

SERFF Tracking Number: BLAH-127191680 State: Arkansas
Filing Company: Berkley Life and Health Insurance Company State Tracking Number: 48936
Company Tracking Number: AH51058
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Surgical Expense Rider
Project Name/Number: /

Filing at a Glance

Company: Berkley Life and Health Insurance Company

Product Name: Surgical Expense Rider SERFF Tr Num: BLAH-127191680 State: Arkansas
TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 48936
Closed

Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: AH51058 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor
Author: Caren Alvarado Disposition Date: 06/15/2011
Date Submitted: 05/31/2011 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: Small and Large

Group Market Type: Blanket

Overall Rate Impact:

Filing Status Changed: 06/15/2011

State Status Changed: 06/15/2011

Deemer Date:

Created By: Caren Alvarado

Submitted By: Caren Alvarado

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Berkley Life and Health Insurance Company wishes to submit the enclosed Surgical Expense Rider form for your review and approval. The form is new and is not intended to replace any existing forms previously filed and approved by your Department.

This is a Surgical Expense Rider to be used with the previously filed and approved Blanket Accident Expense forms under SERFF tracking number BLAH-125691369.

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Our administrative office is Berkley Accident & Health, 2445 Kuser Road, Suite 201, Hamilton, NJ 08690, phone 609.584.6990. If you should have any questions or concerns regarding this submission, please do not hesitate to contact us. We thank you in advance for your prompt review of this filing.

Company and Contact

Filing Contact Information

Alvarado Caren, Compliance Manager calvarado@berkleyah.com
 2445 Kuser Road 609-584-6990 [Phone] 4567 [Ext]
 Suite 201 609-588-5770 [FAX]
 Hamilton, NJ 08690

Filing Company Information

Berkley Life and Health Insurance Company CoCode: 64890 State of Domicile: Iowa
 11201 Douglas Avenue Group Code: 98 Company Type: Accident and Health
 Urbandale, IA 50322 Group Name: Berkley Companies State ID Number:
 (866) 723-4452 ext. [Phone] FEIN Number: 91-6034263

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per rider
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Berkley Life and Health Insurance Company	\$50.00	05/31/2011	48178302

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/15/2011	06/15/2011

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Disposition

Disposition Date: 06/15/2011

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
Form	Surgical Expense Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AH51058

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/15/2011	AH51058	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0.000	AH51058_Rider.pdf

Berkley Life and Health Insurance Company

Urbandale, Iowa

[Administrative Office:2445 Kuser Road, Suite 201, Hamilton Square, NJ 08690]

A Berkley Company

SURGICAL EXPENSE RIDER

This Rider is attached to and made a part of Policy Number [12345] issued to [ABC Company] (the Policyholder). The Policy/Certificate are hereby amended as follows:

ACCIDENT MEDICAL [AND DENTAL] EXPENSE BENEFIT

DESCRIPTION OF BENEFITS

The Physician surgical expenses benefit be included in the list of Covered Medical Expenses under the Accident Medical [and Dental] Expense Benefit is hereby deleted and replaced with the following:

Physician surgical expenses. If an Injury requires multiple surgical procedures, we will pay 100% of the available benefit for the largest of the procedures performed, 50% of the available benefit for the second procedure and 25% of the available benefit for any additional eligible procedures.

Signed for the Company:



President



Secretary

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	06/15/2011
Bypass Reason:	This is only a filing for a rider to amend a previously approved filing. The approved filing included the required Flesch certification.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	06/15/2011
Bypass Reason:	The Policy was previously approved - this is only a filing for a rider.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	06/15/2011
Bypass Reason:	This is not a PPACA filing		
Comments:			