

SERFF Tracking Number: USHG-127065278 State: Arkansas  
Filing Company: Freedom Life Insurance Company of America State Tracking Number: 48175  
Company Tracking Number: GFIM-NW-AE-FLIC  
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity  
Product Name: GFIM-NW-AE-FLIC  
Project Name/Number: /

## Filing at a Glance

Company: Freedom Life Insurance Company of America

Product Name: GFIM-NW-AE-FLIC

SERFF Tr Num: USHG-127065278 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity

SERFF Status: Closed-Approved- State Tr Num: 48175

Closed

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: GFIM-NW-AE-FLIC

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Shannon Morgan Cubby

Disposition Date: 03/08/2011

Date Submitted: 03/04/2011

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

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: Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 03/08/2011

State Status Changed: 03/08/2011

Deemer Date:

Created By: Shannon Morgan Cubby

Submitted By: Shannon Morgan Cubby

Corresponding Filing Tracking Number:

Filing Description:

Please see the attached cover letter.

## Company and Contact

### Filing Contact Information

Shannon M. Morgan, Product Analyst

morgans@ushealthgroup.com

3100 Burnett Plaza

817-878-3748 [Phone]

801 Cherry Street, Unit 33

817-878-3310 [FAX]

Fort Worth, TX 76102

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**Filing Company Information**

Freedom Life Insurance Company of America CoCode: 62324 State of Domicile: Texas  
 3100 Burnett Plaza Group Code: 839 Company Type: Accident, Life and Health  
 801 Cherry Street, Unit 33 Group Name: State ID Number:  
 Fort Worth, TX 76102 FEIN Number: 61-1096685  
 (817) 878-3328 ext. [Phone]

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Freedom Life Insurance Company of America	\$20.00	03/04/2011	45286023
Freedom Life Insurance Company of America	\$30.00	03/07/2011	45339802

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/08/2011	03/08/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	03/07/2011	03/07/2011	Shannon Morgan Cubby	03/07/2011	03/07/2011

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## Disposition

Disposition Date: 03/08/2011

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>	Cover Letter	Approved-Closed	Yes
<b>Form</b>	Amendatory Endorsement	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/07/2011

Submitted Date 03/07/2011

Respond By Date

Dear Shannon M. Morgan,

This will acknowledge receipt of the captioned filing.

Objection 1

- Amendatory Endorsement, GFIM-NW-AE-FLIC (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit an additional \$30.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/07/2011  
Submitted Date 03/07/2011

Dear Rosalind Minor,

### Comments:

Thank you for your letter dated 3/7/11.

### Response 1

Comments: I have added an additional \$30.00 to the filing fees tab.

### Related Objection 1

Applies To:

- Amendatory Endorsement, GFIM-NW-AE-FLIC (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit an additional \$30.00 for this submission.

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### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you!

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Sincerely,  
Shannon Morgan Cubby

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## Form Schedule

**Lead Form Number: GFIM-NW-AE-FLIC**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/08/2011	GFIM-NW-AE-FLIC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Endorsement	Initial		50.600	GFIM-NW-AE-FLIC.pdf

# FREEDOM LIFE INSURANCE COMPANY OF AMERICA

[3100 Burnett Plaza • 801 Cherry Street, Unit 33 • Fort Worth, Texas 76102 • 1-800-387-9027]

## AMENDATORY ENDORSEMENT

This **AMENDATORY ENDORSEMENT** is made part of the **Certificate** to which it is attached.

The following is hereby added to Section VIII. LIMITATIONS AND EXCLUSIONS section of the **Certificate**:

### C. NON-WAIVER

Any fixed Indemnity benefit payment that is mistakenly or erroneously made by **Us** under any Section or provision of this **Certificate** shall not:

1. constitute on or after the date of such payment(s) a waiver of or modification to any conditions, terms, coverage, or limitations of coverage contained in this **Certificate**, specifically including, but not by way of limitation, (i) the definition of any term in the DEFINITIONS Section of this **Certificate**, (ii) the content of any part of the COVERED MEDICAL AND SURGICAL SERVICES Section of this **Certificate**, (iii) the content of any part of the LIMITATIONS-WAITING PERIODS Section of this **Certificate** (including the waiting period for coverage of **Pre-existing Conditions**), (iv) the content of any part of the EXCLUSIONS Section of this **Certificate**, (v) the content of any exclusionary or other amendatory rider(s) attached to this **Certificate**, or (vi) the content of any other Section of this **Certificate**;
2. operate on or after the date of such payment(s) to alter, amend, affect, abridge or modify the **Company's** future rights, duties and obligations under this **Certificate**;
3. operate on or after the date of such payment(s) to alter, amend, affect, abridge or modify any **Insured's** future rights, duties and obligations under this **Certificate**;
4. create or establish on or after the date of such payment(s) coverage under this **Certificate**, (by estoppel, waiver, reformation of contract, or other principle of law or equity) for any medical condition, illness, disease or injury;
5. create or establish on or after the date of such payment(s) coverage under this **Certificate**, (by estoppel, waiver, reformation of contract, or other principle of law or equity), under any exclusion, waiting period, or limitation of coverage contained in the LIMITATIONS AND EXCLUSIONS Section of this **Certificate**;
6. create or establish on or after the date of such payment(s) coverage under this **Certificate**, (by estoppel, waiver, reformation of contract, or other principle of law or equity), for any illness, disease, injury or medical service that is excluded from coverage by an exclusionary rider(s) attached to this **Certificate**; or
7. affect, alter, amend, abridge, constitute or act as a waiver on or after the date of such payment(s) of the **Company's** ability to rely upon, assert and apply such terms, definitions, conditions, limitations and exclusions contained in this **Certificate** or any amendment(s) or exclusionary rider(s) attached hereto.

This Amendatory Endorsement is subject to all the terms, conditions, limitations, exclusions, and definitions of the **Certificate** to which it is attached not inconsistent herewith. In all other respects, the coverage remains the same.

Signed for the **Company** in Fort Worth, Texas by its Secretary and President.



Secretary



President

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Please see the attached Flesch Certification. <b>Attachment:</b> AR FLESCH.flic.pdf	Approved-Closed	03/08/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not a policy filing <b>Comments:</b>	Approved-Closed	03/08/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> Please see the attached cover letter. <b>Attachment:</b> AR Cover Ltr FLIC.pdf	Approved-Closed	03/08/2011

**FREEDOM LIFE INSURANCE COMPANY OF AMERICA**

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READABILITY CERTIFICATION

I hereby certify that the forms, listed below, have been properly scored and have achieved the Flesch Score, as indicated.

Form Number

Flesch Score

GFIM-NW-AE-FLIC

50.6

Name: Ranita Grauwiler

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

Title: Vice President – Product Development

Dated: March 4, 2011

# FREEDOM LIFE INSURANCE COMPANY OF AMERICA

3100 Burnett Plaza • 801 Cherry Street • Unit 33 • Fort Worth, Texas 76102 • (800) 387-9027

March 4, 2011

The Honorable Jay Bradford  
Life and Health Division  
Department of Insurance  
1200 West 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

RE: **Freedom Life Insurance Company of America**  
**FEIN # 61-1096685                      NAIC # 62324**

**Form Number**

GFIM-NW-AE-FLIC

Amendatory Endorsement for Non-Waiver

Dear Commissioner Bradford:

The above listed form is submitted for review and approval. This form is new and is not intended to replace any forms previously filed with your Department. This form will be used with form GFIM-2010-C-AR-FLIC, et al, previously approved by your Department on December 30, 2010 under SERFF Filing # USHG-126846557.

The amendatory endorsement adds non-waiver language to the base plan. The base plan is a fixed indemnity medical plan that pays up to a fixed amount when an insured makes a claim, on a per-day, per-month, or per-year basis. The plan is designed so that it can provide a variety of benefits including hospital confinement, surgery, doctor office visits, prescriptions, ambulance transportation, testing, maternity, and dental services.

This product will be issued to any associations previously filed in your state or that will be filed in the future. The group policy will be issued in Arizona, using previously approved forms GRP-P-06-FLIC and GRP-APP-FLIC. A certificate of insurance will be issued to members of the association to evidence coverage under the group policy. Please be advised this product is not employer/employee based, and we are offering it to individuals. The product is fully underwritten on an individual basis.

We reserve the right to amend the referenced form to correct any minor typographical errors we may have neglected to find prior to submission, and to amend the language in order to clarify the intent within the confines of the law.

Attached, please find all required filing documentation.

Your consideration of this filing is appreciated. Should you have any questions, please contact me as listed below.

Sincerely,



Shannon Morgan Cubby  
Product Analyst  
Product Development  
Tel. 800-387-9027 ext 748  
[cubbys@ushealthgroup.com](mailto:cubbys@ushealthgroup.com)