

SERFF Tracking Number: CATL-127288085 State: Arkansas
Filing Company: Catlin Insurance Company, Inc. State Tracking Number: 49247
Company Tracking Number: 11-GH-GA001-CW-AR
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accident
Project Name/Number: Group Accident /11-GH-GA001-CW-AR

Filing at a Glance

Company: Catlin Insurance Company, Inc.

Product Name: Group Accident

TOI: H02G Group Health - Accident Only

Sub-TOI: H02G.000 Health - Accident Only

Filing Type: Form

SERFF Tr Num: CATL-127288085 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49247

Co Tr Num: 11-GH-GA001-CW-AR State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Author: Diane Lichorobiec

Date Submitted: 07/07/2011

Disposition Date: 07/14/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Group Accident

Project Number: 11-GH-GA001-CW-AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size: Small and Large

Explanation for Other Group Market Type: Unions & Customers of

Financial Institutions

Filing Status Changed: 07/14/2011

State Status Changed: 07/14/2011

Created By: Diane Lichorobiec

Corresponding Filing Tracking Number:

Filing Description:

Catlin Insurance Company, Inc.

FEIN#: 204929941

NAIC#: 19518

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: This filing is
exempt in Texas.

Market Type: Group

Previous Filing Number: 45308

Group Market Type: Employer, Association,
Trust, Other

Overall Rate Impact:

Deemer Date:

Submitted By: Diane Lichorobiec

Please find Catlin Insurance Company, Inc.'s filing which amends the Special Education Benefit relative to our filed and

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approved Group Accident Policy Form (AHAG 051(AR)) and Group Accident Certificate of Insurance provision contained in the Additional Accident Benefits section for each form (Co Tr Num: AHAG 051(AR) 0110, 4/12/2010) . The revision is to clarify the intent of the benefit provided with this coverage. Attached is a red line version of the form showing the changes.

We trust you will find all in order.

Company and Contact

Filing Contact Information

Diane Lichorobiec, State Filings Analyst diane.lichorobiec@catlin.com
 1600 Market Street 215-446-9136 [Phone]
 Suite 1616 215-446-9131 [FAX]
 Philadelphia, PA 19103

Filing Company Information

Catlin Insurance Company, Inc. CoCode: 19518 State of Domicile: Texas
 1600 Market Street Group Code: 4574 Company Type: Property and
 Casualty
 Suite 1616 Group Name: Catlin US Insurance State ID Number: 19518
 Group
 Philadelphia, PA 19103 FEIN Number: 20-4929941
 (215) 466-9132 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Filing or review of life and health policy/contracts, endorsements, certificate, riders, applications or annuity forms, per form...\$50.00.
 1 rider @ \$50.00
 Catlin's domicile state of Texas charges \$50.00 for such a filing.
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Catlin Insurance Company, Inc.	\$50.00	07/07/2011	49517957

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/14/2011	07/14/2011

SERFF Tracking Number: *CATL-127288085* *State:* *Arkansas*
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Disposition

Disposition Date: 07/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CATL-127288085* *State:* *Arkansas*
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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	FORM COMPARISON	Approved-Closed	Yes
Form	Special Education Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AHAG 400 0411

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/14/2011	AHAG 400 0411	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Special Education Benefit Rider	Initial		47.600	AHAG 400 0411.pdf

RIDER: **AHAG 400 0411**
POLICY HOLDER: {policy holder}
POLICY NUMBER: {policy number}
POLICY EFFECTIVE DATE: {policy effective date}
POLICY ANNIVERSARY DATE: {policy anniversary date}
POLICY TERM: {policy term}
STATE OF ISSUANCE: {State}

SPECIAL EDUCATION BENEFIT RIDER

[SPECIAL EDUCATION BENEFIT

We will pay the benefit, up to the Maximum Benefit shown in the *Schedule of Benefits*, for [each qualifying Dependent Child] [and][a surviving qualifying Spouse] [who {is/are} insured under the covered [Employee's] [Member's] certificate on the date he dies {or if he has been Totally Disabled during the Benefit Waiting Period for Permanent Total Disability benefits} [upon the Covered Person's death.]. The [Employee's] [Member's] death must result, directly and independently of all other causes from a Covered Accident for which an Accidental Death Benefit [or Permanent Total Disability Benefits] {is, are} payable under the Policy. This benefit is subject to the conditions and exclusions described below.

[A qualifying Dependent Child must:

1. a. [be enrolled as a full-time student in an accredited school of higher learning beyond the 12th grade level on the date of the covered [Employee's] [Member's] Covered Accident]; *or*
b. [be at the 12th grade level on the date of the covered [Employee's] [Member's] Covered Accident and then enroll as a full-time student at an accredited school of higher learning within {365 days} from the date of the Covered Accident and continue his education as a full-time student.]
2. continue his education as a full-time student in such accredited school of higher learning; and
3. incur expenses for: tuition; fees; books; room and board; transportation; and any other costs: payable directly to; or approved and certified by; such school.]

[A qualifying Dependent Child must:

1. enroll as a full-time student at a school of higher learning before reaching the limiting Age for dependent eligibility stated in the Policy;
2. continue his education as a full-time student; and
3. incur expenses for: tuition; fees; books; room and board; transportation; and any other costs: payable directly to; or approved and certified by; such school.]

