

SERFF Tracking Number: FRCS-127386157 State: Arkansas
Filing Company: Gerber Life Insurance Company State Tracking Number: 49678
Company Tracking Number: 5600
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Sickness Rider for BA-20 Policy
Project Name/Number: Gerber/179/179

Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Sickness Rider for BA-20 Policy SERFF Tr Num: FRCS-127386157 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 49678
Closed

Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: 5600 State Status: Approved-Closed

Filing Type: Form

Author: Kevin Wiggs

Reviewer(s): Rosalind Minor

Date Submitted: 08/30/2011

Disposition Date: 09/07/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Gerber/179

Status of Filing in Domicile: Not Filed

Project Number: 179

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Not yet filed in domicile state (NY).

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Blanket

Overall Rate Impact:

Filing Status Changed: 09/07/2011

State Status Changed: 09/07/2011

Deemer Date:

Created By: Kevin Wiggs

Submitted By: Kevin Wiggs

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

We have been retained by Gerber Life Insurance Company to file the enclosed forms for approval in your state.

We enclose the following for your consideration:

- Third party authorization

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- Certification of compliance
- State Specific Readability certification
- Statement of variability

Our fee of \$100 has been sent by EFT on this same date.

The captioned forms will be used with previously approved Blanket Accident Policy Form GER-BA-20, approved by your department on 6/6/2000. These forms are new and do not replace any existing forms.

The rider provides limited short-term benefits for emergency sickness, as defined, to insureds who are participants in a defined short-term covered activity. Two scenarios in which the rider would be used would be to provide coverage for a one-week overnight camp where a) a camper has an allergic reaction to an insect bite and needs immediate medical attention, or b) where a camper has a stomachache that turns out to be appendicitis and needs emergency surgery. The rider is not intended to provide health insurance benefits akin to true medical insurance policies. Due to the rider's short-term limited nature, the benefits provided are not subject to PPACA. Benefits payable for the treatment of a defined emergency sickness are those that would be payable as Accident Medical Benefits under the approved accident-only policy.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Kevin Wiggs, Compliance Specialist kevin.wiggs@firstconsulting.com
1020 Central 800-927-2730 [Phone] 2736 [Ext]
Suite 201 816-391-2755 [FAX]
Kansas City, MO 64105

Filing Company Information

(This filing was made by a third party - FC01)

Gerber Life Insurance Company CoCode: 70939 State of Domicile: New York
1311 Mamaroneck Avenue Group Code: Company Type:
White Plains, NY 10605 Group Name: State ID Number:
(914) 272-4025 ext. [Phone] FEIN Number: 13-2611847

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: AR fee of \$50 per form (2) = \$100
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$100.00	08/30/2011	51102888

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/07/2011	09/07/2011

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Disposition

Disposition Date: 09/07/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Short Term Emergency Sickness Rider	Approved-Closed	Yes
Form	Accident Insurance Application	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GER-BA-20-ST-ESR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/07/2011	GER-BA-20-ST-ESR	Policy/Cont Short Term ract/Fratern Emergency Sickness al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.100	emergency sickness rider_final.pdf
Approved-Closed 09/07/2011	GER-BA-20-AP	Application/ Accident Insurance Enrollment Application Form	Initial		50.000	GER-BA-20- APP (v2011)_final. pdf

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVENUE, WHITE PLAINS, NY 10605]
[1 (800) 767-0700]
SHORT-TERM EMERGENCY SICKNESS BENEFIT RIDER

This rider is attached to and made a part of Policy No. [02-1234-11] and is subject to the provisions and conditions contained therein.

The effective date of this rider is [August 21, 2011]

The policy to which this rider is attached is hereby amended as follows:

This rider provides a limited Emergency Sickness benefit. It pays for Hospital and Professional Services incurred during the Benefit Period, provided Covered Expenses are incurred for treatment of an Emergency Sickness, as defined below, that occurs during a short-term covered activity. Benefits are subject to the Period of Covered Activity, Benefit Period, Loss Period, Emergency Sickness Benefit Limit and Deductible as shown in this rider. All other provisions of the Policy apply to Insured Persons covered under this rider.

Short-Term Covered Activity	[All overnight sponsored and supervised activities.]
Period of Covered Activity	Not to exceed [1-120] day[s] unless specifically agreed to in writing by the Company.
Benefit Period	[1-12] week[s] from the date of the onset of the Emergency Sickness.
Loss Period	Treatment must begin within [1-7] day[s] of the onset of the Emergency Sickness.
Emergency Sickness Benefit Limit	[\$100-\$3,000]
Deductible:	[\$0-300]

Definitions The following definitions apply only to this Short-Term Emergency Sickness Benefit Rider.

Benefit Period means a period beginning on the first date of treatment of an Emergency Sickness and continuing for a maximum period as shown in this rider.

Emergency Sickness – as used in this rider, means an illness or disease that is diagnosed by a Physician and meets all of the following criteria: (a) first manifests itself suddenly and unexpectedly while an Insured Person is participating in a short-term covered activity as noted in this rider; and (b) causes a severe or acute symptom, that if not provided with immediate treatment, would reasonably be expected to result in deterioration of an Insured Person's health or place their life in jeopardy.

Covered Expenses means charges incurred for treatment of an Emergency Sickness that would have met the definition of medical expenses applicable to treatment of Injuries sustained in a covered accident, had they been incurred for a covered accident rather than an Emergency Sickness.

