

**State:** Arkansas **Filing Company:** Standard Security Life Insurance Company of New York  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO  
**Product Name:** SSL Amendatory Endorsement SSL AEHBA 0812  
**Project Name/Number:** SSL Amendatory Endorsement /SSL AEHBA 0812

## Filing at a Glance

Company: Standard Security Life Insurance Company of New York  
Product Name: SSL Amendatory Endorsement SSL AEHBA 0812  
State: Arkansas  
TOI: H16G Group Health - Major Medical  
Sub-TOI: H16G.003A Small Group Only - PPO  
Filing Type: Form  
Date Submitted: 11/09/2012  
SERFF Tr Num: ICCL-128763517  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: SSL AEHBA 0812  
Implementation: On Approval  
Date Requested:  
Author(s): Brenda Dawson  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 11/14/2012  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

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## General Information

Project Name: SSL Amendatory Endorsement Status of Filing in Domicile:  
Project Number: SSL AEHBA 0812 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small  
Group Market Type: Employer, Trust Overall Rate Impact:  
Filing Status Changed: 11/14/2012 Deemer Date:  
State Status Changed: 11/14/2012 Submitted By: Brenda Dawson  
Created By: Brenda Dawson  
Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

### Filing Description:

Enclosed for review and approval of use in your state is the form attached to the form schedule tab. This form is new and is not intended to replace any form previously approved by your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Standard Security Life Insurance Company of New York. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

Amendatory Endorsement form SSL LMB AEHBA 0812 will be used with Group Major Medical Expense Policy form SSL MMP 0205 previously approved by your Department on June 30, 2005. The Group Policy was issued to a group located outside your states jurisdiction. This form will be attached to the Certificate for employees whose employers have established a program of health benefits using an hour bank accounting system to administer contributions.

We certify that to the best of our knowledge and belief that this form does not violate any laws or regulations of your state and does not contain any previously disapproved provisions.

This document was prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the form other than listed or bracketed variables, or to the general print size.

## Company and Contact

### Filing Contact Information

Brenda Dawson, Authorized Representative [Brendadawson@inscompliance.com](mailto:Brendadawson@inscompliance.com)  
3925 East State Street, Suite 200 815-316-6714 [Phone]  
Rockford, IL 61108 815-986-2355 [FAX]

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**Filing Company Information**

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

|  |                         |                             |
|--|-------------------------|-----------------------------|
| Standard Security Life Insurance Company of New York | CoCode: 69078           | State of Domicile: New York |
| 485 Madison Avenue, 14th Floor                       | Group Code: 450         | Company Type:               |
| New York, NY 10022                                   | Group Name:             | State ID Number:            |
| (212) 355-4141 ext. [Phone]                          | FEIN Number: 13-5679267 |                             |

**Filing Fees**

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

| Company  | Amount  | Date Processed | Transaction # |
|--|---------|----------------|---------------|
| Standard Security Life Insurance Company of New York | \$50.00 | 11/09/2012     | 64743161      |

SERFF Tracking #:

ICCI-128763517

State Tracking #:

Company Tracking #:

SSL AEHBA 0812

State:

Arkansas

Filing Company:

Standard Security Life Insurance Company of New York

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name:

SSL Amendatory Endorsement SSL AEHBA 0812

Project Name/Number:

SSL Amendatory Endorsement /SSL AEHBA 0812

## Correspondence Summary

### Dispositions

| Status          | Created By     | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 11/14/2012 | 11/14/2012     |

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## Disposition

Disposition Date: 11/14/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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 | PPACA Uniform Compliance Summary               | Approved-Closed      | Yes           |
| Supporting Document | SSL Authorization Letter 2012                  | Approved-Closed      | Yes           |
| Form                | Amendatory Endorsement Hour Banking Accounting | Approved-Closed      | Yes           |

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## Form Schedule

### Lead Form Number: SSL AEHBA 0812

| Item No. | Schedule Item Status          | Form Name  | Form Number       | Form Type | Form Action | Action Specific Data | Readability Score | Attachments  |
|----------|-------------------------------|--|-------------------|-----------|-------------|----------------------|-------------------|--|
| 1        | Approved-Closed<br>11/14/2012 | Amendatory<br>Endorsement Hour<br>Banking Accounting | SSL AEHBA<br>0812 | CERA      | Initial     |                      |                   | SSL AEHBA 0812<br>(HourBankAccountingAE) clean<br>copy.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   |

# Standard Security Life Insurance Company of New York

[485 Madison Avenue, New York, NY 10022]

## AMENDATORY ENDORSEMENT HOUR BANK ACCOUNTING

It is hereby understood that the Policy and Certificate to which this Amendatory Endorsement is attached is amended as follows with respect to an hourly Employee on whose behalf an Employer, subject to the requirements of the Davis-Bacon and Services Contract Acts, has established a program of health benefits using an hour bank accounting system to administer irrevocable contributions made to the Employer on behalf of such Employee.

**A. SECTION 2 – ELIGIBILITY FOR INSURANCE AND EFFECTIVE DATE OF COVERAGE**, the following is added:

### **HOUR BANK ACCOUNTING**

In accordance with the Davis-Bacon and Services Contract Acts an Employer may require a minimum number of Hours of Work Credit (known as the Employment Waiting Period) as shown on the Validation of Coverage in order for an Employee to become covered for the insurance provided by the Policy.

