

State: Arkansas **Filing Company:** Zurich American Insurance Company
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: AGU Bicycle Accident Program
Project Name/Number: /CW AH 34679

Filing at a Glance

Company: Zurich American Insurance Company
Product Name: AGU Bicycle Accident Program
State: Arkansas
TOI: H03G Group Health - Accidental Death & Dismemberment
Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
Filing Type: Form
Date Submitted: 10/22/2012
SERFF Tr Num: ZURC-128738424
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: CW AH 34679

Implementation: On Approval
Date Requested:
Author(s): Paula Bartell
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 10/24/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Zurich American Insurance Company
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: AGU Bicycle Accident Program
Project Name/Number: /CW AH 34679

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number: CW AH 34679	Date Approved in Domicile: 08/16/2012
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Discretionary	Overall Rate Impact:
Filing Status Changed: 10/24/2012	
State Status Changed: 10/24/2012	Deemer Date:
Created By: Paula Bartell	Submitted By: Paula Bartell
Corresponding Filing Tracking Number:	

Filing Description:

This filing introduces Zurich American Insurance Company's proposed new Bicycle Accident Program.

The forms referenced below will be used only for the Bicycle Accident Program in conjunction with group policyholders insured under a base accident policy issued to the Balance Group Insurance Trust and approved by the Delaware Department of Insurance effective July 9, 2012.

These forms are new and do not replace any other forms already filed with the Indiana Department of Insurance. The base accident policy, along with the forms submitted herein, will be marketed to amateur/recreational bicyclists and professional racers on a group basis.

Company and Contact

Filing Contact Information

Paula Bartell, Project Manager	paula.bartell@zurichna.com
1400 American Lane	847-605-6177 [Phone]
Schaumburg, IL 60196-1056	847-605-7768 [FAX]

Filing Company Information

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	\$50 per form
Per Company:	No

State: Arkansas **Filing Company:** Zurich American Insurance Company
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: AGU Bicycle Accident Program
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Company	Amount	Date Processed	Transaction #
Zurich American Insurance Company	\$200.00	10/22/2012	64144497

SERFF Tracking #:

ZURC-128738424

State Tracking #:

Company Tracking #:

CW AH 34679

State:

Arkansas

Filing Company:

Zurich American Insurance Company

TOI/Sub-TOI:

H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment

Product Name:

AGU Bicycle Accident Program

Project Name/Number:

/CW AH 34679

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/24/2012	10/24/2012

State: Arkansas **Filing Company:** Zurich American Insurance Company
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: AGU Bicycle Accident Program
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Disposition

Disposition Date: 10/24/2012

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variables	Approved-Closed	Yes
Supporting Document	Certificate of Readability	Approved-Closed	Yes
Supporting Document	Explanatory Memo	Approved-Closed	Yes
Form	Bicycle Accident Enrollment Form	Approved-Closed	Yes
Form	Bicycle Accident Benefit	Approved-Closed	Yes
Form	Severe Traumatic Brain Injury Benefit	Approved-Closed	Yes
Form	In-Hospital Indemnity Benefit	Approved-Closed	Yes

State: Arkansas

Filing Company: Zurich American Insurance Company

TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment

Product Name: AGU Bicycle Accident Program

Project Name/Number: /CW AH 34679

Form Schedule

Lead Form Number: U-GMC-100

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/24/2012	U-GAGU-103-B AR (06/12)	AEF	Bicycle Accident Enrollment Form	Initial:	52.000	Bike Acc Group Enrollment Form AR.pdf
2	Approved-Closed 10/24/2012	U-GAGU-110-A CW (06/12)	POLA	Bicycle Accident Benefit	Initial:	43.000	U-GAGU-110-A CW final.pdf
3	Approved-Closed 10/24/2012	U-GAGU-111-A CW (06/12)	POLA	Severe Traumatic Brain Injury Benefit	Initial:	40.000	U-GAGU-111-A CW final.pdf
4	Approved-Closed 10/24/2012	U-GAGU-112-A CW (06/12)	POLA	In-Hospital Indemnity Benefit	Initial:	40.000	U-GAGU-112-A CW final.pdf

Form Type Legend:

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



ZURICH®

Bicycle Accident Enrollment Form

Group Accident Insurance

Zurich American Insurance Company

1400 American Lane
Schaumburg, Illinois 60196

POLICYHOLDER INFORMATION	
Name of Policyholder :	Master Policy Number:

