

SERFF Tracking Number: PLIS-127165600 State: Arkansas
Filing Company: Starr Indemnity & Liability Company State Tracking Number: 48773
Company Tracking Number: GROUP CRITICAL ILLNESS RIDER
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Group Critical Illness Rider
Project Name/Number: /

Filing at a Glance

Company: Starr Indemnity & Liability Company

Product Name: Group Critical Illness Rider SERFF Tr Num: PLIS-127165600 State: Arkansas
TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Approved- State Tr Num: 48773
Limited Benefit Closed
Sub-TOI: H07G.001 Critical Illness Co Tr Num: GROUP CRITICAL State Status: Approved-Closed
ILLNESS RIDER

Filing Type: Form

Author: John Plisky Reviewer(s): Rosalind Minor
Date Submitted: 05/13/2011 Disposition Date: 06/02/2011
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: AR-Specific, not
filed in TX.
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Employer, Association Overall Rate Impact:
Filing Status Changed: 06/02/2011
State Status Changed: 06/02/2011 Deemer Date:
Created By: John Plisky Submitted By: John Plisky
Corresponding Filing Tracking Number:
Filing Description:
Please see attached cover letter.

Company and Contact

Filing Contact Information

John Plisky, Consultant

j.plisky@verizon.net

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Project Name/Number: /
 Plisky Plisky & Co. LLC 732-223-0770 [Phone]
 617 Union Ave., Bldg. 1-2 732-223-1776 [FAX]
 Brielle, NJ 08730

Filing Company Information

(This filing was made by a third party - pliskypliskyandcollc)

Starr Indemnity & Liability Company CoCode: 38318 State of Domicile: Texas
 Administraive Office: Group Code: Company Type:
 399 Park Avenue, 8th Floor Group Name: State ID Number:
 New York, NY 10022 FEIN Number: 75-1670124
 (646) 227-6342 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 for policy form submission.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starr Indemnity & Liability Company	\$50.00	05/13/2011	47571546
Starr Indemnity & Liability Company	\$50.00	06/01/2011	48213390

SERFF Tracking Number: *PLIS-127165600* State: *Arkansas*
 Filing Company: *Starr Indemnity & Liability Company* State Tracking Number: *48773*
 Company Tracking Number: *GROUP CRITICAL ILLNESS RIDER*
 TOI: *H07G Group Health - Specified Disease - Limited Benefit* Sub-TOI: *H07G.001 Critical Illness*
 Product Name: *Group Critical Illness Rider*
 Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/02/2011	06/02/2011

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	06/01/2011	06/01/2011	John Plisky	06/01/2011	06/01/2011

SERFF Tracking Number: *PLIS-127165600* State: *Arkansas*
 Filing Company: *Starr Indemnity & Liability Company* State Tracking Number: *48773*
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 TOI: *H07G Group Health - Specified Disease - Limited Benefit* Sub-TOI: *H07G.001 Critical Illness*
 Product Name: *Group Critical Illness Rider*
 Project Name/Number: */*

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
Supporting Document	Eplanation of Variable Material	Approved-Closed	Yes
Supporting Document	Authorization	Approved-Closed	Yes
Form	Group Critical Illness Indemnity Benefit Rider	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes

SERFF Tracking Number: PLIS-127165600 State: Arkansas
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Product Name: Group Critical Illness Rider
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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/01/2011

Submitted Date 06/01/2011

Respond By Date

Dear John Plisky,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Critical Illness Indemnity Benefit Rider, AH-40020-AR (Form)
- Enrollment Form, AH-40021-AR (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 \$100.00. Please submit an additional \$50.00 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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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/01/2011
Submitted Date 06/01/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: Sorry about that. We just submitted an additional \$50 through EFT.

Related Objection 1

Applies To:

- Group Critical Illness Indemnity Benefit Rider, AH-40020-AR (Form)
- Enrollment Form, AH-40021-AR (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 \$100.00. Please submit an additional \$50.00 for this submission.

