

SERFF Tracking Number: NWLC-126787346 State: Arkansas  
Filing Company: Nationwide Mutual Insurance Company State Tracking Number: 46642  
Company Tracking Number: SRTC 2700-1  
TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel  
Product Name: Travel Insurance  
Project Name/Number: 2010 Amendatory Endorsement/SRTC 2700-1

## Filing at a Glance

Company: Nationwide Mutual Insurance Company

Product Name: Travel Insurance

SERFF Tr Num: NWLC-126787346 State: Arkansas

TOI: H19G Group Health - Travel

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46642

Sub-TOI: H19G.000 Health - Travel

Co Tr Num: SRTC 2700-1

State Status: Approved-Closed

Filing Type: Form

Author: Susan Coulter

Reviewer(s): Rosalind Minor

Date Submitted: 08/30/2010

Disposition Date: 09/02/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 Amendatory Endorsement

Status of Filing in Domicile: Not Filed

Project Number: SRTC 2700-1

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Discretionary

Filing Status Changed: 09/02/2010

Explanation for Other Group Market Type:

State Status Changed: 09/02/2010

Deemer Date:

Created By: Susan Coulter

Submitted By: Susan Coulter

Corresponding Filing Tracking Number:

Filing Description:

Re: Nationwide Mutual Insurance Company

NAIC 23787

SRTC 2700-1 (08/10) Amendatory Endorsement

Nationwide Mutual Insurance Company is filing the captioned Amendatory endorsement for your review and approval. This endorsement amends the policy/certificate (SRTC 2500) approved on (8-8-2006).

The program is issued through a master policy, form SRTC2000IL, issued in Illinois and was approved in Illinois on July 21, 2004.

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The new Amendatory endorsement clarifies existing policy/certificate wording. Any state specific endorsements still apply. There are no rates affected with this endorsement.

Bracketed language is included or deleted. Language is not amended within brackets. Numerical data will comply with State requirements. This is a new form and will not supersede any form on file with the department.

If you have any questions, please call me at (609) 443-7540 or email me at susan@coulter-and-associates.com. Otherwise we look forward to your approval.

## Company and Contact

### Filing Contact Information

Susan Coulter, susan@coulter-and-associates.com  
 379 Princeton-Hightstown Road 609-443-7940 [Phone]  
 Suite 15  
 Cranbury, NJ 08512

### Filing Company Information

Nationwide Mutual Insurance Company CoCode: 23787 State of Domicile: Ohio  
 1 Nationwide Plaza Group Code: Company Type:  
 Columbus, OH 43215 Group Name: State ID Number:  
 (614) 854-3375 ext. [Phone] FEIN Number: 31-4177100

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Ark fee  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Insurance Company	\$50.00	08/30/2010	39097482

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/02/2010	09/02/2010

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## **Disposition**

Disposition Date: 09/02/2010

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>	authority to file	Approved-Closed	Yes
<b>Form</b>	Amendatory Endorsement	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: SRTC 2700-1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/02/2010	SRTC-1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Endorsement	Initial			SRTC 2700-1 (08-10) Amendatory Endorsement. pdf



## NATIONWIDE MUTUAL INSURANCE COMPANY

### AMENDATORY ENDORSEMENT

This endorsement is made a part of the Policy/Certificate to which it is attached. This endorsement is subject to all of the provisions and limitations of the Policy/Certificate. If there is a conflict between the Policy/Certificate and the endorsement, the terms of the endorsement will govern.

[Under **GENERAL DEFINITIONS**, the following is amended to read:

**[Default** means a material failure or inability to provide contracted services due to Financial Insolvency.]

**[Pre-Existing Condition** means an illness, disease, or other condition during the [60] day period immediately prior to the Effective Date for which the Insured, [Traveling Companion] [Family Member booked to travel with the Insured] [the Insured's and/or Traveling Companion's Family Member]: 1) exhibited symptoms which would have caused one to seek care or treatment; or 2) received or received a recommendation for a test, examination, or medical treatment or 3) took or received a prescription for drugs or medicine. Item (3) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the [60] day period before the Effective Date.

[The Pre-Existing Conditions exclusion is waived if the Insured (a) enrolls in this Policy at the time he/she pays the deposit required for his/her Trip [(or within [10] [days] of the [initial Trip deposit] [final Trip payment])]; (b) purchases this Policy for the full cost of his or her Trip; and (c) is medically able to travel at the time the premium is paid.]

[Such an Injury or Sickness will continue to be a Pre-Existing Condition until the earlier of: (a) the expiration of [12] consecutive months, beginning with the Effective Date of coverage for which the Insured has not received any medical care, consultation, diagnosis, or treatment or has not taken any prescribed drug or medicine on account of such condition; or (b) the expiration of [24] consecutive months, beginning with the Effective Date of coverage.] [Taking maintenance medications for a condition that is considered stable, as determined by the treating Physician, shall not be cause for Exclusion.]

**[Sickness** means an illness or disease of the body which: 1) requires a physical examination and medical treatment by a Physician and 2) commences while the Insured's coverage is in effect. An illness or disease of the body which begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by the policy unless it suddenly worsens or becomes acute after the Effective Date.]