ENROLLEE INFORMATION			
Full Legal Name (First, Middle Initial and Last):		Last 4 Digits of SSN: XXX-XX-	
Street Address:	City:	State:	Zip Code:
Date of Birth (MM/DD/YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner	
Email Address:	Phone: - -		
Requested Effective Date (MM/DD/YYYY):			

[SPOUSE or DOMESTIC PARTNER INFORMATION (if enrolling for Family coverage)		
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):]

[DEPENDENT CHILD(REN) INFORMATION (if enrolling for Family coverage)		
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):
Full Legal Name (First, Middle Initial and Last):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):]

INSURANCE REQUESTED	
Plan Selected (Indicate Individual or Family Coverage and then select Principal Sum Amount):	Principal Sum (coverage amount)
<input type="checkbox"/> Individual Coverage The Principal Sum selected is the coverage amount for Accidental Death Coverage, Exposure & Disappearance Coverage, and the Severe Traumatic Brain Injury Benefit. Accidental Dismemberment and Plegia Coverage is a percent of Principal Sum. The In-Hospital Indemnity Benefit amount is \$100 per day up to a maximum of sixty (60) days.	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000

<input type="checkbox"/> Family Coverage Dependent's Principal Sum will be equal to the Enrollee's Principal Sum except that the Accidental Death and Exposure & Disappearance coverages for Dependent Child(ren) are limited to \$10,000.	
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BENEFICIARY DESIGNATION [- The Enrollee is the beneficiary for any Dependent coverage, if elected.]		
Primary Beneficiary:		
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:
Full Legal Name (First, Middle Initial and Last):	Relationship:	% Share:

PREMIUM INFORMATION:		
[Annual] [Quarterly] [Monthly] Premium: Amount of Individual Coverage: Coverage: [Family Coverage:] <input type="checkbox"/> \$63.00 [\$50,000] [<input type="checkbox"/> \$99.00 <input type="checkbox"/> \$119.00 [\$100,000] [<input type="checkbox"/> \$187.00 <input type="checkbox"/> \$175.00 [\$150,000] [<input type="checkbox"/> \$274.00 <input type="checkbox"/> \$231.00 [\$200,000] [<input type="checkbox"/> \$362.00 <input type="checkbox"/> \$287.00 [\$250,000] [<input type="checkbox"/> \$449.00	Frequency of Payment: [<input type="checkbox"/> Annual] [<input type="checkbox"/> Quarterly] [<input type="checkbox"/> Monthly] Method of Payment: [<input type="checkbox"/> VISA] [<input type="checkbox"/> MasterCard] <input type="checkbox"/> Check [(Annual Payment only)] [<input type="checkbox"/>] The Enrollee must complete the separate authorization below for a Debit or Credit Card payment.	

INSURANCE FRAUD WARNING

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

The Enrollee hereby enrolls for Accident Insurance and declares that:

All information provided in this enrollment form and any attachments hereto is true and correct. The undersigned understands that all information provided in this enrollment form and any attachments hereto is material to Zurich American Insurance Company's decision to provide this insurance, and that insurance will be provided, at Zurich American Insurance Company's sole discretion, in reliance upon the truth of such information.

It is hereby understood and agreed that:

1. this insurance is provided by Zurich American Insurance Company in consideration of payment of the required premium;
2. the insurance under the policy begins no sooner than the date the Company or its Agent approves the Enrollment Form;
3. by enrolling for insurance under the policy, the undersigned acknowledges participation in the Balance Group Insurance Trust; and
4. **THIS INSURANCE REQUIRES THAT INSURED PERSONS MUST BE WEARING A HELMET AT THE TIME OF A COVERED ACCIDENT FOR BENEFITS TO BE PAYABLE.**

Enrollee's Signature (may be electronic):

Date:



ZURICH®

Bicycle Accident Benefit

THIS RIDER CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

This rider modifies insurance provided under the Group Accident Policy/Certificate:

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy/Certificate**:

For purposes of this rider only, if coverage for **Dependent Child(ren)** is purchased, the Accidental Death and Exposure and Disappearance benefit amounts for **Dependent Child(ren)** are expressed as a flat amount shown in the Schedule.

For purposes of this rider only, Section XI Coverages is amended by adding the following:

Benefits for any **Covered Loss** under the **Policy**, including benefits shown in the Schedule, require that the **[Covered Person][Insured]** was wearing a **Helmet** when the **Covered Accident** occurred. Verification of proper use of a **Helmet** at the time of the **Covered Accident** must be a part of an official police report of the **Covered Accident** or be certified, in writing, by a **Physician**.