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Form Schedule

Lead Form Number: AH-40020-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/02/2011	AH-40020-AR	Policy/Contractual	Group Critical Illness Indemnity Benefit Rider Certificate: Amendmen t, Insert Page, Endorsement or Rider	Initial		50.100	AH-40020-AR Group Critical Illness Indemnity Benefit Rider.pdf
Approved-Closed 06/02/2011	AH-40021-AR	Application/Enrollment Form	Enrollment Form	Initial		50.300	AH-40021-AR Enrollment Form.pdf



Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [399 Park Avenue, 8th Floor, New York, NY 10022]

GROUP CRITICAL ILLNESS INDEMNITY BENEFIT RIDER

NOTICE TO BUYER: THIS IS SPECIFIED DISEASE COVERAGE. THIS RIDER PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. PLEASE READ THIS RIDER CAREFULLY [AND THE BUYER'S GUIDE TO CANCER INSURANCE].

POLICYHOLDER: [Policyholder Name]
GROUP POLICY NUMBER: [1234567890]
GROUP POLICY EFFECTIVE DATE: [MM/DD/YY]
GROUP POLICY ANNIVERSARY DATE: [MM/DD/YY]
STATE OF ISSUE: Arkansas
EFFECTIVE DATE OF THIS RIDER: [MM/DD/YY]

This Critical Illness Indemnity Benefit Rider is a part of the Policy/Certificate to which it is attached. It is issued in consideration of the application and the continued payment of the required Premium.

Critical Illness Coverage:

Insured's Maximum Benefit Amount [\$1,000-\$50,000]

Coverage Amount

[In-Situ Cancer	[10%-100%] of Maximum Benefit Amount]
[Invasive Cancer	[10%-100%] of Maximum Benefit Amount]
[Heart Attack	[10%-100%] of Maximum Benefit Amount]
[Kidney Failure	[10%-100%] of Maximum Benefit Amount]
[Major Organ Transplant	[10%-100%] of Maximum Benefit Amount]
[Paralysis:	
Quadruplegia	[10%-100%] of Maximum Benefit Amount
Paraplegia	[10%-100%] of Maximum Benefit Amount
Hemiplegia	[10%-100%] of Maximum Benefit Amount
Uniplegia	[10%-100%] of Maximum Benefit Amount]
[Loss of Limbs	[10%-100%] of Maximum Benefit Amount]
[Stroke	[10%-100%] of Maximum Benefit Amount]
[Coma	[10%-100%] of Maximum Benefit Amount]
[Loss of Sight, Speech or Hearing	[10%-100%] of Maximum Benefit Amount]
[Severe Burn	[10%-100%] of Maximum Benefit Amount]

Covered Person means the **Insured** [and their **Dependents**] for whom the required premium is paid.

[The **Maximum Benefit Amount** for each covered **Dependent** is a percentage of the **Insured's Maximum Benefit Amount**:

	Spouse	Each Dependent Child
Spouse only	[50-100]%	0%
Spouse and Dependent Child(ren)	[50-100]%	[10-50]%
Dependent Chil(dren) only	0%	[10-50]%]

1. **Coverage** - Under the terms of the **Critical Illness Coverage**, **We** will pay the **Insured** the **Coverage Amount** as a lump sum indemnity payment:
 - a. If the **Covered Person** is diagnosed by a **Physician** as having a **Covered Condition** and the diagnosis is made while the **Coverage** is in force;
 - b. if the **Covered Condition** is not a **Preexisting Condition**;
 - c. if the **Covered Condition** first occurs after the **Waiting Period**; and
 - d. if none of the exclusions or limitations described in the **Coverage** apply.

If the **Covered Person** dies before **We** receive notice of a claim under the **Policy**, no **Critical Illness Coverage** is payable.

2. **[Coverage Amount Reductions-** The **Coverage Amount** is that amount outlined above and will be reduced as described below:

Age 65-69	50% of Coverage Amount
Age 70-74:	30% of Coverage Amount]

3. **Covered Conditions** - The following are **Covered Conditions**. If a condition is not listed in this subsection, it is not a **Covered Condition** and coverage under this Rider does not apply.

[Cancer/Cancerous is a malignant neoplasm (including lymphatic and hematological malignancy) characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue. To qualify for the **Coverage Amount**, the **Diagnosis** of **Cancer** must be supported by histological evidence of malignancy, must be made by a Pathologist **Physician**, and the **Cancer** must first occur after a [30-180] day **Waiting Period**.]