An Employee will continue to be covered by the Policy as long as he has credited to him from his Reserve Account at least the minimum number of Hours of Work Credit required by his Employer. Any excess Hours of Work Credit in each Employee's Reserve Account not used to maintain his Coverage will be held in the Reserve Account. Hours of Work Credit in the Reserve Account will be drawn upon and used to continue the Employee's Coverage. However, no more than [12] [24] months of Hours of Work Credit, depending upon the Employer's election, will be permitted to accumulate in an Employee's Reserve Account after the deduction for the current month's Coverage is made.

The amount of Hours of Work Credit, as specified in the Employer's application, that must be credited to Your Reserve Account before You are eligible for Coverage, shall remain in effect until the Employer notifies us of its desire to amend such requirement. Such notification shall be given to Our authorized administrator, postmarked at least two calendar months prior to the desired effective date of the change in the Hours of Work Credit. Upon receipt of the notice, We shall then have 45 business days in which to approve the desired change. In the event that We notify the Employer of Our refusal to approve the change within the 45-day period mentioned above, the Hours of Work Credit requirements shall remain unchanged.

**B. SECTION 6 – RENEWABILITY AND TERMINATION**, the following is added to **Termination of an Employee's Coverage** provision:

7. The last day of any calendar month in which the Hours of Work Credit in The Employee's Reserve Account does not equal at least the minimum number of Hours of Work Credit required by the Employer.

An Employee whose Coverage under the Policy has terminated for this reason may qualify for reinstatement within 90 days from the date his Coverage terminated. Such Employee Coverage will be reinstated effective on the premium due date of the calendar month following a month in which the number of Hours of Work Credit in his Reserve Account total at least the minimum number of Hours of Work Credit required by the Employer.

The Reserve Account established for an Employee will cease to exist [12] [24] months after the day the Employee was last eligible to accumulate Hours of Work Credit.

**C. SECTION 9 – DEFINITIONS**, the following changes are hereby made:

1. The **Employee** definition is deleted and replaced with:

**Employee** – an Employee of the Employer who has accumulated and is maintaining the minimum number of Hours of Work Credit (as defined) selected by the Employer and as shown in Your Validation of Coverage. At the usual location(s) where the business of the Employer is transacted, or other location to which the Employee is required to travel to perform the regular duties of his employment, including approved leave of absence not to exceed a continuous period of 90 consecutive days, such as holiday or vacation.

2. The following Definitions are added:

**Hours of Work Credit** means the hours worked by an Employee for which contributions have been made on his behalf to the Reserve Account established by the Employer.

**Reserve Account** means an account established by the Employer for each Employee showing the number of Hours of Work Credit.

The Reserve Account established for an Employee will cease to exist [12] [24] months after the day the Employee was last eligible to accumulate Hours of Work Credit.

This Amendatory Endorsement takes effect on the Effective Date of the Policy and, for the Employee, on the Effective Date as the Certificate to which it is attached, unless a different Endorsement date is specified by an attached Endorsement.

This Endorsement will terminate in accordance with Section 6 –**RENEWABILITY AND TERMINATION** .

This Amendatory Endorsement is subject to all provisions of the Policy which are not in conflict with the provisions of this Endorsement. Nothing in this Endorsement will be held to vary, alter, waive, or extend any of the terms, conditions, provisions, agreements, or limitations of the Policy other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Amendatory Endorsement to be signed by its President.

**STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK**



David Kettig  
President

**SERFF Tracking #:**

ICCI-128763517

**State Tracking #:****Company Tracking #:**

SSL AEHBA 0812

**State:**

Arkansas

**Filing Company:**

Standard Security Life Insurance Company of New York

**TOI/Sub-TOI:**

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**Product Name:**

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**Project Name/Number:**

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## Supporting Document Schedules

|   |                      | <b>Item Status:</b> | <b>Status Date:</b> |
|---|----------------------|---------------------|---------------------|
| Satisfied - Item:                             | Flesch Certification | Approved-Closed     | 11/14/2012          |
| Comments:                                     |                      |                     |                     |
| Attachment(s):                                |                      |                     |                     |
| Cert of Comp. with Rule 19 SSL AEHBA 0812.pdf |                      |                     |                     |

|                   |  | <b>Item Status:</b> | <b>Status Date:</b> |
|-------------------|--|---------------------|---------------------|
| Satisfied - Item: | Application  | Approved-Closed     | 11/14/2012          |
| Comments:         | Please refer to SERFF Tracking # ICCI-128148540, application form SSL EEAPP TCP 0312 and ICCI-126586603, application form SSL APP 0210 |                     |                     |

|                  |                                  | <b>Item Status:</b> | <b>Status Date:</b> |
|------------------|----------------------------------|---------------------|---------------------|
| Bypassed - Item: | PPACA Uniform Compliance Summary | Approved-Closed     | 11/14/2012          |
| Bypass Reason:   | NA                               |                     |                     |

|                                       |                               | <b>Item Status:</b> | <b>Status Date:</b> |
|---------------------------------------|-------------------------------|---------------------|---------------------|
| Satisfied - Item:                     | SSL Authorization Letter 2012 | Approved-Closed     | 11/14/2012          |
| Comments:                             |                               |                     |                     |
| Attachment(s):                        |                               |                     |                     |
| ICC Authorization letter SSL 2012.pdf |                               |                     |                     |

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

Insurer: Madison National Life Insurance Company, Inc.

Form Number(s): SSL AEHBA 0812

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



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Signature of Company Officer

Rachel Lipari

Name

President

Title

November 9, 2012

Date



January 1, 2012

Mr. Brian Camling  
President  
Insurance Compliance Consultants, Inc.  
3925 East State Street, Suite 200  
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Standard Security Life Insurance Company of New York regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Standard Security may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in cursive script that reads "Rachel Lipari".

Rachel Lipari