

SERFF Tracking Number: USHG-127150923 State: Arkansas
Filing Company: Freedom Life Insurance Company of America State Tracking Number: 48649
Company Tracking Number:
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: GMSBU-OR-FLIC
Project Name/Number: Buy-Up Rider/

Filing at a Glance

Company: Freedom Life Insurance Company of America

Product Name: GMSBU-OR-FLIC SERFF Tr Num: USHG-127150923 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 48649
Closed

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Arlene Derozier

Disposition Date: 05/04/2011

Date Submitted: 05/02/2011

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Buy-Up Rider

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

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: 05/04/2011

State Status Changed: 05/04/2011

Deemer Date:

Created By: Shelley Kuhleman

Submitted By: Shelley Kuhleman

Corresponding Filing Tracking Number:

Filing Description:

See attached letter for additional information.

Company and Contact

Filing Contact Information

Shannon Morgan Cubby, Product Analyst

cubbys@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]

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$100 per filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Freedom Life Insurance Company of America	\$100.00	05/02/2011	47172743

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/04/2011	05/04/2011

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Disposition

Disposition Date: 05/04/2011

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	Cover Letter	Approved-Closed	Yes
Form	Optional In-Claim Covered Medical & Surgical Services Benefit Buy-Up Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/04/2011	GMSBU-OR-FLIC	Certificate	Optional In-Claim Amendments, Insert Page, Endorsement or Rider	Initial			GMSBU-OR-FLIC.pdf

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

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

OPTIONAL IN-CLAIM COVERED MEDICAL & SURGICAL SERVICES BENEFIT BUY-UP RIDER

In consideration of the payment of the required additional premium for the rights and coverage afforded under this rider, it is attached to and made a part of the underlying **Certificate**.

After the **Issue Date** and while this **Certificate** and rider are in force, the **Primary Insured** has a one-time right to elect, under the terms of this optional rider, to increase the amount of fixed indemnity benefits payable under this **Certificate** by [two][three] level[s] of **Covered Medical & Surgical Services** which was available for purchase by the **Primary Insured** on the date of the application under this specific fixed indemnity benefit coverage form and specific fixed indemnity benefit configuration options, and (ii) is above the current level of **Covered Medical & Surgical Services** selected by the **Primary Insured** on the date of the application for coverage, as contained in this **Certificate**.

If the **Primary Insured** elects the one-time right to increase the amount of fixed indemnity benefits payable under this **Certificate** in accordance with the terms of this rider, such increase will apply to all individuals who are **Insureds** on the date of the **Primary Insured's** election.

The **Primary Insured's** exercise of this one-time right to increase the amount of fixed indemnity benefits payable under this **Certificate** for **Covered Medical & Surgical Services** will be without any medical underwriting by the **Company**, and no individual who is an **Insured** on the date of the **Primary Insured's** one-time election to increase fixed indemnity benefits hereunder will be required to pass the medical underwriting standards of the **Company** on the date of the such one-time election by the **Primary Insured**.

In order to make this one-time election to increase the amount of fixed indemnity benefits payable under this **Certificate**, the **Primary Insured** must:

- (i) notify the **Company** in writing of the exercise of the one-time rights under this rider;
- (ii) either (a) make payment to the **Company** of the full amount of the difference between the total amount of premium previously paid for coverage under this **Certificate** from the **Issue Date** for all **Insureds**, and the total amount of premium that would have been required from the **Issue Date** for all **Insureds**, if such increased level of **Covered Medical & Surgical Services** had been selected by the **Primary Insured** on the application for coverage of all **Insureds** and issued by the **Company** on the same date as the **Issue Date**, or (b) if the amount of the difference between any fixed indemnity benefit payments under this **Certificate** on the date of such exercise by the **Primary Insured** and the amount of fixed indemnity benefit payments that would be due on the calendar day immediately following such exercise by the **Primary Insured** is greater than the premium difference in (ii)(a) above, then the **Primary Insured** may instruct the **Company** in writing to fully deduct such premium difference from such future fixed indemnity payments under the next level of **Covered Medical & Surgical Services**; and
- (iii) timely and properly make payment of the **Renewal Premium** amount for the new and amended **Certificate** for each **Renewal Premium** payment period after the date of such exercise by the **Primary Insured**.