[In-Situ Cancer means carcinoma cancer that is confined to the organ where it first developed and has not spread to other parts of the body. In-Situ Cancer includes Stage 1 Hodgkin's disease. The **Cancer** must first occur after a [30-180] day **Waiting Period**.]

[Excluded from coverage are:

- a. Benign tumors or polyps that are histologically described as non-malignant, pre-malignant or non-invasive.
- b. All tumors, benign or malignant, in the presence of HIV infection.
- c. All skin Cancers with the exception of invasive melanoma classified as Clark level II or higher or having a thickness measured in excess of 0.75mm.
- d. [Carcinoma in situ (defined as being in position and not extending beyond the focus or level of origin).]
- e. All tumors of the prostate, unless having progressed to at least TNM classification T2N0M0 or histologically classified as having a Gleason score greater than 6.
- f. Chronic Lymphocytic Leukemia (CLL) unless Rai Stage 3 or greater.
- g. Papillary micro invasive Cancer of the thyroid, bladder, cervix, or breast.]

[Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply. To qualify for the **Coverage Amount**, the **Diagnosis** of a **Heart Attack** must be made by a **Physician** and the **Heart Attack** must first occur after a [30-180] day **Waiting Period**. The **Diagnosis** must be supported by all of the following:

- a. A history consistent with **Heart Attack**;

- b. New electrocardiogram (EKG) changes demonstrating significant Q waves (duration greater than or equal to .04 seconds and a depth greater than or equal to 5 mm) or loss of R waves diagnostic of a **Heart Attack**;
- c. Elevation of cardiac enzymes, including CPK-MB and troponin; and
- d. If performed, nuclear imaging scan or echocardiogram consistent with **Myocardial Infarction**.

[Excluded from coverage are all other heart disorders, including but not limited to: congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, and all other dysfunctions of the cardiovascular system, unless also accompanied by a **Heart Attack** as defined above.]

Kidney Failure means the chronic and irreversible failure of both kidneys to excrete metabolites or retain electrolytes. To qualify for the **Coverage Amount**, the **Diagnosis** of **Kidney Failure** must be made by a nephrological **Physician**. The **Kidney Failure** must require either chronic dialysis or transplantation and must first occur after a [30-180] day **Waiting Period**.]

Loss of Limb(s) – means the loss of one or more limbs (arms or legs) due to a disease process. To qualify for the **Coverage Amount**, the **Loss of Limb(s)** must involve complete and permanent severance of one or more limbs through or above the elbow or knee joint. The **Loss of Limb(s)** must be uncorrectable by surgery or any other means. To qualify for the **Coverage Amount**, the determination of the medical necessity to remove the limb must be made by a qualified **Physician**. To qualify for the **Coverage Amount**, the **Loss of Limb(s)** must first occur after a [30-180] day **Waiting Period**.]

Major Organ Transplant means the receipt by transplant of human bone marrow or an entire human heart, kidney, lung, pancreas or liver. To qualify for the **Coverage Amount**, the **Major Organ Transplant** must be performed by a **Physician** and must first occur after a [30-180] day **Waiting Period**.]

Paralysis means Quadriplegia, Paraplegia, Hemiplegia or Uniplegia caused by a disease process that is expected to last for a continuous period of at least 90 days or more from the date of the **Diagnosis** of the sickness causing **Paralysis**. “Quadriplegia” means the complete and irreversible Paralysis of both upper and lower limbs. “Paraplegia” means the complete and irreversible Paralysis of both lower limbs. “Hemiplegia” means the complete and irreversible Paralysis of the upper and lower limbs of the same side of the body. “Uniplegia” means the complete and irreversible paralysis of one limb. To qualify for the **Coverage Amount**, the **Diagnosis** of **Paralysis** must be made by a neurological **Physician**. To qualify for the **Coverage Amount**, the **Paralysis** must first occur after a [30-180] day **Waiting Period**.

[Excluded from coverage is **Paralysis** resulting from any neurological disease, including but not limited to, Multiple Sclerosis (MS) and Amyotrophic Lateral Sclerosis (ALS).]

Stroke (Cerebrovascular Accident) – means the sudden loss of neurological function due to an ischemic or hemorrhagic intracranial vascular event. To qualify for the **Coverage Amount**, the **Diagnosis** of **Stroke** must be made by a **Physician** and the **Stroke** must first occur after a [30-180] day **Waiting Period**. The **Stroke** must produce a symptomatic and measurable neurological deficit persisting for a continuous period of at least 30 days and be verified by computed tomography (CT) scan or magnetic resonance imaging (MRI).

