

SERFF Tracking Number: MCHX-G127316209 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 49303
Company Tracking Number: N20031NUFIC
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: N20031NUFIC - Group A&S Indemnity - National Union
Project Name/Number: N20031NUFIC - Group A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA./N20031NUFIC - Group A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA.

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, PA
Product Name: N20031NUFIC - Group A&S Indemnity - National Union
TOI: H14G Group Health - Hospital Indemnity
Sub-TOI: H14G.000 Health - Hospital Indemnity
Filing Type: Form
Implementation Date Requested: On Approval
State Filing Description:

SERFF Tr Num: MCHX-G127316209
SERFF Status: Closed-Approved-Closed
Co Tr Num: N20031NUFIC
Author: SPI McHughConsulting
Date Submitted: 07/14/2011

State: Arkansas
State Tr Num: 49303
State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Disposition Date: 07/15/2011
Disposition Status: Approved-Closed
Implementation Date:

General Information

Project Name: N20031NUFIC - Group A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA. Status of Filing in Domicile: Not Filed
Project Number: N20031NUFIC - Group A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA. Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Overall Rate Impact:
Filing Status Changed: 07/15/2011
State Status Changed: 07/15/2011 Deemer Date:
Created By: SPI McHughConsulting Submitted By: SPI McHughConsulting
Corresponding Filing Tracking Number:
Filing Description:
RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Group Accident and Sickness Indemnity Insurance Program (N20000NUFIC)

N20031NUFIC - Supplemental Accident Benefit Rider

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N20032NUFIC - Continuation of Coverage Rider
N20033NUFIC - Dental Benefits Certificate Rider
N20034NUFIC - Amendatory Endorsement (Dependent Definition Amendment)
N20035NUFIC - Outpatient Diagnostic Pathology Test Benefit Rider
N20036NUFIC - Outpatient Diagnostic Radiology Test Benefit Rider
N20037NUFIC - Extension of Benefits Rider
N20038NUFIC - Amendatory Endorsement (to change various items in previously filed forms)
N20039NUFIC - Surgical/Anesthesia Benefit Rider
N20040NUFIC - Specified Disease Certificate Rider
N20002NUFIC(REV 6-11)-AR - Master/Participating Organization Application for Group Accident [and Sickness] Indemnity Insurance Policy

Dear Commission Bradford:

McHugh Consulting Resources, Inc. has been requested to file the attached forms on behalf of National Union Fire Insurance Company of Pittsburgh, PA. We have provided an authorization letter for your files.

Enclosed are copies of the above referenced forms for your review and approval. These forms are new and not intended to replace any other forms previously approved by your Department. The subject forms are optional benefit riders and, when elected by the policyholder, will be attached to the limited benefit, fixed indemnity Group Accident and Sickness Indemnity Insurance Policy Form N20000 et al, approved by your Department on August 25, 2005. Subsequent enhancements to this product were approved on January 31, 2006, June 19, 2007, and February 25, 2011.

The following forms contain new benefits or provisions: N20031NUFIC; N20032NUFIC; N20033NUFIC; N20035NUFIC; and N20036NUFIC.

The following forms contain modifications or replacements of previously approved benefits or provisions: N20034NUFIC; N20038NUFIC; N20039NUFIC; and N20040NUFIC.

The Master/Participating Organization Application for Group Accident [and Sickness] Indemnity Insurance Policy, Form N20002NUFIC(REV 6-11)-AR, is in addition to the previously approved Form N20002-AR. Once approved, it will be utilized as an alternative to N20002-AR.

Any language in brackets is variable to be included or omitted or, where applicable, to vary to the numeric ranges displayed within the brackets. An Explanation of Variables confirming these options is enclosed.

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The effective date of issue of these forms will be upon approval by your Department.

Thank you for your attention to this filing. Should you have any questions regarding this filing, please feel free to contact me.

Sincerely,

Ashley Schute
McHugh Consulting Resources, Inc.
215.230.7960

Company and Contact

Filing Contact Information

Ashley Schute, mcr@mchughconsulting.com
2005 South Easton Road 215-230-7960 [Phone]
Suite 207 215-230-7961 [FAX]
Doylestown, PA 18901

Filing Company Information

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

National Union Fire Insurance Company of Pittsburgh, PA CoCode: 19445 State of Domicile: Pennsylvania
70 Water Street Group Code: 12 Company Type:
18th Floor Group Name: State ID Number:
New York, NY 10038 FEIN Number: 25-0687550
(302) 765-1756 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$550.00
Retaliatory? No
Fee Explanation:
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, PA	\$550.00	07/14/2011	49809931

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/15/2011	07/15/2011

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Disposition

Disposition Date: 07/15/2011

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	Authorization Letter	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Compliance Certification - 19	Approved-Closed	Yes
Supporting Document	Compliance Certification - 49	Approved-Closed	Yes
Form	Supplemental Accident Benefit Rider	Approved-Closed	Yes
Form	Continuation of Coverage Rider	Approved-Closed	Yes
Form	Dental Benefits Certificate Rider	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes
Form	Outpatient Diagnostic Pathology Test Benefit Rider	Approved-Closed	Yes
Form	Outpatient Diagnostic Radiology Test Benefit Rider	Approved-Closed	Yes
Form	Extension of Benefits Rider	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes
Form	Surgical/Anesthesia Benefit Rider	Approved-Closed	Yes
Form	Specified Disease Certificate Rider	Approved-Closed	Yes
Form	Master Participating Organization Application for Group Accident [and Sickness] Indemnity Insurance Policy	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 07/15/2011	N20031NUFIC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Supplemental Accident Benefit Rider	Initial		50.500	N20031NUFIC.PDF
Approved-Closed 07/15/2011	N20032NUFIC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Continuation of Coverage Rider	Initial		50.900	N20032NUFIC.PDF
Approved-Closed 07/15/2011	N20033NUFIC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Dental Benefits Certificate Rider	Initial		52.100	N20033NUFIC.PDF
Approved-Closed 07/15/2011	N20034NUFIC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Endorsement	Initial		51.600	N20034NUFIC.PDF
Approved-Closed 07/15/2011	N20035NUFIC	Certificate Amendmen t, Insert Page, Endorseme	Outpatient Diagnostic Pathology Test Benefit Rider	Initial		51.400	N20035NUFIC.PDF

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Approved- Closed 07/15/2011	N20036NU FIC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Outpatient Diagnostic Radiology Test Benefit Rider	Initial	50.500	N20036NUFI C.PDF
Approved- Closed 07/15/2011	N20037NU FIC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Extension of Benefits Rider	Initial	51.200	N20037NUFI C.PDF
Approved- Closed 07/15/2011	N20038NU FIC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Endorsement	Initial	51.700	N20038NUFI C.PDF
Approved- Closed 07/15/2011	N20039NU FIC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Surgical/Anesthesia Benefit Rider	Initial	51.100	N20039NUFI C 07_06_11.PD F
Approved- Closed 07/15/2011	N20040NU FIC	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Specified Disease Certificate Rider	Initial	51.300	N20040NUFI C - speciifed disease rider.PDF
Approved- Closed 07/15/2011	N20002NU FIC(REV 6- 11)-AR	Application/ Enrollment Form	Master Participating Organization Application for Group Accident [and Sickness] Indemnity	Initial	0.000	N20002NUFI C(REV 6-11)- AR.PDF

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Insurance Policy

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)

**SUPPLEMENTAL ACCIDENT BENEFIT RIDER
(Non-Work-Related Injuries)**

This Rider is attached to and made part of the Certificate [as of the Policy Effective Date shown in the Policy's Master Application.] effective [Month Day, Year]. It applies only with respect to covered losses that occur on or after that date.]¹ It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

The Schedule of Benefits of the Certificate is amended to add the following:

SUPPLEMENTAL ACCIDENT BENEFIT . . .

Percentage Payable.....	[50%, 60%, 75%, 80%, 100%] ²
Maximum Supplemental Accident Benefit	[\$300 - \$5,000] ³ per [accident] [calendar year] [Coverage Year] ⁴
[Maximum Number of Accidents	[5, 10, 15 per [calendar year] [Coverage Year] ⁵] ⁶

The Benefits and Coverages section of the Certificate is amended to add the following:

SUPPLEMENTAL ACCIDENT BENEFIT

If an Insured Person suffers a non work-related Injury that, within [24, 48, 72, 96 hours]⁷ of the date of the accident that caused the Injury, requires him or her to be treated by a Physician in the Physician's office, clinic, urgent care facility or the emergency room of a Hospital; the Company will pay an amount determined by multiplying the Percentage Payable shown in the Schedule of Benefits times the Actual Charges incurred for diagnostic x-rays and Physician's treatment received due to that Injury. In no event will this amount exceed the Maximum Supplemental Accident Benefit shown in the Schedule of Benefits per Insured Person for all Injuries [caused by the same accident]⁸ [occurring in the same [calendar year] [Coverage Year]⁹]¹⁰. [No benefits are payable in any one [calendar year] [Coverage Year]¹¹ for any accident in excess of the Maximum Number of Accidents shown in the Schedule of Benefits.]¹² [This benefit is payable only for such charges incurred within [24, 48, 72, 96]¹³ hours after the date of the accident causing that Injury.]¹⁴

Actual Charges - as used in this Rider, means the amount actually charged to the Insured Person for the services provided and that will be accepted by the provider(s) as payment in full for those services.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA, witness this Rider:



President



Secretary

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)

CONTINUATION OF COVERAGE RIDER

This Rider is attached to and made part of the Certificate [] as of the Policy Effective Date shown in the Policy's Master Application. [] effective [Month Day, Year]. It applies only with respect to covered losses that occur on or after that date.]¹ It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

The following is hereby added immediately following the Effective and Termination Dates section of the Certificate:

CONTINUATION OF COVERAGE

Coverage for certain services for which benefits are payable under the Certificate may be continued as described below. Medical information regarding the condition of a person's health is not required for this continued coverage. If an Insured exercises this option, it will be in lieu of any continuation rights granted under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA").

Eligibility:

Insured – An Insured may elect to continue coverage for himself and any Insured Dependents. Coverage may be continued for 18 months if one of the following events occurs:

- a) the Insured's employment is terminated for any reason other than gross misconduct; or
- b) a reduction in an Insured's hours results in the loss of such coverage.