[A qualifying surviving Dependent Child must:

1. enroll as a full-time student at a school of higher learning before reaching the limiting Age for dependent eligibility stated in the Policy;
2. continue his education as a full-time student; and
3. incur expenses for: tuition; fees; books; room and board; transportation; and any other costs: payable directly to; or approved and certified by; such school.]

[A qualifying surviving Spouse must:

1. enroll in any accredited school for the purpose of retraining or refreshing skills needed for employment within {one year} of the date of the covered [Employee's] [Member's] Covered Accident;
2. remain enrolled in such accredited school; and
3. incur expenses: payable directly to; or approved by; such school.]]

Payments will be made to each qualifying Dependent Child [or to the child's legal guardian, if the child is a minor] at the end of each year for the number of years shown in the *Schedule of Benefits*. We must receive proof satisfactory to Us of the Dependent Child's enrollment and attendance within {31 days} of the end of each year. The first year for which a Special Education Benefit is payable will begin on the first of the month following the date the covered [Employee] [Member] died [or completed the Benefit Waiting Period for Permanent Total

Disability benefits], if the surviving Dependent Child was enrolled on that date in an accredited school of higher learning beyond the 12th grade; otherwise on the date he enrolls in such school. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding year.

[If no Dependent Child qualifies for Special Education Benefits within {365 days} of the covered [Employee's] [Member's] death [or completion of the Benefit Waiting Period for Permanent Total Disability Benefits], We will pay the default benefit shown in the *Schedule of Benefits* to the covered [Employee's] [Member's] beneficiary.]

[Payments will be made to the surviving Spouse at the end of each year for the number of years shown in the *Schedule of Benefits*. We must receive proof satisfactory to Us of the Spouse's enrollment and attendance within {31 days} of the end of each year. The first year for which a Special Education Benefit is payable will begin on the date the surviving Spouse enrolls in an accredited school for the first time following the date the [Employee] [Member] died [or completed the Benefit Waiting Period for Permanent Total Disability benefits]. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding year.]]

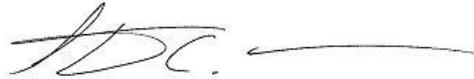
[If a surviving Spouse does not qualify for Special Education Benefits within {365 days} of the covered [Employee's] [Member's] death [or completion of the Benefit Waiting Period for Permanent Total Disability Benefits], We will pay the default benefit shown in the *Schedule of Benefits* to the covered [Employee's] [Member's] beneficiary.]

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.]

The President and Secretary of Catlin Insurance Company, Inc witness this Rider.



President



Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	07/14/2011
Comments:		
Attachment: Group Accident Readability Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	07/14/2011
Bypass Reason: N/A - RIDER FILING		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: FORM COMPARISON	Approved-Closed	07/14/2011
Comments:		
Attachment: Revised Special Education Benefit Rider _Red Line_.pdf		

READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a combined Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form #	Title	Combined Flesch Score
AHAG 400 0411	Special Education Benefit Rider	47.6

Catlin Insurance Company, Inc.

Bob Eells

Digitally signed by Bob Eells
DN: cn=Bob Eells, c=US, o=Catlin,
Inc., ou=Regulatory, email=bob.
eells@catlin.com
Date: 2011.07.07 11:59:57 -04'00'

Bob Eells
Director – Regulatory Development

7/7/2011

Date

RIDER: **AHAG-052.0111**
POLICY HOLDER: {policy holder}
POLICY NUMBER: {policy number}
POLICY EFFECTIVE DATE: {policy effective date}
POLICY ANNIVERSARY DATE: {policy anniversary date}
POLICY TERM: {policy term}
STATE OF ISSUANCE: {State}

SPECIAL EDUCATION BENEFIT RIDER

[SPECIAL EDUCATION BENEFIT

We will pay the benefit, up to the Maximum Benefit shown in the *Schedule of Benefits*, for [each qualifying Dependent Child] [and][a surviving ~~qualifying covered~~-Spouse] [who {is/are} insured under the covered [Employee's] [Member's] certificate on the date he dies {or if he has been Totally Disabled during the Benefit Waiting Period for Permanent Total Disability benefits} upon the Covered Person's death.] The [Employee's] [Member's] death must result, directly and independently of all other causes from a Covered Accident for which an Accidental Death Benefit [or Permanent Total Disability Benefits] {is, are} payable under the Policy. This benefit is subject to the conditions and exclusions described below.

[A qualifying Dependent Child must:

1. a. [be enrolled as a full-time student in an accredited school of higher learning beyond the 12th grade level on the date of the covered [Employee's] [Member's] Covered Accident]; *or*
b. [be at the 12th grade level on the date of the covered [Employee's] [Member's] Covered Accident and then enroll as a full-time student at an accredited school of higher learning within {365 days} from the date of the Covered Accident and continue his education as a full-time student.]
2. continue his education as a full-time student in such accredited school of higher learning; and
3. incur expenses for: tuition; fees; books; room and board; transportation; and any other costs: payable directly to; or approved and certified by; such school.]

[A qualifying Dependent Child must:

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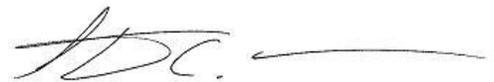
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Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.]

The President and Secretary of Catlin Insurance Company, Inc witness this Rider.



President



Secretary