[Excluded from coverage are:

- a. Neurological symptoms due to transient ischemic attack (TIA);
- b. Brain injury resulting from trauma or generalized anoxia (hypoxia); and
- c. Vascular disease affecting the eye, optic nerve, or vestibular function.]]

Coma or Comatose means a profound state of unconsciousness caused by a disease process that lasts for a period of at least 24 hours and from which the Covered Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a **Physician**. To qualify for the **Coverage Amount**, the **Coma** must first occur after a [30-180] day **Waiting Period**.]

Loss of Sight, Speech, or Hearing means the irreversible loss of sight in both eyes, the irreversible loss of the ability to speak, or the irreversible loss of hearing for all sounds in both ears caused by a disease process. To qualify for the **Coverage Amount**, the **Diagnosis** of **Loss of Sight, Speech, or Hearing**, must be made by a **Physician**. To qualify for the **Coverage Amount**, the **Loss of Sight, Speech, or Hearing** must first occur after a [30-180] day **Waiting Period**.]

Severe Burn/Severely Burned means cosmetic disfigurement of at least 20% of the surface of a body area due to an Injury that is a third-degree or full-thickness burn, as determined by a **Physician**. (A third degree, full-

thickness burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation). To qualify for the **Coverage Amount**, the **Severe Burn** must first occur after a [30-180] day **Waiting Period**.

[Excluded from coverage are Severe Burns incurred while in the **Line of Duty** as a volunteer or paid fireman. **Line of Duty** means any action that a public safety officer is normally required to perform in some area of responsibility.]

[**Coronary Artery Bypass** means the use of non-coronary blood vessel or blood vessels (either artery or vein) to surgically bypass obstructions in a native coronary artery or arteries through open-heart surgery. Angioplasty, stent insertion, laser or other intra-arterial procedures are excluded. To qualify for the **Coverage Amount**, the **Coronary Artery Bypass** must first occur after a [30-180] day **Waiting Period**.]

4. **Waiting Period** means the continuous period of time beginning on the later of the Coverage Effective Date or the effective date of any Coverage reinstatement, and ending on the last day of the **Waiting Period** specified for each **Covered Condition**. The **Covered Person** must be covered continuously under the Coverage before the **Coverage Amount** may be payable and the **Covered Condition** must first occur after the **Waiting Period**. If the **Covered Person's Covered Condition** first occurs prior to or during the **Waiting Period**, no **Coverage Amount** is payable, the Coverage will terminate, and **We** will refund to the **Insured** all premiums paid for this Coverage without interest. A **Covered Condition** shall be considered to have first occurred when symptoms or laboratory and/or clinical findings that lead to the **Diagnosis** of a **Covered Condition** are first documented in the **Covered Person's** medical records regardless of the date upon which the **Diagnosis** is actually made.
5. [**Preexisting Condition Limitation: Preexisting Condition** means a condition for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period before the Coverage Effective Date of the Covered Person. A **Preexisting Condition** is excluded from coverage for a period of six months following the Coverage Effective Date of the Covered Person. If the **Covered Person** is **Diagnosed** with a **Covered Condition** that is determined to be a **Preexisting Condition**, no **Coverage Amount** is payable for that **Covered Condition**. We may have the Covered Person examined by a Physician of Our choosing at Our expense.]
6. **Diagnosis/Diagnosed** means the definitive establishment of the **Covered Condition** through the use of clinical and/or laboratory findings and subject to the terms and conditions of the Coverage. The **Diagnosis** must be made by a **Physician** who is a board-certified specialist where required under the terms of the Coverage.
7. Payment of the **Coverage Amount** is subject to all of the following conditions:
 - a. The sum of the **Coverage Amounts** payable under this Rider and any other Critical Illness Coverage and Critical Illness policies issued by **Us** on the life of the **Covered Person** may not exceed [\$100,000-\$250,000].
 - b. Only one **Coverage Amount** payment is allowed during the lifetime of the **Covered Person**, as defined by the terms and conditions of this Coverage.
 - c. **We** must receive proof of eligibility.
 - d. **We** must receive a consent form from all irrevocable beneficiaries and permitted assignees, if any. **We** also reserve the right to require a consent form from a **Covered Person**, their spouse's, other beneficiaries, and any other person, if such person's consent is necessary to protect our interests.
 - e. This Coverage is not meant to cause involuntary access to proceeds. Therefore, this Coverage will be restricted to a refund of the premiums paid to date for the Coverage without interest if the **Covered Person** is:
 - i. required by law to use the Coverage to meet the claims of creditors, whether in bankruptcy or otherwise; or
 - ii. required by a government entity to use the Coverage in order to apply for, obtain, or otherwise keep a government benefit or entitlement or for any other reason.
9. **Exclusions and Limitations:**