Disabled Insured – An Insured who is determined to be disabled under the Social Security Act within 60 days of the date he becomes eligible for continuation under this provision, may continue coverage for himself and any Insured Dependents for up to 29 months.

Insured Dependent – An Insured Dependent may elect to continue coverage for a period of 36 months if one of the following events occurs:

- a) the death of the Insured;
- b) the divorce or legal separation of the Insured and Insured Spouse;
- c) the Insured becomes entitled to Medicare benefits;
- d) an Insured Dependent Child is no longer an Eligible Dependent.

Coverage:

If an Insured Person exercises this option, coverage will be identical in scope to that provided in the Certificate and any Riders, Amendments or Endorsements attached thereto; however, such continued coverage will not include the following benefits [Accidental Death Benefit,] [Common Carrier Benefit,] [Accidental Dismemberment Benefit,] [Paralysis Benefit,] [Coma Benefit,] [Accident Disability Income Benefit,] [Severe Burn Benefit,] [Fractures and Dislocations Benefit]]².

Premiums:

The Insured Person will pay premiums directly to the Policyholder with the option of paying in monthly installments. The premiums will not exceed 102 percent of the applicable premium for such period.

Notice Requirements:

The Policyholder must notify the Company in writing within 31 days after the date:

- a) the Insured dies; or
- b) the Insured's employment is terminated or the Insured's hours are reduced; or
- c) the Insured becomes entitled to Medicare benefits.

Each Insured Dependent who wishes to continue coverage must notify the Company in writing within 60 days after the date:

- a) of divorce or legal separation from the Insured; or
- b) an Insured Dependent Child is no longer an Eligible Dependent.

Upon the Company's receipt of any such notice, the Company will give written notice of the right to continue coverage to the Insured Person(s) within 14 days.

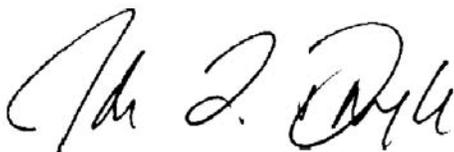
Insured Persons who wish to continue coverage must notify the Company in writing within 60 days after the date they receive notice of their right to continue coverage.

Termination:

An Insured Person who exercises this option will not have coverage interrupted or canceled or otherwise terminated until the date on which:

- a) such Insured Person fails to make a premium payment in the time required to make that payment; or
- b) such Insured Person becomes covered under another group health plan, without limitation as to any pre-existing condition that affects coverage; or
- c) such Insured Person becomes entitled to Medicare benefits; or
- d) the required period for continued coverage ends; or
- e) the policy is terminated.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA, witness this Rider:



President



Secretary

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)

DENTAL BENEFITS CERTIFICATE RIDER

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

Effective Date of this Rider: [January 1, 2011]

[Insured: [John R. Smith]]¹

This Rider is attached to and made part of the Certificate as of the Effective Date shown above. It is subject to all of the provisions, limitations and exclusions of the Policy except as specifically modified herein.

RIDER SCHEDULE

[Deductible: [\$0 -\$150 in \$25 increments]³ of Covered Expenses per Insured Person each Coverage Year. Expenses incurred during any applicable Benefit Waiting Period may not be used to satisfy this Deductible.]²

Maximum Benefit: [\$250 - \$2,000 in \$250 increments]⁴ per Insured Person per Coverage Year

[Service Type I:

Benefit Waiting Period..... [0-3 Months]⁵

Subject to Deductible [YES/NO]⁶

Subject to Coverage Year Maximum Benefit [YES/NO]⁷⁸

[Service Type II:

Benefit Waiting Period..... [0-6 Months]⁹

Subject to Deductible [YES/NO]⁶

Subject to Coverage Year Maximum Benefit [YES/NO]⁷¹⁰

[Service Type III:

Benefit Waiting Period..... [0-12 Months]¹¹

Subject to Deductible [YES/NO]⁶

Subject to Coverage Year Maximum Benefit [YES/NO]⁷¹²

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Rider begins on the later of the Effective Date of this Rider or (b) the date such Insured's coverage becomes effective under the Policy.

Termination Date. An Insured's coverage under this Rider ends on the earliest of: (1) the date this Rider is terminated; (2) the date coverage under the Policy ends.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Rider.

[INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured Dependent's coverage under this Rider begins on the latest of: (1) the Effective Date of this Rider, (2) the date the Insured's coverage under this Rider begins or (3) the date the Insured Dependent's coverage under the Policy begins.

Termination Date. An Insured Dependent's coverage under this Rider ends on the earliest of: (1) the date the Insured's coverage ends, (2) the date the Insured Dependent's coverage under the Policy ends.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured Dependent's coverage was in force under this Rider.]¹³

DENTAL BENEFITS

The Schedule of Covered Dental Procedures lists all dental procedures, services and supplies that are covered. Each Covered Procedure is listed with its applicable Service Type and:

- (a) any applicable indemnity benefit payable; or
- b)]¹⁴any applicable insurance percentage payable; and
- c) any applicable limitation.

[The Company will pay the applicable indemnity benefit for a Covered Procedure, after satisfaction of any applicable Deductible. No benefit will be paid for any portion of the expense incurred for a Covered Procedure that exceeds the applicable indemnity benefit.]¹⁵ Benefits for a Covered Procedure [that displays a percentage payable]¹⁶ are determined by applying its insurance percentage to the Covered Expense, after satisfaction of any applicable Deductible.

For each Service Type, the Rider Schedule shows:

- a) any applicable Benefit Waiting Period;
- b) the applicability of any Deductible; and
- c) the applicability of any Coverage Year maximum benefit limitation.

[Alternate Benefit Plan: Recognizing that many dental problems can be solved in more than one way, the Company will pay an amount equal to that applicable for that generally accepted treatment which, in our sole judgment, will provide adequate dental care at the lowest cost to the Insured Person. In determining our liability, we will be guided by nationally established standards of the dental profession.

If an Insured Person pursues the most expensive course of treatment, this coverage may pay the equivalent of the less expensive treatment that adequately restores the mouth to normal form and function. This payment may be applied toward a more expensive course of treatment.]¹⁷

The following definitions apply to this Rider:

"Allowable Charges" means the lesser of a provider's actual charge for a covered expense and the charge calculated for the same expense based on application of Usual, Customary and Reasonable.

"Benefit Waiting Period" means the amount of time which coverage must be in force before benefits may become payable for Covered Procedures.

"Covered Expenses" means the Allowable Charges for Covered Procedures provided to an Insured Person. A Covered Expense is considered incurred on the date:

- a) the first impression is taken, for an appliance;
- b) the tooth or teeth are first prepared, for crowns and bridges;
- c) the pulp chamber is opened, for root canal;
- d) the appliance or bands are inserted or a one-step orthodontic procedure is performed, for orthodontic services;
- e) ¹⁸for which the charge is made for the service, for all other services.

For a dental procedure, service or supply to be eligible for coverage under this Rider, it must be rendered by:

- a) a licensed dentist who is acting within the scope of his or her license;
- b) a licensed physician performing dental services within the scope of his or her license; or
- c) a licensed dental hygienist acting under the supervision and direction of a dentist.

“Covered Procedure” means a dental procedure, service or supply that is listed in the Schedule of Covered Dental Procedures.

["Deductible" means the amount of Covered Expenses that must be paid by a Insured Person before benefits are payable under this Rider. This amount is shown in the Rider Schedule [for each Service Type] ²⁰. The Deductible(s) applies to each Insured Person and must be satisfied once each Coverage Year [; except if, in any one Coverage Year, there are 3 or more members of the Insured's family covered under the policy, then a family deductible will apply. The family deductible is cumulative. This means that all covered family members can contribute to the family deductible; however, no one Insured Person can contribute more than the per person Deductible amount. Once the family deductible is satisfied, no Deductible amount will be required for any other covered family member during that same Coverage Year.] ²¹ [The Deductible will be satisfied in order of the Service Type if all procedures are incurred on the same date (that is, to Covered Procedures with Service Types of [I, II, and then III]) ²².] ¹⁹

"Usual, Customary and Reasonable" means the lower of charges made by:

- a) a provider for services and supplies rendered to the majority of the provider's patients; or
- b) the majority of providers within a community for the same or similar services or supplies, not to exceed the majority of prevailing fees within a community for such services or supplies, as we may determine based on statistically valid charge data using generally accepted industry standards and practices.

The Exclusions of the Certificate to which this Rider is attached do not apply to this Rider. The following will apply.

EXCLUSIONS

No benefits are payable under this Rider for the procedures, services or supplies listed below. Additionally, the items listed below will not be recognized toward satisfaction of any Deductible.

- a) any procedure, service or supply not shown in the Schedule of Covered Dental Procedures;
- b) any procedure begun after the Insured Person's insurance under this Rider terminates, or for any prosthetic dental appliance finally installed or delivered more than thirty days after the Insured Person's insurance under the policy terminates;
- c) any procedure begun or appliance installed before the Insured Person became insured under this Rider;
- d) any procedure, service or supply that is elective or primarily cosmetic in nature and not generally recognized as an accepted dental practice by the American Dental Association;

- e) any procedure, service or supply to correct congenital malformations (unless it is performed on a Insured Person who was covered immediately following birth);
- f) charges for the replacement of lost or stolen appliances;
- g) initial placement of any prosthetic appliance or fixed bridge unless such placement is necessitated by the extraction of one or more functioning natural teeth while insured under the policy, provided such tooth was not an abutment for a prosthetic appliance installed during the preceding [three - seven]²³ years or a fixed bridge installed during the preceding [three - seven]²⁴ years. The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth;
- h) replacement of bridges unless the bridge cannot be made serviceable;
- i) replacement of full or partial dentures unless the prosthetic appliance [is more than [three - seven]²³ years old and]²⁴ cannot be made serviceable;
- j) replacement of crowns, inlays or onlays unless the prior placement [is more than [three - seven]²³ years old and]²⁴ cannot be made serviceable;
- k) any procedure, service or supply relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition or abrasion; (v) bite registration or (vi) bite analysis;
- l) any procedure, service or supply for the treatment of any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- m) orthognathic surgery;
- n) prescribed drugs, premedication, analgesia [or general anesthesia]²⁵;
- o) any instruction for diet, plaque control and oral hygiene;
- p) dental disease, defect or injury caused by a declared or undeclared war or any act of war;
- q) implants of any type (and all related procedures, services and supplies), removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments;
- r) cast restorations and crowns for teeth that are not broken down by extensive decay or accidental injury or for teeth that can be restored by other means;
- s) any procedure, service or supply for the treatment of malignancies, cysts and neoplasms;
- t) any orthodontic procedure, service or supply unless otherwise listed as a Covered Procedure;
- u) charges for failure to keep a scheduled visit or for the completion of any claim forms;
- v) any procedure, service or supply we determine which is not necessary, does not offer a favorable prognosis, or does not have uniform professional endorsement or which is experimental in nature;
- w) any procedure, service or supply provided or paid for by the Policyholder or rendered by someone who is related to an Insured Person by blood (e.g., sibling, parent, grandparent, child), marriage (e.g., spouse or in-law) or adoption or is normally a member of the Insured Person's household;
- x) any procedure, service or supply that is included as covered medical expenses under a group medical expense benefit plan or under any coverage provided or required by law (including, but not limited to, group, group-type and individual automobile "No-Fault" coverage);
- y) any procedure, service or supply for the treatment of work-related injuries or sickness;
- z) any procedure, service or supply that is provided or paid for by any governmental program or law, except as to charges that the person is legally obligated to pay.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA, witness this Rider:

A handwritten signature in black ink, appearing to read "John J. Doyle".