For purposes of this rider only, Section II Eligibility and Effective Dates of Insurance is amended by replacing the first paragraph of ELIGIBLE DEPENDENTS EFFECTIVE DATE with the following:

ELIGIBLE DEPENDENTS EFFECTIVE DATE

An eligible **Dependent's** coverage under this **Policy** begins on the latest of the:

1. the Policy Inception Date shown in the Schedule;
2. the date for which the first premium for the **Dependent's** coverage is paid;
3. the date the person qualifies as a **Dependent**; or
4. the first of the month following the date on which written enrollment for the **Dependent** is received by **Us**.

For purposes of this rider only, the following additional definitions apply:

Bicycle means a human-powered vehicle with two or three wheels designed for transport by pedaling.

Cycling Event means any group ride, exhibition, [or] charity ride [or legally-occurring scheduled race] in which the **[Covered Person][Insured]** is riding a **Bicycle**. **Cycling Event** includes travel on a **Bicycle** without deviation or interruption between the **[Covered Person's][Insured's]** home and the site of the **Cycling Event**.

Helmet means protective headgear which meets or exceeds the impact standards for **Bicycle** helmets set by the United States Consumer Product Safety Commission or such successor organization or standard as designated by **Us**.

For purposes of this rider only, Section III Definitions, **Covered Injury** is amended and replaced by the following:

Covered Injury means bodily injury directly caused by **Accidental** means while:

1. riding a **Bicycle** for pleasure or training purposes; or
2. participating in a **Cycling Event**;

which is independent of all other causes, results from a **Covered Accident**, occurs while the **[Covered Person][Insured]** is insured under this **Policy** and results in a **Covered Loss**. Riding a **Bicycle** includes getting on and getting off the **Bicycle** and riding as a passenger.

However, with respect to Exposure and Disappearance Coverage, **Covered Injury** means bodily injury directly caused by **Accidental** means which is independent of all other causes, results from a **Covered Accident**, occurs while the **Covered Person** is insured under the **Policy**, and results in a **Covered Loss**.

For purposes of this rider only, Section III Definitions, **Domestic Partner** is amended by deleting the following:

To be active, the **Insured** will not have completed a Termination of **Domestic Partner** status form with respect to the **Domestic Partner** who is to be covered under the **Policy**.

For purposes of this rider only, the following additional exclusions apply:

[participation in a professional **Bicycle** race.]

[purposefully causing both wheels of the **Bicycle** to simultaneously leave the ground.]

[performing any **Bicycle** stunt or acrobatic act.]

[riding a **Bicycle** for compensation of any kind [except as a professional racer] regardless of whether or not Workers' Compensation applies.]

This rider is [not] subject to the limitations in Section V General Limitations of the **Policy/Certificate**.

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

Effective Date: _____ Attached to and forming a part of **Policy/Certificate** No. _____



ZURICH®

Severe Traumatic Brain Injury Benefit

THIS RIDER CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This rider modifies insurance provided under the Group Accident Insurance Policy/Certificate.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy/Certificate**:

If [a **Covered Person**] [**Insured**] suffers a **Covered Injury** resulting in a **Severe Traumatic Brain Injury** within [60-365] days of the date of **Covered Accident**, **We** will pay a Severe Traumatic Brain Injury Benefit.

The Severe Traumatic Brain Injury Benefit is equal to the **Principal Sum** of the **Covered Person** that sustained the **Covered Injury**.

[**We** will not pay this benefit if a benefit is payable to [a **Covered Person**][an **Insured**] for loss of life under the Accidental Death Coverage.]

For purposes of this rider only, the following additional definitions apply:

Hospital means an institution which:

1. operates pursuant to law;
2. primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;
3. operates facilities for medical and surgical diagnosis and treatment by or under the supervision of **Physicians**; and
4. provides twenty-four (24) hour nursing service by or under the supervision of graduate registered nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

1. a nursing home, convalescent home, or skilled nursing facility;
2. a place of rest, custodial care, or for the aged;
3. a clinic; or
4. a place for the treatment of mental illness, alcoholism, or substance abuse.

However, a place for the treatment of mental illness, alcoholism, or substance abuse will be regarded as a **Hospital** if it is:

1. part of the institution that meets the above requirements; and
2. listed in the American Hospital Association Guide as a general **Hospital**.

