

SERFF Tracking Number: AGDE-127148246 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: 48765
 Company Tracking Number: C22853DBG
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Speciality Markets
 Project Name/Number: Health Care Provider Endorsement/C22853DBG

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: Speciality Markets SERFF Tr Num: AGDE-127148246 State: Arkansas
 TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- Closed State Tr Num: 48765
 Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: C22853DBG State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Authors: Jane Ford, Penny Berry, Disposition Date: 05/13/2011
 Veronica Bullock
 Date Submitted: 05/13/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Health Care Provider Endorsement
 Project Number: C22853DBG
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments: Not filed in domicile state of Pennsylvania as this is deregulated.

Explanation for Combination/Other:
 Submission Type: New Submission
 Group Market Type: Blanket
 Filing Status Changed: 05/13/2011
 State Status Changed: 05/13/2011

Market Type: Group
 Group Market Size: Small and Large
 Overall Rate Impact:

Created By: Penny Berry
 Corresponding Filing Tracking Number:
 PPACA: Not PPACA-Related
 PPACA Notes: null
 Filing Description:
 May 12, 2011

Deemer Date:
 Submitted By: Veronica Bullock

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Honorable Jay Bradford
Insurance Commissioner
Arkansas Insurance Department
Life/Health Division
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Form C22853DBG – Health Care Provider Endorsement
Discretionary Eligibility

Dear Commissioner:

Attached is the above-referenced form for your review and approval, pursuant to Arkansas statute 23-79-109. The form is new and does not replace any form previously approved in your state.

The referenced form is optional and will be used with policy form C11695DBG, Blanket Accident Insurance Policy, which was previously approved by your Department on August 30, 2001.

When the referenced endorsement is attached, these forms will be issued to Health Care Providers and Law Firms to cover their patients/clients to provide Accident Medical Expense Benefits, Accidental Death Benefits and Paralysis Benefits for complications that arise out of or during a covered activity. Coverage will be on a non-contributory basis. We realize that the above mentioned groups are currently not recognized as eligible blanket groups by your Department. At this time we wish to request that your Department grant discretionary approval of these blanket groups under section 23-86-101(7) of the Arkansas Insurance Code.

The referenced forms have been written in readable language and are being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than required under your law.

Thank you in advance for your attention to this filing. Please contact me if you have any questions or require additional information.

Sincerely,

Penny L. Berry

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Regulatory Analyst
 A&H Regulatory Affairs Department
 Phone: (888) 396-5369 x 31721
 Fax: (302) 830-4466
 penny.berry@chartisinsurance.com

Company and Contact

Filing Contact Information

Penny Berry, Product Analyst penny.berry@chartisinsurance.com
 503 Carr Road 888-396-5369 [Phone] 31721 [Ext]
 3rd Floor 302-830-4466 [FAX]
 Wilmington, DE 19809

Filing Company Information

National Union Fire Insurance Company of Pittsburgh, Pa. CoCode: 19445 State of Domicile: Pennsylvania
 503 Carr Road Group Code: 12 Company Type:
 3rd Floor Group Name: AIG State ID Number:
 Wilmington, DE 19809 FEIN Number: 25-0687550
 (888) 396-5369 ext. 31722[Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 filing x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$50.00	05/13/2011	47556858

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/13/2011	05/13/2011

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Disposition

Disposition Date: 05/13/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

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
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Health Care Provider Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: C22853DBG

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/13/2011	C22853DB G	Policy/Cont ract/Fratern al	Health Care Provider Initial Endorsement	Initial		52.400	C22853DBG. pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

HEALTH CARE PROVIDER ENDORSEMENT

This Rider is attached to and made part of the Policy [as of the Policy Effective Date shown in the Policy's Master Application.] effective [Month Day, Year]. It applies only with respect to accidents that occur on or after that date.] It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

1. The following definitions in the Definitions section of the Policy are deleted and replaced by the following:

Injury - means bodily injury caused by an accident or complications of an accident that: 1) occurs while this Policy is in force as to the person whose injury is the basis of claim; 2) occurs while such person is participating in a Covered Activity; and 3) results directly and independently of all other causes in a covered loss.

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; or 2) an Immediate Family Member.

2. The following exclusion No. 2 replaces exclusion No. 2 of The Exclusions section of the Policy:

2. sickness, disease or infections of any kind; except bacterial or pyogenic infections which result from an Injury.

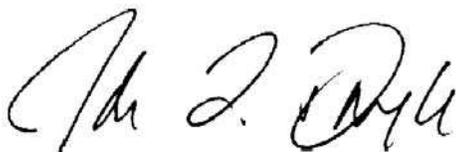
3. The following exclusions are added to The Exclusions section of the Policy:

10. mental or nervous disorders, or psychological complications.

11. pregnancy or abortion.

12. cost of actual procedures relating to the testing, harvesting and implantation of human eggs (oocytes).

Signed for by the Company:



President



Secretary

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	05/13/2011
Comments:			
Attachment:			
AR Read Cert.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	05/13/2011
Bypass Reason:	Not applicable as this is not a policy or application filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	05/13/2011
Bypass Reason:	not applicable is this is not a major medical filing		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	05/13/2011
Comments:			
Attachment:			
C22853DBG-EOV.pdf			

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached form number(s) C22853DBG achieved a Flesch Reading Ease score of 52.4 and complies with the requirements of Ark. Stat. Ann. § 23-80-201 through § 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.



Susan E. Martin, Assistant Vice President

C22853DBG – Health Care Provider Endorsement
Explanation of Variable

- Brackets around numbers or alphas in a listing and punctuation or words such as “and”/”or” in a listing will be included or deleted as needed in order to make the statement read correctly.
- Numeric variables within the rider are shown as typical ranges. If only specific increments apply, these increments will be listed. These variables will always comply with the minimum statutory requirements of the state in which the policy is delivered.
- The policyholder name and policyholder number will be filled in on a case-by-case basis.
- With regard to the first paragraph of the Rider, the description of the Rider’s effective date will either be the policy’s effective date or a later date if the policyholder chooses to add the benefit or coverage after the policy is already in effect.

Note that the above variables will not be explained everywhere they appear.