President

A handwritten signature in black ink, appearing to read "Dennis J. [unclear]".

Secretary

SCHEDULE OF COVERED DENTAL PROCEDURES

	<u>Insurance Percentage</u>	<u>Limitation</u>	<u>Service Type</u>
<u>DIAGNOSTIC AND PREVENTATIVE PROCEDURES</u>			
Comprehensive Oral Exam	80 - 100%	(a)	I
Periodic Oral Exam	80 - 100%	(a)	I
Limited Oral Evaluation	80 - 100%		I
Emergency Palliative Treatment	80 - 100%		I
Panorex Film, or	80 - 100%	(b)	I
Intra-Oral – complete series	80 - 100%	(b)	I
Intra-Oral – perapical, first film	80 - 100%		I
Intra-Oral – perapical, each additional film	80 - 100%		I
Intra-Oral – occlusal film	80 - 100%		I
Bitewing - Single Film	80 - 100%	(f)	I
Bitewing - Two Films	80 - 100%	(f)	I
Bitewing - Four Films	80 - 100%	(f)	I
Prophylaxis - Adult	80 - 100%	(a)	I
Prophylaxis - Child, or	80 - 100%	(a)(e)	I
Prophylaxis with Fluoride – Child, or	80 - 100%	(c)(e)	I
Topical Application of Fluoride – Child	80 - 100%	(a)(e)	I
Sealant [limited to permanent molars] – per tooth	80 - 100%	[(b)(c)] (e)	I
Space Maintainer - Fixed Unilateral	80 - 100%	(c)(e)	I
Space Maintainer - Fixed Bilateral	80 - 100%	(c)(e)	I
Space Maintainer - Removable Unilateral	80 - 100%	(c)(e)	I
Space Maintainer - Removable Bilateral	80 - 100%	(c)(e)	I

BASIC PROCEDURES

	<u>Indemnity Benefit</u>	OR	<u>Insurance Percentage</u>	<u>Limitation</u>	<u>Service Type</u>
FILLINGS					
One Surface Amalgam - Primary or Permanent	\$0 - \$100		60 - 100%		II
Two Surface Amalgam - Primary or Permanent	\$0 - \$100		60 - 100%		II
Three Surface Amalgam - Primary or Permanent	\$0 - \$100		60 - 100%		II
Four+ Surface Amalgam - Primary or Permanent	\$0 - \$100		60 - 100%		II
One Surface Resin - Anterior	\$0 - \$100		60 - 100%		II
Two Surface Resin - Anterior	\$0 - \$100		60 - 100%		II
Three Surface Resin - Anterior	\$0 - \$100		60 - 100%		II
Four+ Surface or Incisal Resin - Anterior	\$0 - \$100		60 - 100%		II
One Surface Resin Posterior - Primary or Permanent	\$0 - \$100		60 - 100%		II
Two Surface Resin Posterior - Primary or Permanent	\$0 - \$100		60 - 100%		II
Three Surface Resin Posterior - Primary or Permanent	\$0 - \$100		60 - 100%		II
Four+ Surface Resin Posterior - Primary or Permanent	\$0 - \$100		60 - 100%		II
Sedative Fillings	\$0 - \$100		60 - 100%		II

	<u>Indemnity Benefit</u>	OR	<u>Insurance Percentage</u>	<u>Limitation</u>	<u>Service Type</u>
ORAL SURGERY					
Simple Extraction - erupted tooth or exposed root	\$0 - \$200		50 - 100%		[II - III]
Surgical Extraction – erupted tooth	\$0 - \$200		50 - 100%		[II - III]
Removal of Impacted Tooth (soft tissue)	\$0 - \$200		50 - 100%		[II - III]
Removal of Impacted Tooth (partial bony)	\$0 - \$200		50 - 100%		[II - III]
Removal of Impacted Tooth (complete bony)	\$0 - \$200		50 - 100%		[II - III]
Surgical Removal of Roots	\$0 - \$200		50 - 100%		[II - III]
Alveolectomy (with extraction) - per quadrant	\$0 - \$200		50 - 100%		[II - III]
Alveolectomy (without extraction) - per quadrant	\$0 - \$200		50 - 100%		[II - III]
Incision and Drainage of Abscess - Intraoral	\$0 - \$200		50 - 100%		[II - III]

CROWN AND BRIDGE REPAIR

Recement Inlay	\$0 - \$100		60 - 100%		II
Recement Crown	\$0 - \$100		60 - 100%		II
Core Build-up (including pins)	\$0 - \$100		60 - 100%		II
Pin Retention - per tooth	\$0 - \$100		60 - 100%		II
Recement Fixed Partial Denture	\$0 - \$100		60 - 100%		II

DENTURE REPAIR

Repair Complete Denture Base	\$0 - \$100		60 - 100%	(c)	II
Repair Teeth Complete Denture - per tooth	\$0 - \$100		60 - 100%	(c)	II
Repair Partial Denture Base	\$0 - \$100		60 - 100%	(c)	II
Repair Partial Framework	\$0 - \$100		60 - 100%	(c)	II
Repair Broken Clasp	\$0 - \$100		60 - 100%	(c)	II
Replace Teeth - per tooth	\$0 - \$100		60 - 100%	(c)	II
Add Tooth to Existing Partial Denture	\$0 - \$100		60 - 100%	(c)	II
Add Clasp to Existing Partial Denture	\$0 - \$100		60 - 100%	(c)	II
Reline Upper Denture	\$0 - \$100		60 - 100%	(b)	II
Reline Lower Denture	\$0 - \$100		60 - 100%	(b)	II
Reline Upper Partial Denture	\$0 - \$100		60 - 100%	(b)	II
Reline Lower Partial Denture	\$0 - \$100		60 - 100%	(b)	II
Reline Upper Denture (Lab)	\$0 - \$100		60 - 100%	(b)	II
Reline Lower Denture (Lab)	\$0 - \$100		60 - 100%	(b)	II
Reline Upper Partial Denture (Lab)	\$0 - \$100		60 - 100%	(b)	II
Reline Lower Partial Denture (Lab)	\$0 - \$200		60 - 100%	(b)	II

MAJOR PROCEDURES

PERIODONTICS

Gingivectomy - per quadrant	\$0 - \$200		50 - 80%	(g)	III
Gingivectomy - per tooth	\$0 - \$200		50 - 80%		III
Gingival Curettage Surgical - per quadrant, or	\$0 - \$200		50 - 80%	(h)	III
Osseous Surgery - per quadrant, or	\$0 - \$200		50 - 80%	(h)	III
Perio Scaling and Root Planing - per quadrant	\$0 - \$200		50 - 80%	(h)	III

	<u>Indemnity Benefit</u>	<u>OR</u>	<u>Insurance Percentage</u>	<u>Limitation</u>	<u>Service Type</u>
Full Mouth Debridement	\$0 - \$200		50 - 80%	(b)	III
Perio Maintenance Procedure	\$0 - \$200		50 - 80%	(a)	III
ENDODONTICS					
Pulp Cap - Direct	\$0 - \$200		50 - 100%		[II - III]
Pulp Cap - Indirect	\$0 - \$200		50 - 100%		[II - III]
Therapeutic Pulpotomy	\$0 - \$200		50 - 100%		[II - III]
Root Canal - Anterior, or	\$0 - \$200		50 - 100%	(c)	[II - III]
Root Canal - Bicuspid, or	\$0 - \$200		50 - 100%	(c)	[II - III]
Root Canal - Molar	\$0 - \$200		50 - 100%	(c)	[II - III]
Apicoectomy - Anterior, or	\$0 - \$200		50 - 100%	(c)	[II - III]
Apicoectomy - Bicuspid, or	\$0 - \$200		50 - 100%	(c)	[II - III]
Apicoectomy - Molar	\$0 - \$200		50 - 100%	(c)	[II - III]
Apicoectomy - Additional Root	\$0 - \$200		50 - 100%		[II - III]
[Retrograde Filling	\$0 - \$200		50 - 80%		III
Root Amputation	\$0 - \$200		50 - 80%		III]
CROWN AND BRIDGE					
Crown Resin – High Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Resin – Base Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Resin – Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Porcelain	\$0 - \$200		50 - 80%	(d)	III
Crown Porcelain with High Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Porcelain with Base Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Porcelain with Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Full High Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Crown 3/4 High Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Full Base Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Full Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Porcelain/Ceramic	\$0 - \$200		50 - 80%	(d)	III
Crown Prefabricated Stainless Steel	\$0 - \$200		50 - 80%	(d)	III
Crown Prefabricated Resin	\$0 - \$200		50 - 80%	(d)	III
Post and Core - Cast	\$0 - \$200		50 - 80%	(d)	III
Post and Core - Prefabricated	\$0 - \$200		50 - 80%	(d)	III
Pontic Cast High Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Pontic Cast Base Metal	\$0 - \$200		50 - 80%	(d)	III
Pontic Cast Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Pontic Porcelain with High Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Pontic Porcelain with Base Metal	\$0 - \$200		50 - 80%	(d)	III
Pontic Porcelain with Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Pontic Resin with High Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Pontic Resin with Base Metal	\$0 - \$200		50 - 80%	(d)	III
Pontic Resin with Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Pontic Resin Porcelain/Ceramic	\$0 - \$200		50 - 80%	(d)	III
Crown Retainer Resin with High Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Retainer Resin with Base Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Retainer Resin with Noble Metal	\$0 - \$200		50 - 80%	(d)	III