Long Term Acute Care Hospital means an institution which:

1. is a **Hospital**;
2. provides specialized care including, but not limited to, comprehensive rehabilitation, respiratory therapy, head trauma treatment and pain management to patients who require extended recovery time; and
3. has an average inpatient stay of twenty five (25) days or more.

Severe Traumatic Brain Injury means a traumatically-induced structural injury to the brain with physiological disruption of brain function:

1. indicated by the presence of the following clinical signs:

- a. [a Glasgow Coma Scale (GCS) score of eight (8) or less or an equivalent result on another coma severity scale as approved by **Us**;] [and][either][or]
 - b. [loss of consciousness for a period of twenty-four (24) hours or more; and][; or][.]
 - c. [Post Traumatic Amnesia (PTA) persisting for seven (7) days or more as measured by the Galveston Orientation and Amnesia Test (GOAT); PTA is considered to have ended when a GOAT score of seventy-five (75) or more is achieved on three (3) consecutive administrations.]
2. directly and independently resulting in:
- a. physical, cognitive, emotional or behavioral functional impairment requiring admission to a [**Long Term Acute Care**] **Hospital**[.][; and][, or]
 - b. [subsequent rehabilitative treatment [in a rehabilitation center] by any or all of the following: **Physicians**, psychologists, physical therapists, occupational therapists, speech language pathologists.]

This rider is [not] subject to the limitations in Section V General Limitations of the **Policy/Certificate**.

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

Effective Date: _____ Attached to and forming a part of **Policy** No. _____

In-Hospital Indemnity Benefit



Zurich American Insurance Company
1400 American Lane
Schaumburg, Illinois 60196

THIS RIDER CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

This rider modifies insurance provided under the Group Accident Policy/Certificate.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy/Certificate**:

If [a **Covered Person**][an **Insured**] suffers a **Covered Injury** resulting in a **Covered Loss** that requires **Hospital Confinement** for [one (1)] or more consecutive days, **We** will pay the amount shown on the Schedule for a maximum of [sixty (60)] days for any **Covered Injury**. To be eligible for this benefit, the initial **Hospital Confinement** period must begin within [ninety (90)] days of the **Covered Injury**.

Successive periods of **Hospital Confinement** arising out of the same **Covered Injury** will be considered one confinement only if they are separated by a period of less than [three (3)] months.

For the purposes of this rider only, the following additional definitions apply:

Hospital means an institution which:

1. operates pursuant to law;
2. primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;
3. operates facilities for medical and surgical diagnosis and treatment by or under the supervision of **Physicians**; and
4. provides twenty-four (24) hour nursing service by or under the supervision of graduate registered nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

1. a nursing home, convalescent home, or skilled nursing facility;
2. a place of rest, custodial care, or for the aged;
3. a clinic; or
4. a place for the treatment of mental illness, alcoholism, or substance abuse.

However, a place for the treatment of mental illness, alcoholism, or substance abuse will be regarded as a **Hospital** if it is:

1. part of the institution that meets the above requirements; and
2. listed in the American Hospital Association Guide as a general **Hospital**.

Hospital Confinement means admission to a **Hospital** [(other than a **Long Term Acute Care Hospital**)] as an inpatient for at least [twenty-four (24)] consecutive hours by a **Physician** for a **Covered Injury**. A **Hospital** stay that does not result in charges to the [**Covered Person**] [**Insured**] is not a **Hospital Confinement** under this rider unless there is no charge because the **Hospital** is a United States government facility.

[**Long Term Acute Care Hospital** means an institution which:

1. is a **Hospital**;
2. provides specialized care including, but not limited to, comprehensive rehabilitation, respiratory therapy, head trauma treatment and pain management to patients who require extended recovery time; and
3. has an average inpatient stay of twenty-five (25) days or more.]

This rider is [not] subject to the limitations in Section V General Limitations of the **Policy**.

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

Effective Date: Attached to and forming a part of **Policy/Certificate** No.