[Under **GENERAL DEFINITIONS**, the following is added:

**[Financial Insolvency** means the total cessation of operations due to insolvency, with or without the filing of a Bankruptcy petition by a tour operator, cruise line, or airline provided the Financial Insolvency occurs more than [15] days following the Effective Date. There is no coverage for the

Financial Insolvency of any person, organization, agency or firm from whom the Insured purchased travel arrangements supplied by others.

**[Payments or Deposits]** means the cash, check, or credit card amounts actually paid for the Insured's [Covered] Trip. Payments made in the form of a certificate, voucher or discount are not Payments or Deposits as defined herein.]

**[Travel Arrangements]** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the [Covered] Trip. [Air arrangements covered by this definition also include any direct round trip air flights booked by others, to and from the scheduled [Covered] Trip departure and return cities, provided the dates of travel for the air flights are within [7] total days of the scheduled [Covered] Trip dates.]]

[Under **GENERAL PROVISIONS, WHEN AN INSURED'S COVERAGE BEGINS**, the following is amended to read:

**WHEN AN INSURED'S COVERAGE BEGINS** – [Provided:  
[(a) coverage has been elected]; [and]  
[(b) the required premium has been paid,]]

[all coverage [(except Trip Cancellation)] will begin on the Scheduled Departure Date when the Insured departs for the first Travel Arrangement (or alternate travel arrangement if he/she must use an alternate travel arrangement to reach his/her [Covered] Trip destination) for his/her [Covered] Trip.] [Trip Cancellation coverage will begin on the Insured's Effective Date.] [If coverage is purchased on the Scheduled Departure Date, such coverage will take effect at 12:01 A.M. local time, at the location of the Insured, on the day after the Scheduled Departure Date.]

[Under **[TRIP] [EXCHANGE] CANCELLATION** and **[TRIP] [EXCHANGE] INTERRUPTION**, the following is amended to read:

[(u) The Insured or Traveling Companion being required to work during the [Covered] Trip. Proof of requirement to work, such as a notarized statement signed by an officer of the Insured's or Traveling Companion's employer must be presented and said employer must comprise of at least [25] full-time employees.] [This benefit only applies if this coverage has been purchased within [15] days of the initial payment for the [Covered] Trip and the Insured or Traveling Companion is not the owner or a co-owner of the company.]]

[Under **[TRIP] [EXCHANGE] CANCELLATION**, under the portion entitled, "The Company will reimburse the Insured for the following," the following is added:

[(i) the amount of prepaid, forfeited, non-refundable Payments or Deposits that the Insured paid for his/her [Covered] Trip.]]

This endorsement takes effect on \_\_\_\_\_ 12:01 A.M., Standard Time at \_\_\_\_\_ and it expires concurrently with the Policy/Certificate.

Attached to and made a part of Policy/Certificate No. SRTC XXXX issued to with an original effective date of \_\_\_\_\_ by \_\_\_\_\_, but the same shall not be binding on the Company unless countersigned by its duly authorized agent.

\_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Date

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> NWM Readability.pdf	Approved-Closed	09/02/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Filing endorsement only <b>Comments:</b>	Approved-Closed	09/02/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> authority to file <b>Comments:</b> <b>Attachment:</b> Letter of Authorization for Coulter NWM 2010.pdf	Approved-Closed	09/02/2010

### READABILITY CERTIFICATION

This is to certify that the form(s) below has (have) been subject to the Flesch Reading Ease Test.

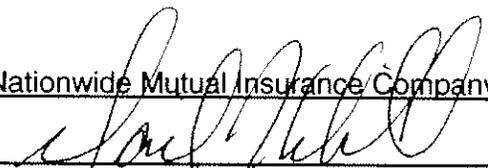
SRTC-2700-1 (08-10)

Test Option Selected

1. Test was applied to entire form(s) and the flesch score is 51.5.

2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words.  
Copy of forms enclosed indicating word samples tested.

Company Name: Nationwide Mutual Insurance Company

Signature of Certifying Official: 

Printed Name and Title of Certifying Official: David A. Underhill AIR-Product

Certifying Official's Address: \_1 Nationwide Plaza Columbus, OH 43215

Date: August 26, 2010



Nationwide Mutual Insurance Company  
PO Box 2399  
Columbus OH 43216-2399  
Mail Code C0-03-24

January 2, 2010

To Whom It May Concern:

This letter or a copy thereof, gives authority to Susan Coulter of Coulter and Associates, Inc. to prepare our filing submission, sign certification forms, as appropriate, and correspond with your department on form and rate issues.

We trust this information is satisfactory, however you should have any questions regarding this authorization, please contact our Associate Vice President, Thomas DeNoma.

Please direct all inquiries and correspondence relating to this filing to Ms. Susan Coulter at:

Coulter and Associates, Inc  
379 Princeton-Hightstown Road  
Suite 15  
Cranbury, New Jersey 08512

Phone: (609) 443-7540 Fax: (609) 443-4103 email: susan@coulter-and-associates.com

This authorization shall be valid until revoked by us.

Company Name: Nationwide Mutual Insurance Company

A handwritten signature in black ink, appearing to read "Tom DeNoma", written in a cursive style.

Signature: \_\_\_\_\_