	<u>Indemnity</u> <u>Benefit</u>	<u>OR</u>	<u>Insurance</u> <u>Percentage</u>	<u>Limitation</u>	<u>Service</u> <u>Type</u>
Crown Retainer Porcelain with High Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Retainer Porcelain with Base Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Retainer Porcelain with Nobel Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Retainer Full Cast High Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Retainer 3/4 Cast High Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Retainer Full Cast Base Metal	\$0 - \$200		50 - 80%	(d)	III
Crown Retainer Full Cast Noble Metal	\$0 - \$200		50 - 80%	(d)	III
Cast Post and Core (in addition to Fixed Partial Retainer)	\$0 - \$200		50 - 80%	(d)	III
Prefabricated Post and Core (in addition to Fixed Partial Retainer)	\$0 - \$200		50 - 80%	(d)	III
Core Build-up for Retainer (including any pins)	\$0 - \$200		50 - 80%	(d)	III
DENTURES					
Complete Upper Denture	\$0 - \$200		50 - 80%	(d)	III
Complete Lower Denture	\$0 - \$200		50 - 80%	(d)	III
Immediate Upper Denture	\$0 - \$200		50 - 80%	(d)	III
Immediate Lower Denture	\$0 - \$200		50 - 80%	(d)	
Upper Partial - Resin Base	\$0 - \$200		50 - 80%	(d)	III
Lower Partial - Resin Base	\$0 - \$200		50 - 80%	(d)	III
Upper Partial - Cast Metal Framework	\$0 - \$200		50 - 80%	(d)	III
Lower Partial - Cast Metal Framework	\$0 - \$200		50 - 80%	(d)	III
Removable Unilateral Partial Denture	\$0 - \$200		50 - 80%	(d)	III
Denture Adjustment - Upper	\$0 - \$200		50 - 80%	(d)	III
Denture Adjustment - Lower	\$0 - \$200		50 - 80%	(d)	III
Partial Adjustment - Upper	\$0 - \$200		50 - 80%	(d)	III
Partial Adjustment - Lower	\$0 - \$200		50 - 80%	(d)	III
Tissue Conditioning - Upper	\$0 - \$200		50 - 80%	(d)	III
Tissue Conditioning - Lower	\$0 - \$200		50 - 80%	(d)	III
Rebase Complete Denture - Upper	\$0 - \$200		50 - 80%	(d)	III
Rebase Complete Denture - Lower	\$0 - \$200		50 - 80%	(d)	III
Rebase Partial Denture - Upper	\$0 - \$200		50 - 80%	(d)	III
Rebase Partial Denture - Lower	\$0 - \$200		50 - 80%	(d)	III

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]

Effective Date of this Endorsement: [January 1, 2011]

[Insured: _____ [John R. Smith] _____]¹

AMENDATORY ENDORSEMENT

This Endorsement is attached to and made part of the Certificate as of the date shown above. It applies only with respect to covered losses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Certificate except as they are specifically modified by this Endorsement.

In the Definitions section, the definition of Eligible Dependent Child(ren) is changed to read as follows:

Eligible Dependent Child(ren) - means the Insured's children who are under age 26. These include natural, step, foster or adopted children, children of adopting parents pending finalization of adoption procedures and children for whom coverage has been court-ordered.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA witness this Endorsement:



President



Secretary

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)

OUTPATIENT DIAGNOSTIC PATHOLOGY TEST BENEFIT RIDER

This Rider is attached to and made part of the [Policy][Certificate] [as of the Policy Effective Date shown in the Policy’s Master Application.] [effective [Month Day, Year]. It applies only with respect to covered losses that occur on or after that date.]¹ It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

The Schedule of Benefits of the Certificate is amended to add the following:

OUTPATIENT DIAGNOSTIC PATHOLOGY TEST BENEFIT . . .

Benefit	.....	[\$10 – 500 per visit] ²
Maximum Number of Visits		
One Insured Person	.....	[1 - 12 per Coverage Year] ³
[All Insured Persons in a Family	.....	[3 - 36 per Coverage Year] ⁵ ⁴

The Benefits and Coverages section of the Certificate is amended to add the following:

OUTPATIENT DIAGNOSTIC PATHOLOGY TEST BENEFIT

If[, after the Waiting Period,⁶ an Insured Person visits a Physician’s office or other outpatient setting except an emergency room, and undergoes diagnostic pathology tests for treatment of Sickness or if⁷an Insured Person suffers an Injury that[, within [30, 90, 180, 365]⁹ days of the date of the accident that caused the Injury,⁸ requires him or her to visit a Physician’s office or other outpatient setting except an emergency room, and to undergo diagnostic pathology tests, the Company will pay the Outpatient Diagnostic Pathology Test Benefit shown in the Schedule of Benefits for each visit where such test is performed. A charge must be incurred for the visit. Benefits are payable up to the Maximum Number of Visits shown in the Schedule of Benefits. No benefits are payable for routine examinations or for any tests for which a benefit is payable elsewhere under the Policy, or for allergy testing. All diagnostic pathology tests performed on an Insured Person at the same visit will be counted as one visit. Benefits are not payable for more than one visit for diagnostic pathology tests per day for each Insured Person.

The diagnostic pathology tests must be ordered by or performed by a Physician and be required for the care and treatment of the Injury[or Sickness]¹⁰.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA, witness this Rider:



President



Secretary

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)

OUTPATIENT DIAGNOSTIC RADIOLOGY TEST BENEFIT RIDER

This Rider is attached to and made part of the [Policy][Certificate] [as of the Policy Effective Date shown in the Policy’s Master Application.] [effective [Month Day, Year]. It applies only with respect to covered losses that occur on or after that date.]¹ It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

The Schedule of Benefits of the Certificate is amended to add the following:

OUTPATIENT DIAGNOSTIC RADIOLOGY TEST BENEFIT . . .

- Benefit [\$10 – 500 per visit]²
- Maximum Number of Visits
- One Insured Person [1 - 12 per Coverage Year]³
- [All Insured Persons in a Family [3 - 36 per Coverage Year]⁵⁴

The Benefits and Coverages section of the Certificate is amended to add the following:

OUTPATIENT DIAGNOSTIC RADIOLOGY TEST BENEFIT

If[, after the Waiting Period,]⁶ an Insured Person visits a Physician’s office or other outpatient setting except an emergency room, and undergoes diagnostic radiology tests for treatment of Sickness or if]⁷ an Insured Person suffers an Injury that[, within [30, 90, 180, 365]⁹ days of the date of the accident that caused the Injury,]⁸ requires him or her to visit a Physician’s office or other outpatient setting except an emergency room, and to undergo diagnostic radiology tests, the Company will pay the Outpatient Diagnostic Radiology Test Benefit shown in the Schedule of Benefits for each visit where such test is performed. A charge must be incurred for the visit. Benefits are payable up to the Maximum Number of Visits shown in the Schedule of Benefits. No benefits are payable for routine examinations or for any tests for which a benefit is payable elsewhere under the Policy. All diagnostic radiology tests performed on an Insured Person at the same visit will be counted as one visit. Benefits are not payable for more than one visit for diagnostic radiology tests per day for each Insured Person.

The diagnostic radiology tests must be ordered by or performed by a Physician and be required for the care and treatment of the Injury[or Sickness]¹⁰.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA, witness this Rider:



President



Secretary

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)

EXTENSION OF BENEFITS RIDER

This Rider is attached to and made part of the Certificate [as of the Policy Effective Date shown in the Policy's Master Application.] effective [Month Day, Year]. It applies only with respect to covered losses that occur on or after that date.¹ It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

The Effective and Termination Dates section of the Certificate is amended to add the following:

Extended Benefits Provision

If coverage under the policy ends while an Insured Person is Totally Disabled due to Injury or Sickness, benefits will be payable in connection with covered services occurring after the date coverage under the policy ends subject to the following:

- a) the covered service must be rendered due to the same Injury or Sickness causing the Insured Person to be Totally Disabled on the date coverage ends; and
- b) the covered service must occur within 90 days after the date the Insured Person's coverage under the policy ends; and
- c) coverage must not have ended as a result of the Insured Person's or, in the case of an Insured Dependent Child, that child's parents voluntary termination of the coverage.

This extension of benefits terminates at the end of the 90-day period specified above.

As used in this Rider, Totally Disabled means:

- a) with respect to an Insured Person who would otherwise be employed, the complete inability to perform all of the substantial and material duties of such person's occupation; and
- b) with respect to an Insured Person who is not otherwise gainfully employed, confinement as an Inpatient in a Hospital.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA, witness this Rider:



President



Secretary

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]

Effective Date of this Endorsement: [January 1, 2011]

[Insured: _____ [John R. Smith] _____]¹

AMENDATORY ENDORSEMENT

This Endorsement is attached to and made part of the Certificate as of the date shown above. It applies only with respect to covered losses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Certificate except as they are specifically modified by this Endorsement.

1. The following is added to the Definitions section:

Coverage Year means the period of time beginning on [July 1] of any year and ending on the following [June 30]².

2. Any reference to calendar year in the Certificate or any Amendments or Riders attached thereto is hereby changed to Coverage Year.
3. Any provision in the Certificate that requires that a loss be incurred, a service be provided or procedure be performed within a specified period following an accident is hereby deleted. [This does not apply to the [Emergency Room Accident Treatment Benefit,] [Emergency Room Sickness Treatment Benefit Rider,] [Accidental Death Benefit,] [Accidental Dismemberment Benefit,] [Common Carrier Benefit,] [Paralysis Benefit,] [Coma Benefit,] [any Disability Income Benefit,] [Fractures and Dislocations Benefit].]³
4. The Benefits and Coverages section of the Certificate is amended to stipulate that the Maximum Hospital Confinement Benefit Period [and the Maximum Intensive Care Unit Benefit Period]⁴ will apply for each Coverage Year and not for each Period of Confinement.
5. The Schedule of Benefits of the Certificate is amended by adding the following Outpatient Prescription Drug Benefit:

OUTPATIENT PRESCRIPTION DRUG BENEFIT . . .