SERFF Tracking #:

ZURC-128738424

State Tracking #:

Company Tracking #:

CW AH 34679

State: Arkansas

Filing Company: Zurich American Insurance Company

TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment

Product Name: AGU Bicycle Accident Program

Project Name/Number: /CW AH 34679

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/24/2012
Comments:			
Attachment(s):			
ZAIC Cert of Readability CW Group Forms_0001.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	10/24/2012
Comments:	Enrollment form is included under the forms tab		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variables	Approved-Closed	10/24/2012
Comments:			
Attachment(s):			
SOV (AR) for proprietary AGU group forms.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certificate of Readability	Approved-Closed	10/24/2012
Comments:			
Attachment(s):			
ZAIC Cert of Readability CW Group Forms_0001.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanatory Memo	Approved-Closed	10/24/2012
Comments:			
Attachment(s):			
Balance GIT filing memo AR.pdf			

Certificate of Readability



Zurich American Insurance Company

I have reviewed or supervised the preparation of the attached policy forms. I hereby certify that to the best of my knowledge, information, and belief, these policy forms comply with the minimum readability standards required by your State Insurance Code.

The policy forms listed below have achieved the following Flesch Scores using the Flesch Reading Ease software published by Micro Power & Light Co.:

Form Number	Title	Flesch Score
U-GAGU-103-A CW (06/12)	Bicycle Accident Enrollment Form	52
U-GAGU-110-A CW (06/12)	Bicycle Accident Benefit	43
U-GAGU-111-A CW (06/12)	Severe Traumatic Brain Injury Benefit	40
U-GAGU-112-A CW (06/12)	In-Hospital Indemnity Benefit	40

Signature:

Officer:

Roger Morrison

Title:

Head of Product Development

Date:

August 15, 2012

Bicycle Accident Program

Statement of Variables for Arkansas



The following forms are limited for use specifically with Zurich American Insurance Company's proposed new Bicycle Accident Program.

Each bracketed benefit or provision will be in or out (in if needed, otherwise omitted). Each bracketed phrase will be in or out. In each instance, the Policy Schedule will be amended to reflect the limits shown for the Benefit.

BICYCLE ACCIDENT ENROLLMENT FORM - U-GAGU-103-B AR (06/12)

Bicycle Accident Enrollment Form	This form is mandatory for use with all policies that will be issued with the Bicycle Accident Program.
<p>[SPOUSE or DOMESTIC PARTNER INFORMATION (if enrolling for Family coverage)</p> <p>Full Legal Name (First, Middle Initial and Last): Gender Male Female: Date of Birth (MM/DD/YYYY):]</p>	This will be in or out.
<p>[DEPENDENT CHILD(REN) INFORMATION (if enrolling for Family coverage)</p> <p>Full Legal Name (First, Middle Initial and Last): Gender Male Female: Date of Birth (MM/DD/YYYY):] Full Legal Name (First, Middle Initial and Last): Gender Male Female: Date of Birth (MM/DD/YYYY):] Full Legal Name (First, Middle Initial and Last): Gender Male Female: Date of Birth (MM/DD/YYYY):] Full Legal Name (First, Middle Initial and Last): Gender Male Female: Date of Birth (MM/DD/YYYY):] Full Legal Name (First, Middle Initial and Last): Gender Male Female: Date of Birth (MM/DD/YYYY):]</p>	This will be in or out.
<p>Principal Sum (coverage amount) <input type="checkbox"/>\$50,000 <input type="checkbox"/>\$100,000 <input type="checkbox"/>\$150,000 <input type="checkbox"/>\$200,000 <input type="checkbox"/>\$250,000</p> <p><input type="checkbox"/> Family Coverage Dependent's Principal Sum will be equal to the Enrollee's Principal Sum except that the Accidental Death and Exposure & Disappearance coverages for Dependent Child(ren) are limited to \$10,000.]</p>	<p>Any combination of coverage amounts may be in or out. Additional coverage amounts may be included as filed and approved with the state.</p> <p>This will be in or out.</p>
[- The Enrollee is the beneficiary for any Dependent coverage, if elected.]	This will be in or out.