SIGNED FOR GERBER LIFE INSURANCE COMPANY



[President and CEO]

GERBER LIFE INSURANCE COMPANY
 [1311 Mamaroneck Avenue, White Plains, New York 10605]
 Accident Insurance Application

Name of Policyholder _____ Policy Number _____
 (as it should appear on the Policy)

Mailing Address _____
 (City) (State) (Zip Code)

Insurance Contact Name _____ Title _____

Phone _____ Fax _____ Email Address _____

Policy Effective Date* _____ Policy Expiration Date _____
 (*This will be the effective date if application and premium are received)

Activity Start Date: _____ Activity End Date: _____

[No. Youth Participants (Ages 18 & under): _____][Adult Participants (Ages 19 & up): _____]

[COVERAGES: The following kinds of benefits and coverages are applied for:

[Benefits:]	[Coverages:]
[Benefits provided as described in Section IV of the Policy]	[Hazards covered as described in Section V of the Policy]

Covered Activities and Rates

Activity	Age Levels	No. of Participants	x Rate/Person	=	Premium Calculation
[Day Care	_____	_____	\$ _____		_____]
[Pre-School	_____	_____	\$ _____		_____]
[Kindergarten	_____	_____	\$ _____		_____]
[Before/Afterschool	_____	_____	\$ _____		_____]
[Mother/Parent's Day Out	_____	_____	\$ _____		_____]
[Volunteers/Staff*	_____	_____	\$ _____		_____]
Total Premium Due:					_____]

Please make check payable and mail to:

We hereby apply for the plan(s) of insurance selected. We understand that insurance will be in force if this application is accepted by Gerber Life Insurance Company, and the required premium is received by the Company when due. We represent to the best of our knowledge and belief that the information contained in this application is true and correct and forms the basis of the requested insurance.

Signature of Official Authorized to Contract for the Policyholder _____ Printed Name _____ Date Signed _____

Local/Regional Representative of Policyholder	
Agency Name: _____	Representative Name: _____
Address: _____	City, State, Zip: _____
Phone Number: _____	Email Address: _____
Signature: _____ (Policyholder Representative)	Date: _____
	License Identification Number: _____

Fraud Statement

General Fraud Statement: 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.

For residents of Arkansas, Louisiana and West Virginia: 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.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New Mexico: 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 CIVIL FINES AND CRIMINAL PENALTIES.

For residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Oregon: WARNING: Any person with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR RDB.pdf AR CoC.pdf AUTH_Gerber 6-20-2011.pdf	Approved-Closed	09/07/2011
Satisfied - Item: Application Comments: Please see the Form Schedule for the application.	Approved-Closed	09/07/2011
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Not applicable with this rider filing. Comments:	Approved-Closed	09/07/2011
Satisfied - Item: Statement of Variability Comments: Attachment: Statement of Variables-Emergency Sickness Rider.pdf	Approved-Closed	09/07/2011

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Gerber Life Insurance Company

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
GER-BA-20-ST-ESR	54.1
GER-BA-20-AP	*

* Achieves a score of 50+ when combined with the base form.



Robert J. Lodewick
Vice President, General Counsel & Secretary

August 24, 2011

Date

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Gerber Life Insurance Company

Form Title(s): Short Term Emergency Sickness Rider
Accident Insurance Application

Form Number(s): GER-BA-20-ST-ESR
GER-BA-20-AP

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Robert J. Lodewick
Vice President, General Counsel & Secretary

August 24, 2011
Date



Gerber Life Insurance Company
1311 Mamaroneck Avenue
White Plains, New York 10605
Tel: 914.272.4000 • Fax: 914.272.4099



Gerber Life

June 20, 2011

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Gerber Life Insurance Company

By: 
Title: Vice President, General Counsel & Secretary

Statement of Variables

Short-Term Emergency Sickness Benefit Rider

Below are the ranges of variables.

Short Term Emergency Sickness Benefit Rider

Policy Number and **Effective Date** will vary by Policyholder.

Short-Term Covered Activity – The short-term covered activity will be specifically defined and appropriate to the group of insured persons.

Period of Covered Activity – The length of days will vary (1 - 120 days) based on Policyholder. Average length of time for campers will be less than 30 days. However, the length will be longer if staff members are covered.)

Benefit Period – The length of the benefit (1 – 12 weeks) will vary by Policyholder.

Loss Period – The length of time within which treatment must begin (1 – 7 days) will vary by Policyholder.

Emergency Sickness Benefit Limit (\$100 - \$3,000) will vary by Policyholder.

Deductible (\$0 - \$300) will vary by Policyholder.

Application Form

No. Youth Participants (Ages 18 & under)/Adult Participants (Ages 19 & up) – these entries will either both be in or singly depending on plan offered by Policyholder. Ages may vary as well.

Coverages – Entire section is variable to allow flexibility in offering of Benefits and Coverages as provided in the Policy, at the election of the Policyholder. This section may be modified to show a list of benefits and hazards, a list of benefits, hazards and benefit amounts or a list of benefits and benefit amounts. This section may not be included at all if the coverages and benefits to be provided under the Policy are included as part of an attached proposal or renewal letter that is agreed to by the Policyholder.

Covered Activities and Rates – will be variable in its entirety to allow flexibility in the activities that will be covered.