Per-Prescription Benefit

Generic [\$5 – 100]⁵

[Brand name [\$5 – 100]⁷]⁶

Maximum Number of Prescriptions (including refills)

Generic [1 - 48 per Coverage Year]⁸

[Brand name [1 - 24 per Coverage Year]^{10,9}

6. The Schedule of Benefits of the Certificate is amended by adding the following Routine Physical Examination Benefit:

ROUTINE PHYSICAL EXAMINATION BENEFIT . . .

Benefit [\$50 – 500 per visit]¹¹

Maximum Number of Visits

One Insured Person [1 - 3 per Coverage Year]¹²

[All Insured Persons in a family [3 - 9 per Coverage Year]^{14,13}

7. The Benefits and Coverages section of the Certificate is amended by adding the following Routine Physical Examination Benefit:

ROUTINE PHYSICAL EXAMINATION BENEFIT

The Company will pay the per visit amount under the Routine Physical Examination Benefit shown in the Schedule of Benefits when an Insured Person undergoes a routine physical examination. All services and tests performed on an Insured Person during the same visit will be counted as one visit. Benefits are not payable for more than one visit for a routine physical examination per day for each Insured Person. The examination must be under the supervision of or recommended by a Physician, received while the Insured Person's coverage under the Policy is in force, and a charge must be incurred. No benefit is payable for any visits in excess of the Maximum Number of Visits shown in the Schedule of Benefits.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA witness this Endorsement:



President



Secretary

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)

SURGICAL/ANESTHESIA BENEFIT RIDER

This Rider is attached to and made part of the Certificate [] as of the Policy Effective Date shown in the Policy's Master Application. [] effective [Month Day, Year]. It applies only with respect to covered losses that occur on or after that date.]¹ It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

The following Surgical/Anesthesia Benefit is hereby added to the Schedule of Benefits of the Certificate:

SURGICAL/ANESTHESIA BENEFITS . . .

Surgical Benefit

Inpatient..... [\$20 to \$150 in \$10 increments]² times the facility Relative Value unit for the specific surgical procedure as specified in the CMS National Physician Fee Schedule Relative Value File

[Outpatient..... [\$20 to \$150 in \$10 increments]⁴ times the non-facility Relative Value unit for the specific surgical procedure as specified in the CMS National Physician Fee Schedule Relative Value File]³

Maximum Surgical Benefit

Inpatient [\$100 to \$5,000 in \$50 increments]⁵

[Outpatient..... [\$100 to \$5,000 in \$50 increments]⁷]⁶

Anesthesia Benefit..... [[10% – 50%]⁸ of the amount payable for the surgical procedure, as determined above]⁹

[Inpatient [\$10 to \$1,000 in \$10 increments]¹¹

[Outpatient..... [\$10 to \$1,000 in \$10 increments]¹²]¹⁰

Maximum Anesthesia Benefit

Inpatient [\$10 to \$1,000 in \$10 increments]¹³

[Outpatient..... [\$10 to \$1,000 in \$10 increments]¹⁵]¹⁴

The following Surgical/Anesthesia Benefit is hereby added to the Benefits and Coverages section of the Certificate:

SURGICAL/ANESTHESIA BENEFITS

- Surgery:** If [], after the Waiting Period,]¹⁶ an Insured Person undergoes a surgical procedure for treatment of Sickness or if]¹⁷ an Insured Person suffers an Injury that [], within [30, 90, 180, 365]¹⁸ days of the date of the accident that caused the Injury,]¹⁹ requires him or her to undergo a surgical procedure, the Company will pay the Surgical Benefit shown in the Schedule of Benefits. Two or more surgical procedures performed through the same incision will be considered one surgical procedure, and benefits will be paid based upon the highest eligible benefit. Benefits for any surgical procedure will not exceed the applicable maximum or maximums shown in the Schedule of Benefits.

Benefits for surgeries performed while the Insured Person is an Inpatient may differ from those for surgeries performed while the Insured Person is not an Inpatient, as shown in the Schedule of Benefits.

Surgical procedure means a procedure that is classified as a surgery in the National Physician Fee Schedule Relative Value File published by the Centers for Medicare and Medicaid Services (CMS).

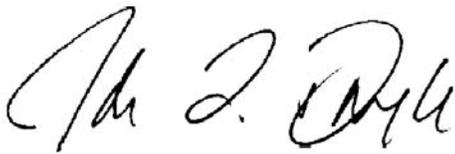
2. **Anesthesia:** The Company will pay the Anesthesia Benefit shown in the Schedule of Benefits for the administration of anesthesia by a Physician during a covered surgical procedure and for which a charge is [incurred] [made directly by the Physician and not as a service of a Hospital]²⁰. Benefits for the administration of anesthesia will be paid up to the applicable maximum benefit, as shown in the Schedule of Benefits

Benefits for anesthesia administered while the Insured Person is an Inpatient may differ from those for anesthesia administered while the Covered Person is not an Inpatient, as shown in the Schedule of Benefits.

[In the event that benefits are payable under the Surgical/Anesthesia Benefit and the Dislocations and Fractures Benefit, only one benefit, that paying the larger amount, will be paid.]²¹

The Schedule of Operations in the Benefits and Coverages section of the Certificate hereby deleted.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA, witness this Rider:



President



Secretary

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)

SPECIFIED DISEASE CERTIFICATE RIDER

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

Effective Date of this Rider: [January 1, 2011]

[Insured: _____ [John R. Smith] _____]¹

This Rider is attached to and made part of the Certificate as of the Effective Date shown above. It is subject to all of the provisions, limitations and exclusions of the Policy except as specifically modified herein.

RIDER SCHEDULE

Specified Disease Diagnosis	Benefit Amount
Invasive Cancer	
First Diagnosis	
Insured	[\$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000, \$25,000] ²
Insured Dependent	[\$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000, \$12,500] ³
In-Situ Cancer	
First Diagnosis	
Insured	[250, \$500, \$750, \$1,000] ⁴
Insured Dependent	[250, \$500, \$750, \$1,000] ⁵
Skin Cancer	
First Diagnosis	
Insured	[250, \$500, \$750, \$1,000] ⁶
Insured Dependent	[250, \$500, \$750, \$1,000] ⁷
Heart Attack	
First Diagnosis	
Insured	[\$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000, \$25,000] ⁸
Insured Dependent	[\$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000, \$12,500] ⁹
Kidney (Renal) Failure	
First Diagnosis	
Insured	[\$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000, \$25,000] ¹⁰
Insured Dependent	[\$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000, \$12,500] ¹¹

Organ Transplant Surgery

First Diagnosis

Insured

[\$1,000, \$3,000, \$5,000, \$10,000,
\$15,000, \$20,000, \$25,000]¹²

Insured Dependent

[\$500, \$1,500, \$2,500, \$5,000,
\$7,500, \$10,000, \$12,500]¹³

Stroke

First Diagnosis

Insured

[\$1,000, \$3,000, \$5,000, \$10,000,
\$15,000, \$20,000, \$25,000]¹⁴

Insured Dependent

[\$500, \$1,500, \$2,500, \$5,000,
\$7,500, \$10,000, \$12,500]¹⁵

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Rider begins on the later of the Effective Date of this Rider or (b) the date such Insured's coverage becomes effective under the Policy.

Termination Date. An Insured's coverage under this Rider ends on the earliest of: (1) the date this Rider is terminated; (2) the date 100% of the Benefit Amount shown in the Rider Schedule is paid; or (3) the date coverage under the Policy ends.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Rider.

INSURED DEPENDENT'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured Dependent's coverage under this Rider begins on the latest of: (1) the Effective Date of this Rider, (2) the date the Insured's coverage under this Rider begins or (3) the date the Insured Dependent's coverage under the Policy begins.

Termination Date. An Insured Dependent's coverage under this Rider ends on the earliest of: (1) the date the Insured's coverage ends, (2) the date 100% of the Benefit Amount shown in the Rider Schedule is paid with respect to that Insured Dependent; or (3) the date the Insured Dependent's coverage under the Policy ends.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured Dependent's coverage was in force under this Rider.¹⁶

DEFINITIONS

Diagnosed/Diagnosis – means a definitive and unequivocal diagnosis made by a Physician: (1) based upon the use of clinical and/or laboratory investigations as supported by the Insured Person's medical records; and (2) meeting any Diagnostic Requirements set forth in this Rider for the particular Specified Disease being diagnosed.

Heart Attack – means the death of a portion of the heart muscle as a result of inadequate cardiac blood supply to the relevant area.

Kidney (Renal) Failure – means end stage failure which: (1) presents as a chronic irreversible failure of both of the kidneys to function; and (2) necessitates treatment by regular renal dialysis or kidney transplant.

Invasive Cancer – means a disease which is manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. *For the purposes of this definition, it does NOT mean the following:*

1. pre-malignant lesions, benign tumors or polyps;
2. leukoplakia;
3. hyperplasia;
4. carcinoid;
5. any tumors in the presence of any human immuno-deficiency virus (HIV);
6. polycythemia;
7. stage 1 Hodgkin's disease;
8. stage A prostate cancer;
9. Duke's stage A colon cancer;
10. intraductal non-invasive breast cancer;
11. stage 0 or 1 transitional cell carcinoma of urinary bladder; and
12. Any skin cancer other than malignant melanoma with a depth of 1mm or deeper or greater than Clark level 2.
13. T₁N₀M₀ (TNM Classification System) papillary carcinoma of the thyroid less than 1 cm in diameter;
14. Chronic Lymphocytic Leukemia RAI stage 0.

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.

Organ Transplant Surgery means surgery as a recipient of a whole human organ transplant of heart, kidney, lung, liver, or pancreas.

Skin Cancer means a malignant tumor, ulcer, pimple or mole that arises on the surface of the body (skin) including lesions classified as basal cell carcinoma, squamous cell carcinoma, melanoma in situ and Clark's Levels I and II.

Specified Disease – means any of the following illnesses: Invasive Cancer; In-Situ Cancer, Skin Cancer, Heart Attack; Kidney (Renal) Failure; Organ Transplant Surgery and Stroke as each is defined in this Rider.

