

**State:** Arkansas **Filing Company:** Pioneer American Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** Nursing Home Waiver of Premium Rider - 9984  
**Project Name/Number:** /

## Filing at a Glance

Company: Pioneer American Insurance Company  
Product Name: Nursing Home Waiver of Premium Rider - 9984  
State: Arkansas  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Date Submitted: 10/01/2012  
SERFF Tr Num: AAMC-128701871  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 9984  
  
Implementation: On Approval  
Date Requested:  
Author(s): Traci Baty  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 10/05/2012  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** Pioneer American Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** Nursing Home Waiver of Premium Rider - 9984  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: Filed in Texas, our State of Domicile.  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 10/05/2012  
 State Status Changed: 10/05/2012  
 Deemer Date: Created By: Traci Baty  
 Submitted By: Traci Baty Corresponding Filing Tracking Number:  
 Filing Description:  
 Cover Letter under Supporting Documentation.

## Company and Contact

### Filing Contact Information

Clara Keel, Product Filing Manager and Assistant Secretary ckeel@aatx.com  
 425 Austin Avenue 254-297-2794 [Phone]  
 Waco, TX 76701 254-297-2138 [FAX]

### Filing Company Information

Pioneer American Insurance Company CoCode: 67873 State of Domicile: Texas  
 425 Austin Avenue Group Code: 315 Company Type: LAH  
 Waco, TX 76701 Group Name: State ID Number:  
 (254) 297-2777 ext. [Phone] FEIN Number: 75-0914374

## Filing Fees

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

Company	Amount	Date Processed	Transaction #
Pioneer American Insurance Company	\$50.00	10/01/2012	63269389

SERFF Tracking #:

AAMC-128701871

State Tracking #:

Company Tracking #:

9984

State:

Arkansas

Filing Company:

Pioneer American Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Nursing Home Waiver of Premium Rider - 9984

Project Name/Number:

/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/05/2012	10/05/2012

SERFF Tracking #:

AAMC-128701871

State Tracking #:

Company Tracking #:

9984

State:

Arkansas

Filing Company:

Pioneer American Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Nursing Home Waiver of Premium Rider - 9984

Project Name/Number:

/

## Disposition

Disposition Date: 10/05/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	Nursing Home Waiver of Premium Rider		Yes

SERFF Tracking #:

AAMC-128701871

State Tracking #:

Company Tracking #:

9984

State:

Arkansas

Filing Company:

Pioneer American Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Nursing Home Waiver of Premium Rider - 9984

Project Name/Number:

/

## Form Schedule

### Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		Form No. PA9984	POLA	Nursing Home Waiver of Premium Rider	Initial:	50.300	Form PA9984.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

PIONEER AMERICAN INSURANCE COMPANY  
WACO, TEXAS

**NURSING HOME WAIVER OF PREMIUM RIDER**

**BENEFIT**

A premium for the Policy and all Riders does not have to be paid provided:

1. The Policy and this Rider are in force on a premium paying basis on the date the confinement begins;
2. The Insured has been confined continuously for ninety (90) days on the premium due date and premiums that have a due date during that time have been paid;
3. Any premium due during the Grace Period has been paid if the confinement started during the Grace Period;
4. The Insured is under the regular care and treatment of a physician (as defined in this Rider) on the premium due date; and
5. All the requirements of this Rider are met.

The Rider benefit will begin after the end of the 90 day elimination period.

**NOTICE OF CLAIM**

Written notice of a claim under this Rider must be given to us while the Insured is alive and remains confined to a Nursing Home. Failure to give such notice will not result in a reduction or denial of benefits provided:

1. It is not reasonably possible to give the notice; and
2. The notice is given as soon as it is reasonably possible.

**DEFINITIONS**

*Confinement* means:

1. The Insured receives care for at least ninety (90) consecutive days in a Nursing Home; and
2. The care is recommended by a Physician due to the Insured's inability to care for himself or herself due to age, sickness, injury, disease or mental or physical infirmity.

*Confinement does not* mean:

1. Any stay in a Nursing Home that occurs prior to the effective date of this Rider;
2. Any stay in a Nursing Home that is recommended by a Physician within two years prior to the effective date of this Rider;
3. Any stay in a Nursing Home for any medical condition that is the same medical condition for which a prior Nursing Home stay of any length of time occurred during the two years prior to the effective date of this Rider; or
4. Admission to a Nursing Home or continued stay in a Nursing Home resulting from an intentional self-inflicted injury.