<p>[Annual] [Quarterly] [Monthly] Premium:</p> <p style="text-align: center;">Amount of</p> <p>Individual Coverage: Coverage: [Family Coverage:]</p> <p>[<input type="checkbox"/>\$63.00] [\$50,000] [<input type="checkbox"/>\$99.00]</p> <p>[<input type="checkbox"/>\$119.00] [\$100,000] [<input type="checkbox"/>\$187.00]</p> <p>[<input type="checkbox"/>\$175.00] [\$150,000] [<input type="checkbox"/>\$274.00]</p> <p>[<input type="checkbox"/>\$231.00] [\$200,000] [<input type="checkbox"/>\$362.00]</p> <p>[<input type="checkbox"/>\$287.00] [\$250,000] [<input type="checkbox"/>\$449.00]</p> <p>Frequency of Payment: [<input type="checkbox"/> Annual] [<input type="checkbox"/> Quarterly] [<input type="checkbox"/> Monthly]</p> <p>Method of Payment: [<input type="checkbox"/> VISA] [<input type="checkbox"/> MasterCard]</p> <p>[<input type="checkbox"/> Check [(Annual Payment only)]] [<input type="checkbox"/>]</p>	<p>These will be in or out.</p> <p>[Family Coverage] and corresponding premiums will be in or out.</p> <p>Any combination of coverage amounts will be in or out. Premium amounts will correspond to premium mode chosen above.</p> <p>Any combination of payment frequencies will be in or out.</p> <p>Any combination of payment methods will be in or out. Additional payment methods may be added.</p>
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BICYCLE ACCIDENT BENEFIT - U-GAGU-110-A CW (06/12)

Bicycle Accident Benefit	This form is mandatory for use with all policies that will be issued with the Bicycle Accident Program.
<p>For purposes of this rider only, the following additional exclusions apply:</p> <p>[participation in a professional Bicycle race.]</p> <p>[purposefully causing both wheels of the Bicycle to simultaneously leave the ground.]</p> <p>[performing any Bicycle stunt or acrobatic act.]</p> <p>[riding a Bicycle for compensation of any kind [except as a professional racer] regardless of whether or not Workers' Compensation applies.]</p>	<p>Each exclusion will be in or out.</p> <p>[except as a professional racer] will be in or out.</p>
This rider is [not] subject to the limitations in Section V General Limitations of the Policy/Certificate .	This will be in or out.

SEVERE TRAUMATIC BRAIN INJURY BENEFIT – U-GAGU-111-A CW (06/12)

Severe Traumatic Brain Injury Benefit	This is an optional form for policies that will be issued with the Bicycle Accident Program.
If [a Covered Person] [Insured] suffers a Covered Injury resulting in a Severe Traumatic Brain Injury within [60-365] days of the date of Covered Accident , We will pay a Severe Traumatic Brain Injury Benefit.	The range will be 60-365 days.
[We will not pay this benefit if a benefit is payable to [a Covered Person][an Insured] for loss of life under the Accidental Death Coverage.]	This will be in or out.
<p>Severe Traumatic Brain Injury means a traumatically-induced structural injury to the brain with physiological disruption of brain function:</p> <p>1. indicated by the presence of the following clinical signs:</p> <p>a. [a Glasgow Coma Scale (GCS) score of eight (8) or less or an equivalent result on another coma severity scale as approved by Us;] [and][either][or]</p> <p>b. [loss of consciousness for a period of twenty-four (24) hours or more; or][; and]</p> <p>c. [Post Traumatic Amnesia (PTA) persisting for seven (7) days or more as measured by the Galveston Orientation and Amnesia Test (GOAT); PTA is considered to have ended when a GOAT score of seventy-five (75) or more is achieved on three (3) consecutive administrations][; and]</p>	<p>a. will be in or out.</p> <p>b. will be in or out</p> <p>c. will be in or out.</p>
<p>a. physical, cognitive, emotional or behavioral functional impairment requiring admission to a [Long Term Acute Care] Hospital[.][; and]</p> <p>b. [subsequent rehabilitative treatment [in a rehabilitation center] by any or all of the following: Physicians, psychologists, physical therapists, occupational therapists, speech language pathologists.]</p>	Each bracketed item will be in or out.
This rider is [not] subject to the limitations in Section V General Limitations of the Policy/Certificate .	This will be in or out.

IN-HOSPITAL INDEMNITY BENEFIT - U-GAGU-112-A CW (06/12)