Stroke – means: (1) a cerebrovascular incident caused by infarction of brain tissue, cerebral hemorrhage, thrombosis, or embolization from an extra-cranial source lasting more than 24 hours; and (2) producing measurable neurological deficit persisting for at least 30 days following the occurrence of the Stroke. The following are not considered Strokes:

- Transient Ischemic Attacks (TIAs)

- Vertebro-Basilar Insufficiency
- Incidental Findings on imaging studies

Transient Isechemic Attack (TIA) means a neurological condition or event with the signs and symptoms of a stroke, but which disappear within a short period of time with no residual signs, symptoms, deficits, or abnormalities that are revealed or shown on neuroimaging studies.

SPECIFIED DISEASE DIAGNOSIS BENEFITS

If, while coverage under this Rider is in force, an Insured Person is first Diagnosed with a Specified Disease by a Physician, the Company will pay the First Diagnosis Benefit shown in the Rider Schedule, subject to the Benefit Payment Conditions listed below. Once a Specified Disease has been so Diagnosed and a First Diagnosis Benefit has become payable to an Insured Person for that Specified Disease, a First Diagnosis Benefit for a separate and subsequently Diagnosed Specified Disease will payable if that subsequently Diagnosed Specified Disease is (a) medically unrelated to any previously Diagnosed Specified Disease, and (b) the subsequent Diagnosis is separate from the initial first Diagnosis by at least 60 days. However, no benefit is payable for a subsequently Diagnosed Skin Cancer or In-Situ Cancer. Once a benefit for one subsequently Diagnosed Specified Disease has become payable to an Insured Person, no benefits are payable for that Insured Person with respect to the Diagnosis of any other Specified Disease. No benefit is payable for the recurrence of a Specified Disease for which a benefit has become payable.

Benefit Payment Conditions

Payment of benefits upon the first Diagnosis of the Specified Diseases listed below is subject to the following:

1. the Diagnosis is made within the United States;
2. the Diagnosis is made while the Insured Person's coverage is in force under this Rider; and
3. payment is not precluded by any general or specific exclusion or limitation set forth in this Rider or any failure to meet any condition precedent set out below.

- **Invasive Cancer**

First Diagnosis. If an Insured Person is first Diagnosed with Invasive Cancer after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

- **In-Situ Cancer**

First Diagnosis. If an Insured Person is first Diagnosed with In-Situ Cancer after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

- **Skin Cancer**

First Diagnosis. If an Insured Person is first Diagnosed with Skin Cancer after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

- **Heart Attack**

First Diagnosis. If an Insured Person is first Diagnosed as having suffered a Heart Attack after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

- **Kidney (Renal) Failure**

First Diagnosis. If an Insured Person is first Diagnosed with Kidney (Renal) Failure after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

- **Organ Transplant Surgery**

First Diagnosis. If an Insured Person is first Diagnosed as needing an Organ Transplant after the Insured Person's effective date and he or she undergoes that procedure, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

- **Stroke**

First Diagnosis. If an Insured Person is first Diagnosed with having suffered a Stroke after the effective date of coverage under this Rider, the Company will pay the indicated Benefit Amount shown in the Rider Schedule.

DIAGNOSTIC REQUIREMENTS

- **All Specified Diseases** – The Company reserves the right to have any Specified Disease Diagnosis reviewed by a Physician of its choosing. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to request an examination of either the Insured Person or the evidence used in arriving at such Diagnosis by an independent acknowledged expert selected by the Company in the applicable field of medicine.

The opinion of such expert as to such Diagnosis shall be binding on both the Insured Person and the Company.

- **Invasive Cancer, In-Situ Cancer and Skin Cancer** – must be positively Diagnosed by a Physician certified to practice pathological anatomy or osteopathic pathology, upon the basis of a microscopic examination of fixed tissues, or preparations from the hemic system. Such Diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue and/or specimen. Clinical Diagnosis alone does not meet this standard.
- **Heart Attack** – The Diagnosis of Heart Attack must be based on an event which contains all of the following criteria: (1) associated new electrocardiographic (EKG) changes which support the Diagnosis; (2) concurrent diagnostic elevation of cardiac enzymes above normal levels; and (3) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.
- **Kidney (Renal) Failure** – The Diagnosis of End Stage Renal Disease must be based on chronic irreversible failure of the function of both kidneys requiring regular hemodialysis or necessitating kidney transplant.

- **Stroke** – The Diagnosis of Stroke must be made by a licensed neurologist and based on documented neurological deficits and confirmatory neuroimaging studies.

EXCLUSIONS

The Exclusions of the Certificate to which this Rider is attached do not apply to this Rider. The following will apply.

This Rider does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- (a) the Insured Person's suicide, or intentional self inflicted Injury or Sickness, while sane or insane.
- (b) the Insured Person's being under the influence of an excitant, depressant, hallucinogen, narcotic, other drug; or intoxicant including those taken as prescribed by Physician.
- (c) the Insured Person's commission of or attempt to commit an assault or felony.
- (d) the Insured Person's engaging in an illegal activity or occupation.
- (e) the Insured Person's voluntary participation in a riot.
- (f) any illness, loss or condition specifically excluded from the definition of any Specified Disease.
- (g) war, whether declared or not
- (h) any Injury or Sickness covered under any state or federal Worker's Compensation, Employer's Liability law or similar law.

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, PA, witness this Rider:



President



Secretary

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)

MASTER PARTICIPATING ORGANIZATION APPLICATION FOR GROUP ACCIDENT AND SICKNESS INDEMNITY INSURANCE POLICY

Application is hereby made for a plan of accident and sickness insurance based on the following statements and representations:

1. Identification of Policyholder:

Name of Policyholder: ABC Organization

Address of Policyholder: 123 Main Street, City, State ZIP

Contact Name and Title _____

E-Mail: _____

Type of Organization: _____

Nature of Business: _____ SIC Code: _____

Number of Eligible Persons: _____

Name(s) of Affiliates(s) or Subsidiary(ies) to be covered: DEF Incorporated

Number of Eligible Persons: _____

Policy Number: XXXXXXXX²

2. Identification of Participating Organization:

Name of Participating Organization: XYZ Corporation

Address of Participating Organization: 567 Main Street, City, State ZIP

Contact Name and Title _____

E-Mail: _____

Type of Organization: _____

Nature of Business: _____ SIC Code: _____

Number of Eligible Persons: _____

Name(s) of Affiliates(s) or Subsidiary(ies) to be covered: DEF Incorporated

Number of Eligible Persons: _____

Policy Number: XXXXXXXX³

Policy Participating Organization Riders and/or Endorsements:

The following documents are attached to and made part of the Participating Organization's coverage under the Policy as of the Policy Participating Organization Effective Date Effective Date specified below. Each document is subject to all provisions, limitations and exclusions of the Policy and Certificate that are not specifically modified by that document.

FORM NO.

DESCRIPTION

N20001-AR Group Accident and Sickness Indemnity Insurance Certificate

N20007 Policy Amendment

N20006 Participating Organization Endorsement

N20005-AR Critical Illness Certificate Rider

N20028NUFIC Accident Medical Expense Benefit Rider

N20031NUFIC Supplemental Accident Benefit Rider

N20032NUFIC Continuation of Coverage Rider

N20002NUFIC(REV 6-11)-AR

N20033NUFIC	Dental Benefits Certificate Rider
N20034NUFIC	Amendatory Endorsement (Dependent Definition Amendment)
N20035NUFIC	Outpatient Diagnostic Pathology Test Benefit Rider
N20036NUFIC	Outpatient Diagnostic Radiology Test Benefit Rider
N20037NUFIC	Extension of Benefits Rider
N20038NUFIC	Amendatory Endorsement (to change various items in previously filed forms)
N20039NUFIC	Surgical/Anesthesia Benefit Rider
N20040NUFIC	Specified Disease Certificate Rider ⁴

[2][3]. Premiums:

It is hereby agreed and understood that the premium rate is as follows for each class described above:

[	Class	Premium
	1 & 2 Employee Coverage	_____ per _____
	3 Dependent Coverage	_____ per _____

Such premiums are due and payable in the following manner: _____]

[The premium for the policy term is the greater of (1) \$XXX (the Minimum Premium) or (2) an amount calculated by multiplying the number of persons insured by a per-person rate of \$XXX (the Calculated Premium). The Minimum Premium is due and payable in advance of the [Policy][Participating Organization] Effective Date. The Calculated Premium will be determined upon completion of an audit by the Company or its representative during the policy term. If the Calculated Premium is greater than the Minimum Premium, the difference between the two is due and payable on the date of written notice by the Company to the [Policyholder][Participating Organization] of the amount owed.]]

[The Policyholder][Participating Organization] agrees to pay, in advance, the required premium for these coverages.]]⁵

[3][4]. [Policy][Participating Organization] Effective Date: [mm/dd/yy]⁶

[4][5]. [Policy][Participating Organization] Termination Date: [mm/dd/yy/N/A]⁷

[5][6]. Replacement Coverage:

Will this Group Policy replace a Policy providing similar benefits? Yes [] No []

The Policyholder hereby accepts the policy and agrees to its terms

Signed for the [Policyholder][Participating Organization]⁸

Title

[[6][7]. Producing Agent Declaration

Producer # _____ Tax ID _____ % of commission to split with other agent _____

Name as licensed: _____ License Number _____

Address _____

Phone Number _____ fax number _____ e-mail address _____

Signature _____

Date: _____

City and state where signed. _____

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.

SERFF Tracking Number: MCHX-G127316209 State: Arkansas
 Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 49303
 Company Tracking Number: N20031NUFIC
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: N20031NUFIC - Group A&S Indemnity - National Union
 Project Name/Number: N20031NUFIC - Group A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA./N20031NUFIC - Group A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA.

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter	Approved-Closed	07/15/2011
Comments:		
Attachment: 11-0615 NUFIC MCR Authorization.PDF		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variables	Approved-Closed	07/15/2011
Comments:		
Attachment: EXPLANATION OF VARIABLES.PDF		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	07/15/2011
Comments:		
Attachment: N20002NUFIC(REV 6-11)-AR.PDF		

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	07/15/2011
Comments:		
Attachment: Readability Certification.PDF		

	Item Status:	Status Date:

SERFF Tracking Number: MCHX-G127316209 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 49303
Company Tracking Number: N20031NUFIC
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: N20031NUFIC - Group A&S Indemnity - National Union
Project Name/Number: N20031NUFIC - Group A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA./N20031NUFIC - Group A&S Indemnity - National Union Fire Insurance Company of Pittsburgh, PA.