In addition to any other conditions, exclusions or limitations set forth in the Coverage, no coverage will be provided if the **Covered Condition** is caused by, occurs during or results from:

 - a. [Participation in the commission or attempted commission of a felony.]
 - b. [Voluntary participation in a riot or insurrection.]
 - c. [Refusing certain types of recommended medical treatment, as follows:
 - i. [A **Physician** has recommended treatment with angioplasty or coronary artery bypass graft for coronary artery disease, the **Covered Person** refuses this treatment, and the **Covered Person** suffers a **Heart Attack**;

- ii. [A **Physician** has recommended treatment for a brain aneurysm or carotid artery stenosis, the **Covered Person** refuses treatment, and the **Covered Person** suffers a **Stroke**;][or]
- iii. [A **Physician** has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being **Cancerous**, the **Covered Person** refuses, and the **Covered Person** develops **Cancer**.]

[In addition to the **Preexisting Condition Limitation** described above, no **Coverage Amount** is payable for an otherwise **Covered Condition** if:

- a. Such **Covered Condition** has not been **Diagnosed** by a **Physician**;
- b. Such **Covered Condition** was not **Diagnosed** until the Coverage had terminated; or
- c. The **Covered Person's** date of birth or age was misstated on the application and, using the correct date of birth or age, the Coverage would not have become effective or would have terminated prior to **Diagnosis** of a **Covered Condition**.]

If a **Covered Person** can recover benefits under more than one of the Coverage Amounts as stated in this Rider, the most **We** will pay for these benefits in total is the **Covered Person's Maximum Benefit Amount**.

- 10. After the **Coverage Amount** is paid for a particular **Covered Person**, this Coverage will terminate for that particular **Covered Person** only.
- 11. **We** will provide a statement to the **Covered Person**, any irrevocable beneficiary, and any permitted assignees, showing the effect of the **Coverage Amount** payment on the **Policy** when the **Covered Person** receives payment of the **Coverage Amount**.

Except for the above, this Rider does not vary, alter, waive, or extend any of the terms of the **Policy/Certificate** to which it is attached.

Signed for Starr Indemnity & Liability Company By:



Honora Keane, General Counsel



Charles H. Dangelo, President

ENROLLMENT FORM FOR GROUP INSURANCE TO



Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [399 Park Avenue, 8th Floor, New York, New York 10022]

1. Your Information

Name (Last, First, MI)	Date of Birth	Social Security #	Age	Sex
Street Address: (Street, City, State, Zip Code)				
Billing Address: (Street, City, State, Zip Code)				
Email Address		Home Phone #	Work Phone #	

2. [Dependent Information – Complete the following for each dependent to be insured:

Name (Last/First/Middle)	Relationship	Sex	Age	Date of Birth	Social Security #

3.]Beneficiary Information – Complete for Accidental Death [& Dismemberment] Benefit:

Primary Beneficiary:	Relationship:
Contingent Beneficiary:	Relationship:
APPLICANT'S STATEMENT	

Critical Illness Indemnity Benefit Rider Questionnaire:

- Have You [or any Dependent listed above] ever been diagnosed with or treated for any of the following:
 - Heart attack, angina, high blood pressure, chest pains, disease or disorder of the heart or circulatory system or diabetes? Yes ___ No ___
 - Stroke, transient ischemic attack (TIA), intermittent or persistent paralysis or other brain or neurological disorders? Yes ___ No ___
 - Emphysema, chronic bronchitis, asthma, respiratory system conditions or any lung disorder? Yes ___ No ___
 - Liver disease, hepatitis, cirrhosis, kidney failure, polycystic disease? Yes ___ No ___
 - Cancer, leukemia, Hodgkin's disease, melanoma, malignant tumor, growth, lesion or mass of any type? Yes ___ No ___
- Have You [or any Dependent listed above] ever tested positive for the human immunodeficiency virus (HIV) or its antibodies, or been diagnosed with or treated for acquired immune deficiency syndrome (AIDS)? Yes ___ No ___
- Have You [or any Dependent listed above] ever been advised of the need for a transplant, been evaluated for a transplant and/or currently on a transplant waiting list? Yes ___ No ___

By signing below, I and the individuals named herein are eligible for insurance and understand that coverage will not begin until the Effective Date shown in the Certificate. **By signing below, I AUTHORIZE [Company Name/Administrator's Name] TO COLLECT ANY AND ALL PREMIUMS DUE FOR THIS COVERAGE.**

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

THE POLICY PAYS LIMITED BENEFITS. REVIEW YOUR POLICY CAREFULLY.

Signature of Applicant

Date

SERFF Tracking Number: PLIS-127165600 State: Arkansas
 Filing Company: Starr Indemnity & Liability Company State Tracking Number: 48773
 Company Tracking Number: GROUP CRITICAL ILLNESS RIDER
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Group Critical Illness Rider
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	06/02/2011
Comments:			
Attachment:			
readability.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	06/02/2011
Comments:	The Enrollment Form for this new rider is attached under the Form Schedule.		

The Master Application AH-40003-AR was approved 2/12/09 under SERFF tracking number PLIS-126027253.

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	06/02/2011
Comments:			
Attachment:			
cover letter.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Eplanation of Variable Material	Approved-Closed	06/02/2011
Comments:			
Attachment:			
explanation of variables.pdf			

		Item Status:	Status Date:

SERFF Tracking Number: PLIS-127165600 State: Arkansas
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TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Group Critical Illness Rider
Project Name/Number: /

Satisfied - Item: Authorization Approved-Closed 06/02/2011

Comments:

Attachment:

SILC authorization 11-22-10.pdf

Starr Indemnity & Liability Company

READABILITY CERTIFICATION

The policy forms listed below have been Flesch scored. The following items were deleted before the scoring was done:

- (1) the name and address of the insurer;
- (2) the name, number and title of the policy form;
- (3) captions and subcaptions;
- (4) specification pages, schedules and tables; and
- (5) words that are defined in the policy forms.

<u>Form #</u>	<u>Flesch Score</u>
AH-40020-AR	50.1
AH-40021-AR	50.3



John M. Plisky
Consultant

May 13, 2011

Starr Indemnity & Liability Company

EXPLANATION OF VARIABLE MATERIAL

This is a supplement to the submission and provides an explanation as to the use of variable material. Variable material is signified by brackets throughout the policy forms and allows them to be tailored to the actual plan selected by the policyholder.

AH-40020-AR Group Critical Illness Indemnity Benefit Rider

The following are self-explanatory: Administrative Office Address, Policyholder; Group Policy Number; Group Policy Effective Date; Group Policy Anniversary Date; Effective Date of This Rider.

Bracketed language will be included as shown or omitted entirely.

The actual range of numerical items to be used are those shown within the variable brackets.

References to dependents will be included if dependent coverage is available.

The Coverage Amount Reductions provision will be included as shown or omitted entirely.

Each of the Covered Conditions will be included as shown or omitted entirely.

The Pre-Existing Condition Limitation will be included as shown or omitted entirely.

AH-40021-AR Enrollment Form

The following are self-explanatory: Administrative Office Address, Company Name/Administrator's Name.

References to dependents will be included if dependent coverage is available.

The reference to "& Dismemberment" will be included if the base policy forms include dismemberment coverage.



Starr Indemnity & Liability Company

399 Park Avenue, 8th Floor
New York, NY 10022

November 22, 2010

NAIC Company Code: 38318

To Whom It May Concern:

Please accept this letter as authorization from Starr Indemnity & Liability Company (the "Company") for John M. Plisky of Plisky Plisky & Co. LLC of Brielle, New Jersey to file any or all policy forms and rate filings as referenced on the attached form listing on behalf of the Company.

Sincerely,

Honora M. Keane
Honora M. Keane
General Counsel