In-Hospital Indemnity Benefit	This is an optional form for policies that will be issued with the Bicycle Accident Program.
<p>If [an Insured][a Covered Person] suffers a Covered Injury resulting in a Covered Loss that requires Hospital Confinement for [one(1)] or more consecutive days, We will pay the amount shown in the Schedule for a maximum of</p> <p>[sixty (60)] days for any Covered Injury. To be eligible for this benefit, the initial Hospital Confinement period must begin within [ninety (90)] days of the Covered Injury.</p>	<p>[one (1)] The range will be 1 - 30. The amount We will pay on the Schedule will have a range of \$100 to \$1,000.</p> <p>[sixty (60)] The range will be 60-730.</p> <p>[ninety (90)] The range will be 1 - 365.</p>
<p>Successive periods of Hospital Confinement arising out of the same Covered Injury will be considered one confinement only if they are separated by a period of less than [three (3)] months.</p>	<p>The range will be 1 - 5</p>
<p>Hospital Confinement means admission to a Hospital [(other than a Long Term Acute Care Hospital)] as an inpatient for at least [twenty-four (24)] consecutive hours</p>	<p>This will be in or out.</p> <p>This will be in or out. If in, the range will be 24 - 48.</p>
<p>[Long Term Acute Care Hospital means an institution which:</p> <ol style="list-style-type: none"> 1. is a Hospital; 2. provides specialized care including, but not limited to, comprehensive rehabilitation, respiratory therapy, head trauma treatment and pain management to patients who require extended recovery time; and 3. has an average inpatient stay of twenty-five (25) days or more.] 	<p>This will be in or out.</p>
<p>This rider is [not] subject to the limitations in Section V General Limitations of the Policy.</p>	<p>This will be in or out.</p>

Certificate of Readability



Zurich American Insurance Company

I have reviewed or supervised the preparation of the attached policy forms. I hereby certify that to the best of my knowledge, information, and belief, these policy forms comply with the minimum readability standards required by your State Insurance Code.

The policy forms listed below have achieved the following Flesch Scores using the Flesch Reading Ease software published by Micro Power & Light Co.:

Form Number	Title	Flesch Score
U-GAGU-103-A CW (06/12)	Bicycle Accident Enrollment Form	52
U-GAGU-110-A CW (06/12)	Bicycle Accident Benefit	43
U-GAGU-111-A CW (06/12)	Severe Traumatic Brain Injury Benefit	40
U-GAGU-112-A CW (06/12)	In-Hospital Indemnity Benefit	40

Signature:

Officer:

Roger Morrison

Title:

Head of Product Development

Date:

August 15, 2012



Zurich American Insurance Company

**ARKANSAS EXPLANATORY MEMORANDUM
BICYCLE ACCIDENT PROGRAM
Group Accident Insurance Policy
Approval Filing - Out-Of-State Bicyclists Discretionary Group
Company Filing Number – CW AH 34679
U-GMC-100-A AR (08/09), et al.**

This approval filing introduces Zurich American Insurance Company's proposed new Bicycle Accident Program.

The forms referenced below will be used only for the Bicycle Accident Program in conjunction with group policyholders insured under a base accident policy issued to the Balance Group Insurance Trust and approved by the Delaware Department of Insurance effective July 9, 2012.

These forms are new and do not replace any other forms already approved by the Arkansas Insurance Department. The base accident policy, along with the forms submitted herein, will be marketed to amateur/recreational bicyclists and professional racers on a group basis.

Bicycle Accident Program Forms

U-GAGU-103-B AR (06/12), Enrollment Form

This mandatory enrollment form includes language referenced below with regard to the structure of the program and an acknowledgement that, as a condition precedent to coverage, helmet use is required. This form is based on previously filed enrollment form U-GMC-103-A AR (SERFF Tracking Number ZURC-126394542, AR Tracking Number 44163, approved 12/1/09).

U-GAGU-110-A CW (06/12), Bicycle Accident Benefit

This mandatory form limits coverage provided by the underlying policy to covered accidents taking place while the covered person is riding a bicycle for pleasure or training purposes or is participating in a cycling event. The covered person must be wearing a helmet at the time of the covered accident.

U-GAGU-111-A CW (06/12), Severe Traumatic Brain Injury Benefit

Please see the optional rider for details of this new, added benefit.

U-GAGU-112-A CW (06/12), In-Hospital Indemnity Benefit

This optional form is similar to previously filed form U-GMC-132-A CW (SERFF Tracking Number ZURC-127070621, AR Tracking Number 48289, approved 3/22/11), the sole difference being the change to the benefit period from twelve (12) months to sixty (60) days for any covered injury.

Variable data for forms in this program is bracketed. Amounts may vary or provisions may be modified to fit a specific Policyholder's request. Variable data will never exclude or limit provisions required by the jurisdiction in which the Policy is issued. An explanation of these forms' variability is contained in the attached Statement of Variables.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort has been made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

Thank you for taking the time to review this filing. Please let us know if additional information or documentation is needed.