*Physician* means a doctor of medicine or osteopathy legally authorized to practice medicine or surgery by the state in which he or she performs such function or action. The Physician cannot be:

1. the Owner or the spouse of the Owner;
2. the Insured or the spouse of the Insured;
3. any member of the Immediate Family of the Insured or Owner; or
4. any member of the Immediate Family of the spouse of the Insured or the Owner.

*Immediate Family* means parents, grandparents, siblings, children, stepchildren, grandchildren, and their respective spouses.

*Nursing Home* means a facility which:

1. is licensed by the state as a facility to provide skilled, intermediate, or custodial nursing care;

2. provides nursing care by or under the direction of a registered nurse, a licensed practical nurse or a vocational nurse;
3. provides nursing care, under the supervision of a doctor, to persons who do not require the degree of care which a hospital provides but require care above the level of room and board; and
4. keeps a daily medical record of each patient.

*Nursing Home does not* include:

1. a hospital;
2. a facility that primarily treats persons for mental illness, tuberculosis, alcoholism or substance abuse; or
3. a rest home, community living center or place that primarily provides domiciliary, resident retirement or educational care.

**PROOF OF CONFINEMENT**

Proof of confinement must be given to us at reasonable times when requested by us. Our medical representatives must be permitted to examine the Insured at reasonable times at our expense. After two (2) years from the date confinement begins, we will not require more than one medical examination a year.

If we are not given proof or medical examinations when requested, premiums will again be payable on the policy. Where it is not reasonably possible to give such proof, benefits will not be reduced or denied provided:

1. The proof is given as soon as it is reasonably possible; and
2. It is given within one year from the time it is requested.

**PAYMENT OF CLAIMS**

We may not contest a claim under this Rider based on answers written on the policy application after the Policy has been in force during the Insured’s lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage will be incontestable after it has been in force during the Insured’s lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

**TERMINATION**

This Rider will terminate:

- (a) If the Policy terminates for any reason; or
- (b) If Extended Term Insurance or Paid-Up Insurance becomes effective under the “Options on Default of Payment of Premium” section of the Policy; or
- (c) Upon written request by the Policy Owner; or
- (d) If any premium for the Policy or for this Rider is not paid when due or during the Grace Period.

Termination of this Rider will not affect any claim which began while it was in force.

**GENERAL PROVISIONS**

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown on page 3 of the Policy. The Date of Issue of this Rider is the Date of Issue of the Policy shown on page 3 unless a different date is shown below.



Secretary



President

Date \_\_\_\_\_

SERFF Tracking #:

AAMC-128701871

State Tracking #:

Company Tracking #:

9984

State:

Arkansas

Filing Company:

Pioneer American Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Nursing Home Waiver of Premium Rider - 9984

Project Name/Number:

/

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR PA9984 Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:	Cover Letter attached.		
Attachment(s):			
AR PA9984 Cover Letter.pdf			

ARKANSAS

PIONEER AMERICAN INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Nursing Home Waiver of Premium Rider, Form Number PA9984, has achieved a Flesch Reading Ease Score of 50.3 and complies with the requirements of Arkansas Statute 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Simplification Act.



---

Signature

Clara Keel, FLMI  
Product Filing Manager & Assistant Secretary

October 2, 2012

# Pioneer American Insurance Company

P.O. Box 240 • Waco, Texas 76703-0240 • 254-297-2776

---

October 2, 2012

NAIC No. 67873

Mr. Joe Musgrove  
Policy and Other Form Filings  
State of Arkansas  
Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
Attention: Compliance - Life and Health

Re: Form No. PA9984  
Nursing Home Waiver of Premium Rider

Dear Mr. Musgrove:

The above referenced rider is being submitted for your consideration and approval. This rider is new and will not replace any rider previously approved by your department.

Form No. PA9984, Nursing Home Waiver of Premium Rider, provides for the waiver of policy premiums becoming due during the insured's confinement in a qualified nursing home after the insured has been confined continuously for a waiting period of ninety consecutive days. This rider may be added to any previously approved whole life insurance policy marketed by the Company. The issue ages are 0-85. The flesch readability score is 50.3.

The above referenced submission meets the provisions of Arkansas Rule and Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance) as well as all applicable requirements of the department.

If I may be of assistance in your review, please contact me at 1-800-736-7311, extension 3216, or [ckeel@aatx.com](mailto:ckeel@aatx.com).

Sincerely,



Clara Keel, FLMI  
Product Filing Manager & Assistant Secretary

CJK:tad