Satisfied - Item: Compliance Certification - 19 Approved-Closed 07/15/2011

Comments:

Attachment:

Certificate of Compliance - Reg 19.PDF

Item Status: **Status**

Date:

Satisfied - Item: Compliance Certification - 49 Approved-Closed 07/15/2011

Comments:

Attachment:

Certificate of Compliance - Reg 49.PDF

NATIONAL UNION FIRE INSURANCE
COMPANY OF PITTSBURGH, PA.
Administrative Offices:
A&H Regulatory Affairs Department
P.O. Box 9708
Wilmington, DE 19809



June 15, 2011

NAIC Company Code: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550

Re: Attached Filing Submission

Please accept this letter as authorization from National Union Fire Insurance Company of Pittsburgh, Pa. for McHugh Consulting Resources, Inc. to file any or all policy forms and/or rates as referenced in the corresponding SERFF filing on behalf of National Union Fire Insurance Company of Pittsburgh, Pa.

Sincerely,

A handwritten signature in black ink that reads "Susan E. Martin". The signature is fluid and cursive, with the first name being the most prominent.

Susan E. Martin
Assistant Vice President
National Union Fire Insurance Company of Pittsburgh, Pa.

EXPLANATION OF VARIABLES

MASTER/PARTICIPATING ORGANIZATION APPLICATION – N20002NUFIC(REV 6-11)

1. **Title.** Title of form will vary to read Master Application or Participating Organization Application. Sickness will be included or omitted on a case-by-case basis.
2. **Policyholder.** Bracketed fields in item 1 will be included or omitted from group to group depending on information needed by underwriting.
3. **Participating Organization.** Item 2 will be included when the form is a Participating Organization Application. Bracketed fields in item 2 will be included or omitted from group to group depending on information needed by underwriting.
4. **Policy/Participating Organization Riders and/or Endorsements.** Title will vary depending on title of application. Text in the first sentence will be adjusted to read “*Policy Effective Date*”, “*Participating Organization Effective Date*” or “*Effective Date specified below*”, depending on the situation. The Certificate, which is part of the policy, will always be displayed here. Other forms will be listed or omitted on a case-by-case basis.
5. **Premiums.** Section is variable to display premium amounts, mode and any minimum premium requirements. Minimum premium paragraph will be included or omitted on a case by case basis and amounts displayed by \$XXX will vary. Bracketed text will vary to options displayed.
6. **Policy/Participating Organization Effective Date.** Title will vary depending on title of application. Date will vary from group to group.
7. **Policy/Participating Organization Termination Date.** Field will only be included when policy is issued for a specific term. Title will vary depending on title of application. Date will vary from group to group.
8. **Replacement Information.** This will be included or omitted depending on underwriting requirements.
9. **Producing Agent Declaration.** This will be included or omitted depending on underwriting requirements.

SUPPLEMENTAL ACCIDENT BENEFIT RIDER (NON-WORK-RELATED INJURIES) – N20031NUFIC

1. 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.
2. The percentage payable for the Supplemental Accident Benefit will vary on a case-by-case basis of 50%, 60%, 75%, 80% or 100%.
3. The maximum amount of Supplemental Accident benefit will vary on a case-by-case basis from \$300 to \$5000 per accident.
4. The maximum amount of Supplemental Accident Benefit will be paid by the company either per Accident, Calendar Year or Coverage Year on a case-by-case basis.
5. The maximum number of accidents covered will vary on a case-by-case basis of 5, 10 or 15 and will be paid either on a per calendar year basis or a coverage year basis.
6. The Maximum Number of Accidents limitation will be included or excluded on a case-by-case basis.
7. For the number of hours after an accident in which treatment is required, the following options are available; 24, 48, 72 or 96 hours.
8. This exclusion will be included or omitted on a case-by-case basis.
9. Limitation of total coverage paid will either be offered on a Calendar Year or Coverage Year basis.
10. This total benefit amount option will be included or excluded on a case-by-case basis.
11. Benefit payment will not be available on either a Calendar Year or Coverage Year basis.
12. This requirement will be included or omitted in a case-by-case benefit.
13. For the number of hours in which benefit is payable, the following options are available; 24, 48, 72 or 96 hours.
14. This requirement will be included or omitted in a case-by-case benefit.

CONTINUATION OF COVERAGE RIDER – N20032NUFIC

1. 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.
2. Coverage for the following benefits will be included or excluded on a case-by-case basis; Accidental Death Benefit, Common Carrier Benefit, Accidental Dismemberment Benefit, Paralysis Benefit, Coma Benefit, Accident Disability Income Benefit, Severe Burn Benefit and Fractures and Dislocations Benefit.

DENTAL BENEFITS CERTIFICATE RIDER – N20033NUFIC

1. Policyholder Name and Policy Number will vary from group to group. Effective Date of rider and Name of Insured will vary from person to person.
2. A Deductible for Covered Expenses per Insured Person each Coverage Year is available and will be included on a case-by-case basis.
3. The Deductible for Covered Expenses per Insured Person each Coverage Year will vary between \$0 and \$150 in \$25 increments.
4. The maximum amount of Dental Expense the company will pay will vary on a case-by-case basis from \$250 to \$2000 per accident in increments of \$250.
5. The Benefit Waiting Period for a Service Type I will vary between zero and three months.
6. The Service Type will be subject to a deductible on a case-by-case basis.
7. The Service Type will be subject to a coverage year maximum benefit on a case-by-case basis.
8. Service Type II will either be included or excluded on a case-by-case basis.
9. The Benefit Waiting Period for a Service Type II will vary between zero and six months.
10. Service Type II will either be included or excluded on a case-by-case basis.
11. The Benefit Waiting Period for a Service Type III will vary between zero and twelve months.
12. Service Type III will either be included or excluded on a case-by-case basis.
13. Insured Dependent's Effective and Termination dates will be included if coverage is provided to the insured's dependent.
14. Any applicable indemnity benefit payable will be listed if there is an indemnity benefit requiring payment.
15. This will be included if there is an indemnity benefit requiring payment.
16. This benefit percentage payable option will be included or excluded on a case-by-case basis.
17. Alternate Plan benefit will be included or excluded on a case-by-case basis.
18. This expense will be included or omitted on a case-by-case basis.
19. The definition of Deductible will only be included if it's elected on the rider schedule.
20. This will be omitted if only one Service Type is chosen.
21. This will not be included if the Insured's Dependents have been omitted from coverage.
22. This will be included or omitted based on the amount of Service Types selected.
23. The number of years will vary between 3 years and 7 years on a case-by-case basis.
24. This will be omitted if no restriction on age is selected.
25. General Anesthesia will be included or omitted on a case-by-case basis.

AMENDATORY ENDORSEMENT – N20034NUFIC

1. Policyholder Name and Policy Number will vary from group to group. Effective Date of rider and Name of Insured will vary from person to person.

OUTPATIENT DIAGNOSTIC PATHOLOGY TEST BENEFIT RIDER – N20035NUFIC

1. 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.
2. The amount of Outpatient Diagnostic Pathology Test Benefit will vary between \$10 through \$500 per visit.
3. The Maximum number of visits for one insured person will vary between 1 and 12 per coverage year.
4. This benefit will not be included if there is only one covered person on the policy.
5. The Maximum number of visits for All Insured Persons in a Family insured person will vary between 3 and 36 per coverage year.
6. This will be omitted if there is no waiting period selected.
7. The entire phrase will be omitted if the option is not selected.
8. The entire phrase will be omitted if there is no incurral period selected.
9. The number of days within an injury is suffered will vary from 30, 90, 180 or 365 on a case-by-case basis.
10. Sickness will be omitted if that type of coverage is not provided.

OUTPATIENT DIAGNOSTIC RADIOLOGY TEST BENEFIT RIDER – N20036NUFIC

1. 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.
2. The amount of Outpatient Diagnostic Radiology Test Benefit will vary between \$10 through \$500 per visit.
3. The Maximum number of visits for one insured person will vary between 1 and 12 per coverage year.
4. This benefit will not be included if there is only one covered person on the policy.
5. The Maximum number of visits for All Insured Persons in a Family insured person will vary between 3 and 36 per coverage year.
6. This will be omitted if there is no waiting period selected.
7. The entire phrase will be omitted if the option is not selected.
8. The entire phrase will be omitted if there is no incurral period selected
9. The number of days within an injury is suffered will vary from 30, 90, 180 or 365 on a case-by-case basis.
10. Sickness will be omitted if that type of coverage is not provided.

EXTENSION OF BENEFITS RIDER – N20037NUFIC

1. 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.

Amendatory Endorsement – N20038NUFIC

1. Policyholder Name and Policy Number will vary from group to group. Effective Date of rider and Name of Insured will vary from person to person.
2. The beginning date and ending date of coverage will vary on a case-by-case basis
3. The following listed coverage benefits will be included or omitted on a case-by-case basis; Emergency Room Accident Treatment Benefit, Emergency Room Sickness Treatment Benefit Rider, Accidental Death Benefit, Accidental Dismemberment Benefit, Common Carrier Benefit, Paralysis Benefit, Coma Benefit, any Disability Income Benefit and Fractures and Dislocations
4. Maximum Intensive Care Unit Benefit Period will be included if it was previously selected.
5. Benefit Coverage - Per-Prescription Generic medication will vary between \$5 and \$100.
6. Benefit Coverage - Brand Name Per-Prescription medication will be included or omitted on a case-by-case benefit.
7. Benefit Coverage - Brand Name Per-Prescription medication will vary between \$5 and \$100.
8. The Maximum number of Generic prescriptions including refills will vary between 1 and 48 per Coverage year.

9. Brand Name prescription refill options will vary on a case-by-case basis.
10. The Maximum number of Brand Name prescriptions including refills will vary between 1 and 24 per Coverage year.
11. The amount of benefit coverage for a Routine Physical Examination will vary between \$50 and \$500 per visit.
12. The maximum number of Routine Physical Examination visits for one person will vary between 1 and 3 per year.
13. Coverage for Routine Physical Examinations for all persons in an insured's family will be covered if they are covered on the policy.
14. The maximum number of Routine Physical Examination visits for all insured persons in family will vary between 3 and 9 per year.