After the **Primary Insured** has properly exercised this one-time right to increase the amount of fixed indemnity benefits payable under this **Certificate** for **Covered Medical & Surgical Services**, the **Company** will:

- (i) prepare and transmit to the **Primary Insured** a new and amended **Certificate** reflecting such applicable increase in the amount of fixed indemnity benefits payable under this **Certificate** for **Covered Medical & Surgical Services**;
- (ii) review past claim payments made by the **Company** under this **Certificate** for **Covered Medical & Surgical Services** incurred by any applicable **Insured** within the ninety (90) day period immediately preceding the date of such exercise of this one-time right by the **Primary Insured**;

- (iii) adjust any such past claim payments for **Covered Medical & Surgical Services** incurred by any applicable **Insured** within the ninety (90) day period immediately preceding the date of such exercise of this one-time right by the **Primary Insured**, by making an additional claim payment in the amount of the difference between the original fixed indemnity benefit payment under this **Certificate** and the amount of the fixed indemnity benefit payment that would have been paid if the amended **Certificate** for the increased level of **Covered Medical & Surgical Services** had been in force on the date such applicable **Covered Medical & Surgical Services** were incurred; and
- (iv) make future fixed indemnity benefit payments at such increased level of **Covered Medical & Surgical Services** for covered claims incurred after the date the **Primary Insured** exercised such one-time right based upon the terms and conditions of such new and amended **Certificate**.

Coverage under this **Certificate** can only be increased to an updated fixed indemnity benefit payment level one time during the lifetime of this **Certificate**, and once it has been increased under the terms of this rider, coverage cannot be either further increased by the **Primary Insured** beyond that afforded by the new and amended **Certificate** issued by the **Company** under terms of this rider without medical underwriting and approval by the **Company**, or decreased by the **Primary Insured** to any level of fixed indemnity benefits below the benefits afforded by such new and amended **Certificate**.

This rider is subject to all the terms, conditions, limitations, exclusions and definitions contained in the **Certificate** not inconsistent herewith. In all other respects, **Your** 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

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/04/2011
Comments: Please see attached Flesch Certification.		
Attachment: AR GMSBU-OR-FLIC FLESCHE.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	05/04/2011
Bypass Reason: This form will be marketed using application form APP-FI-FLIC, et al and/or APP-09-NOARB-FLIC, previously approved by your Department on October 18, 2006 and May 18, 2009, respectively.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	05/04/2011
Comments: Please see attached Cover Letter for additional information.		
Attachment: GMSBU-OR-FLIC cover letter.pdf		

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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.

<u>Form Number</u>	<u>Flesch Score</u>
GMSBU-OR-FLIC	42.8

Name: Ranita Grauwiler

Signature:  _____

Title: Vice President – Product Development

Dated: May 2, 2011

FREEDOM LIFE INSURANCE COMPANY OF AMERICA

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May 2, 2011

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

RE: **Freedom Life Insurance Company of America**
FEIN # 73-1187572 NAIC # 98205

New Filing
GMSBU-OR-FLIC

Optional In-Claim Covered Medical & Surgical Services Benefit
Buy-Up Rider

Dear Commissioner Bradford:

Enclosed is the referenced form for your 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 previously filed product GFIM-2010-C-FLIC stamped approved in your state on December 30, 2010. This form will be marketed using application form APP-FI-FLIC, et al and/or APP-09-NOARB-FLIC, previously approved by your Department on October 18, 2006 and May 18, 2009, respectively.

The Optional In-Claim Covered Medical and Surgical Services Benefit Buy-Up rider offers the Primary Insured a one-time right to elect, under the terms of this optional rider, to increase the amount of fixed indemnity benefits payable under this Policy to a new level of Covered Medical & Surgical Services.

All numbers (excluding form numbers) are variable. Numbers within a provision determined by the laws of the governing jurisdiction will be varied only within the confines of the law. Paragraphs and definitions may vary to the extent that such paragraphs and definitions may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefits be within the intent and framework of the particular provisions.

We also 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.

This product will be issued to any associations previously filed in your state or that will be filed in the future.

Enclosed, please find the applicable transmittals, certifications and filing fees, if any.

Your consideration of this filing is appreciated. Upon your acceptance of this submission, please return a stamped copy for our records. A self-addressed, postage paid return envelope has been enclosed for your convenience. Should you have any questions, please contact me as listed below.

Sincerely,



Arlene Derozier
Product Analyst
Product Development
Tel. 800-387-9027 ext 422
Fax 817-878-3310
deroziera@ushealthgroup.com