

SERFF Tracking Number: AMRP-127025110 State: Arkansas
Filing Company: World Insurance Company State Tracking Number: 47934
Company Tracking Number: M1325W
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: WIC Service Rider - AG
Project Name/Number: WIC Service Rider - AG/M1325W

Filing at a Glance

Company: World Insurance Company

Product Name: WIC Service Rider - AG

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001A Any Size Group - PPO

Filing Type: Form

SERFF Tr Num: AMRP-127025110 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 47934
Closed

Co Tr Num: M1325W

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Susan Falk, Sarah Shives, Disposition Date: 02/21/2011

Jamie Mueller, Michele Kulish

Danielson, Colletta Maddy

Date Submitted: 02/08/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: WIC Service Rider - AG

Project Number: M1325W

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association, Non Employer Group

Filing Status Changed: 02/21/2011

State Status Changed: 02/21/2011

Created By: Colletta Maddy

Corresponding Filing Tracking Number: AMRP-127022771

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

We are attaching endorsement M1325W for your Department's review. This form is new and does not replace any form currently on file with your department. This form is being filed for general use with all certificate series.

This rider will be used when a certificateholder requests a change to the coverage. The endorsement will explain the change that was made to the coverage and will become part of the insurance contract.

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This form is identical to the form filed under SERFF AMRP-127022771. It was necessary to file this form again under different TOI and sub-TOI codes to indicate that this form will also be used with our association group products.

We hope this filing meets your approval. If you have any questions, please contact me at 1-800-641-0366, extension 4250, or at colletta.maddy@americanenterprise.com.

Sincerely,

Colletta Maddy
 Compliance Analyst

Company and Contact

Filing Contact Information

Colletta Maddy, colletta.maddy@americanenterprise.com
 601 6th Ave. 515-245-4250 [Phone]
 Des Moines, IA 50309

Filing Company Information

World Insurance Company CoCode: 70629 State of Domicile: Nebraska
 11808 Grant Street Group Code: 3527 Company Type: Life and Health
 Omaha, NE 68103-8000 Group Name: American Enterprise State ID Number:
 (402) 496-8289 ext. [Phone] FEIN Number: 47-0339860

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Policy, contract or annuity forms: filing and review of each life and/or accident and health certificate rider, application, or endorsement, if filed separately from basic form, per insurer, per form...\$50.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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World Insurance Company	\$50.00	02/08/2011	44521267

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/21/2011	02/21/2011

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Disposition

Disposition Date: 02/21/2011

Implementation Date:

Status: Approved-Closed

HHS Status: Not Reported

State Review: Reviewed-No Actuary

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	Service Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: M1325W

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/21/2011	M1325W	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Service Rider	Initial		45.100	M1325W.pdf



P.O. Box 14556, Des Moines, Iowa 50306-3556
National Headquarters – Omaha, Nebraska

Customer Service • 1-800-786-7557

Policyowner: [John Q. Policyowner]
[Insured: Jane Doe]
Policy/Certificate Number: [1234556]
Effective Date: [03/01/2011]

ENDORSEMENT

The coverage to which this endorsement is attached is amended to read as follows:

[We added/removed insured and/or dependent, added/removed benefit, increase or decrease benefit, added/removed rider, added/removed waiver.]

The owner of the insurance will receive and control all benefits provided under this coverage. The owner pays the premium and will notify the Company of injury, sickness, and proof of loss in keeping with the requirements of the coverage.

Subject to all conditions, agreements and limitations of the coverage as written, except as specifically provided.

All other provisions of the coverage to which this Endorsement is attached remain unchanged.

A handwritten signature in cursive script that reads "Mary K. Durand".

[

[Mary K. Durand]
Secretary

]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch Score Certification - WIC.pdf	Approved-Closed	02/21/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable Comments:	Approved-Closed	02/21/2011

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Not applicable. Comments:	Approved-Closed	02/21/2011

**READABILITY CERTIFICATION
FLESCH SCORE**

FORM NUMBER FLESCH SCORE

M1325W

45.1

THIS FLESCH READING EASE SCORE WAS BASED ON THE ENTIRE TEXT OF THE FORM.

I CERTIFY THAT THE FORM SHOWN ABOVE ACHIEVED THE SCORE INDICATED.



Michael C Fitzgerald
Vice President & General Counsel