SURGICAL/ANESTHESIA BENEFIT RIDER – N20039NUFIC

1. 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.
2. The amount of inpatient Surgical Benefit coverage will vary between \$20 and \$150 in \$10 increments.
3. Outpatient coverage for Surgical Benefits will be included or omitted on a case-by-case benefit.
4. The amount of outpatient Surgical Benefit-mpatient coverage will vary between \$20 and \$150 in \$10 increments.
5. The amount of Inpatient Maximum Surgical Benefit coverage will vary between \$100 to \$5000 in \$50 increments.
6. Outpatient coverage for Maximum Surgical Benefits be included or omitted on a case-by-case benefit.
7. The amount of outpatient Maximum Surgical Benefit coverage will vary between \$100 to \$5000 in \$50 increments.
8. The percentage of coverage for the Anesthesia Benefit will vary between 10% and 50%.
9. If no percentage of Anesthesia Benefit coverage is selected then a flat dollar amount for Inpatient and Outpatient coverage will be covered.
10. If a percentage of Anesthesia Benefit coverage is selected, then a flat dollar amount for Impatient and Outpatient coverage will not be selected.
11. The amount of Outpatient Anesthesia Benefit coverage will vary between \$10 to \$1000 in \$10 increments.
12. The amount of Outpatient Anesthesia Benefit coverage will vary between \$10 to \$1000 in \$10 increments.
13. The amount of Inpatient Maximum Anesthesia Benefit will vary between \$10 to \$1000 in \$10 increments.
14. Outpatient coverage for Maximum Anesthesia Benefit be included or omitted on a case-by-case benefit.
15. The amount of Outpatient Maximum Anesthesia Benefit will vary between \$10 to \$1000 in \$10 increments.
16. This will be omitted if there is no waiting period selected.
17. The entire phrase will be omitted if the option is not selected.
18. The number of days within an injury is suffered will vary from 30, 90, 180 or 365 on a case-by-case basis.
19. The entire phrase will be omitted if there is no incurral period selected
20. The charge for the Anesthesia Benefit will either be selected as "incurred" or "made directly by the Physician and not as a service of a Hospital".
21. This variable will be included if the Policyholder previously selected that benefits are payable under the Surgical/Anesthesia Benefit and the Dislocations and Fractures Benefit.

SPECIFIED DISEASE CERTIFICATE RIDER – N20040NUFIC

1. Policyholder Name and Policy Number will vary from group to group. Effective Date of rider and Name of Insured will vary from person to person.
2. The amount of Invasive Cancer – First Diagnosis coverage for the insured will vary between \$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000 on a case-by-case basis.
3. The amount of Invasive Cancer – First Diagnosis coverage for the insured's dependent will vary between \$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000 and \$12,500 on a case-by-case basis.
4. The amount of In-Situ Cancer– First Diagnosis coverage for the insured will vary between \$250, \$500, \$750, \$1,000 on a case-by-case basis.
5. The amount of In-Situ Cancer– First Diagnosis coverage for the insured's dependent will vary between \$250, \$500, \$750, \$1,000 on a case-by-case basis.
6. The amount of Skin Cancer– First Diagnosis coverage for the insured will vary between \$250, \$500, \$750, \$1,000 on a case-by-case basis.
7. The amount of Skin Cancer– First Diagnosis coverage for the insured's dependent will vary between \$250, \$500, \$750, \$1,000 on a case-by-case basis.
8. The amount of Heart Attack – First Diagnosis coverage for the insured will vary between \$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000 on a case-by-case basis.
9. The amount of Heart Attack – First Diagnosis coverage for the insured's dependent will vary between \$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000 and \$12,500 on a case-by-case basis.
10. The amount of Kidney (Renal) Failure – First Diagnosis coverage for the insured will vary between \$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000 on a case-by-case basis.
11. The amount of Kidney (Renal) Failure – First Diagnosis coverage for the insured's dependent will vary between \$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000 and \$12,500 on a case-by-case basis.
12. The amount of Organ Transplant Surgery – First Diagnosis coverage for the insured will vary between \$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000 on a case-by-case basis.
13. The amount of Organ Transplant Surgery – First Diagnosis coverage for the insured's dependent will vary between \$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000 and \$12,500 on a case-by-case basis.
14. The amount of Stroke – First Diagnosis coverage for the insured will vary between \$1,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000 and \$25,000 on a case-by-case basis.
15. The amount of Stroke – First Diagnosis coverage for the insured's dependent will vary between \$500, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000 and \$12,500 on a case-by-case basis.
16. The Insured Dependent's Effective and Termination Dates section will only be included if there are any dependents listed on the policy.

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)

MASTER PARTICIPATING ORGANIZATION APPLICATION FOR GROUP ACCIDENT AND SICKNESS INDEMNITY INSURANCE POLICY

Application is hereby made for a plan of accident and sickness insurance based on the following statements and representations:

1. Identification of Policyholder:

Name of Policyholder: ABC Organization

Address of Policyholder: 123 Main Street, City, State ZIP

Contact Name and Title _____

E-Mail: _____

Type of Organization: _____

Nature of Business: _____ SIC Code: _____

Number of Eligible Persons: _____

Name(s) of Affiliates(s) or Subsidiary(ies) to be covered: DEF Incorporated

Number of Eligible Persons: _____

Policy Number: XXXXXXXX²

2. Identification of Participating Organization:

Name of Participating Organization: XYZ Corporation

Address of Participating Organization: 567 Main Street, City, State ZIP

Contact Name and Title _____

E-Mail: _____

Type of Organization: _____

Nature of Business: _____ SIC Code: _____

Number of Eligible Persons: _____

Name(s) of Affiliates(s) or Subsidiary(ies) to be covered: DEF Incorporated

Number of Eligible Persons: _____

Policy Number: XXXXXXXX³

Policy Participating Organization Riders and/or Endorsements:

The following documents are attached to and made part of the Participating Organization's coverage under the Policy as of the Policy Participating Organization Effective Date Effective Date specified below. Each document is subject to all provisions, limitations and exclusions of the Policy and Certificate that are not specifically modified by that document.

FORM NO.

DESCRIPTION

N20001-AR Group Accident and Sickness Indemnity Insurance Certificate

N20007 Policy Amendment

N20006 Participating Organization Endorsement

N20005-AR Critical Illness Certificate Rider

N20028NUFIC Accident Medical Expense Benefit Rider

N20031NUFIC Supplemental Accident Benefit Rider

N20032NUFIC Continuation of Coverage Rider

N20002NUFIC(REV 6-11)-AR

N20033NUFIC	Dental Benefits Certificate Rider
N20034NUFIC	Amendatory Endorsement (Dependent Definition Amendment)
N20035NUFIC	Outpatient Diagnostic Pathology Test Benefit Rider
N20036NUFIC	Outpatient Diagnostic Radiology Test Benefit Rider
N20037NUFIC	Extension of Benefits Rider
N20038NUFIC	Amendatory Endorsement (to change various items in previously filed forms)
N20039NUFIC	Surgical/Anesthesia Benefit Rider
N20040NUFIC	Specified Disease Certificate Rider ⁴

[2][3]. Premiums:

It is hereby agreed and understood that the premium rate is as follows for each class described above:

[	Class	Premium
1 & 2	Employee Coverage	_____ per _____
3	Dependent Coverage	_____ per _____

Such premiums are due and payable in the following manner: _____]

[The premium for the policy term is the greater of (1) \$XXX (the Minimum Premium) or (2) an amount calculated by multiplying the number of persons insured by a per-person rate of \$XXX (the Calculated Premium). The Minimum Premium is due and payable in advance of the [Policy][Participating Organization] Effective Date. The Calculated Premium will be determined upon completion of an audit by the Company or its representative during the policy term. If the Calculated Premium is greater than the Minimum Premium, the difference between the two is due and payable on the date of written notice by the Company to the [Policyholder][Participating Organization] of the amount owed.]]

[The Policyholder][Participating Organization] agrees to pay, in advance, the required premium for these coverages.]]⁵

[3][4]. [Policy][Participating Organization] Effective Date: [mm/dd/yy]⁶

[4][5]. [Policy][Participating Organization] Termination Date: [mm/dd/yy/N/A]]⁷

[5][6]. Replacement Coverage:

Will this Group Policy replace a Policy providing similar benefits? Yes [] No []

The Policyholder hereby accepts the policy and agrees to its terms

Signed for the [Policyholder][Participating Organization]⁸

Title

[[6][7]. Producing Agent Declaration

Producer # _____ Tax ID _____ % of commission to split with other agent _____

Name as licensed: _____ License Number _____

Address _____

Phone Number _____ fax number _____ e-mail address _____

Signature _____

Date: _____

City and state where signed. _____

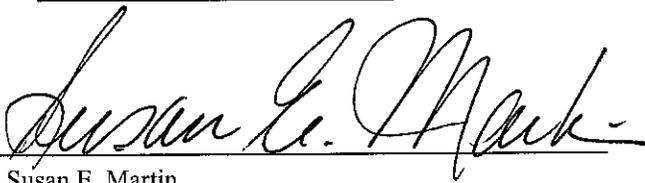
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: National Union Fire Insurance Company of Pittsburgh, PA

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
N20031NUFIC	50.5
N20032NUFIC	50.9
N20033NUFIC	52.1
N20034NUFIC	51.6
N20035NUFIC	51.4
N20036NUFIC	50.5
N20037NUFIC	51.2
N20038NUFIC	51.7
N20039NUFIC	51.1
N20040NUFIC	51.3

Signed: 

Name: Susan E. Martin
Title: Assistant Vice-President

Date: July 14, 2011

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

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

Form Number(s): N20031NUFIC, N20032NUFIC, N20033NUFIC, N20034NUFIC, N20035NUFIC,
N20036NUFIC, N20037NUFIC, N20038NUFIC, N20039NUFIC, N20040NUFIC

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.


Signature of Company Officer

Susan E. Martin
Name

Assistant Vice-President
Title

July 14, 2011
Date

CERTIFICATE OF COMPLIANCE

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

Form Numbers: N20031NUFIC, N20032NUFIC, N20033NUFIC,
N20034NUFIC, N20035NUFIC, N20036NUFIC, N20037NUFIC,
N20038NUFIC, N20039NUFIC, N20040NUFIC, N20002NUFIC(REV 6-11)- AR

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).


Signature of Company Officer

Susan E. Martin
Name
Assistant Vice-President
Title

July 14, 2011
Date