub-TOI: H16G.002A Large Group Only - PPO Co Tr Num: MGR04462

Filing Type: Form

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Author: Pat Allison

Date Submitted: 06/22/2010

Disposition Date: 06/29/2010

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MGR04462

Project Number: MGR04462

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to our
 domiciliary state of Indiana on June 18, 2010.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/29/2010

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 06/29/2010

Deemer Date:

Submitted By: Pat Allison

PPACA: Not PPACA-Related

Filing Description:

Created By: Pat Allison

Corresponding Filing Tracking Number:

The enclosed form is submitted for your review and approval for use with our existing short term group health products. Golden Rule intends to issue this form in conjunction with previously filed policies and certificates delivered to evidence coverage under master policies issued in the state of Illinois to a non-employer based association group.

Matrix paragraph MGR04462 will be incorporated in the Illinois base policy/certificate and will therefore be provided to all certificateholders insured under the applicable policies, regardless of their state of residence. This form is nearly identical to form MGR03487, which was approved by your Department on February 5, 2004.. It is written to reflect the limited policy term of Golden Rule's short term medical plans, as Golden Rule currently does not require any additional

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premium to add newborns/adopted children to the plan for the remainder of the policy term selected.

To the best of my knowledge, this form complies with the statutory and regulatory requirements of your state. The required documents are enclosed, accordingly.

If you should have any questions concerning this filing, please feel free to contact Policy Compliance at (800) 926-7602 and request to speak with me. If you prefer, I may be contacted via e-mail at the following address: dlparis@goldenrule.com.

Thank you for your time and attention to this filing. I look forward to your reply.

Company and Contact

Filing Contact Information

Debra Paris, Manager dlparis@goldenrule.com
 7440 Woodland Drive 800-926-7602 [Phone] 7771 [Ext]
 Indianapolis, IN 46278-1719 317-328-9645 [FAX]

Filing Company Information

Golden Rule Insurance Company CoCode: 62286 State of Domicile: Indiana
 7440 Woodland Drive Group Code: 707 Company Type: Life and Health
 Indianapolis, IN 46278 Group Name: State ID Number:
 (800) 926-7602 ext. [Phone] FEIN Number: 37-6028756

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 1 form = \$50.
 Paid via EFT.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$50.00	06/22/2010	37391797

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/29/2010	06/29/2010

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Disposition

Disposition Date: 06/29/2010

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	Effective Date of Insurance	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MGR04462

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/29/2010	MGR04462	Policy/Cont Effective Date of ract/Fratern Insurance al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59.140	MGR04462 form.pdf

[EFFECTIVE DATE OF INSURANCE]

ADDING A NEWBORN CHILD: An *eligible child* born to *you* or *your spouse* will be a *covered person* from the time of birth. The newborn child will be covered from the time of birth for loss due to:

- (A) *Injury*; and
- (B) *Illness*,

including complications of birth, premature birth, and congenital birth defects.

No change in premium is needed for the newborn child to continue as a *covered person*.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/29/2010
Comments:		
Attachment: C006.3 P006.3 Readability 3 2010.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	06/29/2010
Bypass Reason: Does not apply to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	06/29/2010
Bypass Reason: Does not apply to this filing.		
Comments:		

Certification of Reading Ease

RE: Form (s) P-006.3 et al

C-006.3 et al

Golden Rule Insurance Company, by Julie Vanstraten, its Vice President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: P-006.3 et al (59.06)
C-006.3 et al (59.14)
2. The above is printed (except for : specification pages, schedules, tables and, with regard to any application, minor instructions concerning preparation) in not less than ten point type, one point leaded.
3. All text has been included in arriving at the above score(s), except for the following: Headings, italicized words, and form numbers.
4. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #3 above.
5. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: All
6. The above form(s) will be used in:
 individual health insurance individual life insurance
 group health insurance group life insurance

March 16, 2010
Date



Julie Vanstraten
Vice President, General Counsel