

State: Arkansas **Filing Company:** Medico Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: AR MI9F-3337(AR)S
Project Name/Number: AR MI9F-3337(AR)S/AR MI9F-3337(AR)S

Filing at a Glance

Company: Medico Insurance Company
Product Name: AR MI9F-3337(AR)S
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 11/29/2012
SERFF Tr Num: MDIC-128788453
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AR MI9F-3337(AR)S

Implementation
Date Requested:
Author(s): Luanne Melies
Reviewer(s): Linda Bird (primary)
Disposition Date: 12/04/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
 Product Name: AR MI9F-3337(AR)S
 Project Name/Number: AR MI9F-3337(AR)S/AR MI9F-3337(AR)S

Filing Company: Medico Insurance Company

General Information

Project Name: AR MI9F-3337(AR)S
 Project Number: AR MI9F-3337(AR)S
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile: Authorized
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 12/04/2012
 State Status Changed: 12/04/2012
 Created By: Luanne Melies
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Luanne Melies

Filing Description:
 Minor change to our Accelerated Benefits Disclosure Notice for our Life Products.

Company and Contact

Filing Contact Information

Luanne Melies, Compliance Analyst Imelies@gomedico.com
 11808 Grant Street 402-496-8237 [Phone]
 Omaha, NE 68164

Filing Company Information

Medico Insurance Company	CoCode: 31119	State of Domicile: Nebraska
1515 S. 75th Street	Group Code: 3527	Company Type: Life and
Omaha, NE 68124	Group Name: Medico	Health
(800) 695-5976 ext. [Phone]	FEIN Number: 47-0122200	State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: Our Bulletin 7- 2005 states that effective October 1, 2005, the Department will commence charging fees for all SERFF Filings. Please review procedures under Bulletin 7-2005 and Rule and Regulation 57.

Normal fees are \$50 for each policy including all forms associated with the policy and filed with the policy. Other forms filed separately are \$20 for each form.

Submitting \$20.00 for one form requested for review.

Per Company: No

Company	Amount	Date Processed	Transaction #
Medico Insurance Company	\$20.00	11/29/2012	65296861
Medico Insurance Company	\$30.00	12/01/2012	65341703

SERFF Tracking #:

MDIC-128788453

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

AR MI9F-3337(AR)S

State:

Arkansas

Filing Company:

Medico Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

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AR MI9F-3337(AR)S/AR MI9F-3337(AR)S

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/04/2012	12/04/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/30/2012	11/30/2012

Response Letters

Responded By	Created On	Date Submitted
Luanne Melies	12/01/2012	12/01/2012

SERFF Tracking #:

MDIC-128788453

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

AR MI9F-3337(AR)S

State:

Arkansas

Filing Company:

Medico Insurance Company

TOI/Sub-TOI:

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AR MI9F-3337(AR)S

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AR MI9F-3337(AR)S/AR MI9F-3337(AR)S

Disposition

Disposition Date: 12/04/2012

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		No
Supporting Document	Application		No
Supporting Document	AR MI9F-4337(AR)S Cover Letter		Yes
Form	Accelerated Benefits Disclosure Notice		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/30/2012
Submitted Date	11/30/2012
Respond By Date	12/31/2012

Dear Luanne Melies,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 filing fee is received.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

*Sincerely,
Linda Bird*

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/01/2012
Submitted Date	12/01/2012

Dear Linda Bird,

Introduction:

Response 1

Comments:

Sorry for my error. Additional \$30.00 fee has been added on Filing Fees Tab.

Related Objection 1

Comments: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 filing fee is received.

Changed Items:

- No Supporting Documents changed.
- No Form Schedule items changed.
- No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your time and help.

Sincerely,
Luanne Melies

SERFF Tracking #:

MDIC-128788453

State Tracking #:

Company Tracking #:

AR MI9F-3337(AR)S

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Form Schedule

Lead Form Number: MI9F-3337(AR)S

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Accelerated Benefits Disclosure Notice	MI9F-3337(AR)S	OTH	Revised	Previous Filing Number:	MDIC-126216537		MI9F-3337(AR)S-09252012.pdf
						Replaced Form Number:	MI9F-3337		

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

NOTICE REGARDING ACCELERATED BENEFITS

Situations Which Allow Receipt Of Accelerated Benefits:

1. **Nursing Home Confinement:** You are confined to an Eligible Nursing Home and you give us evidence satisfactory to us that you are expected to stay there until death. Part of that evidence must be a certification by a licensed physician. The benefit this option provides is 80% of the Death Benefit shown in the Schedule, minus any outstanding loan. (The balance of benefits, if any, are not payable if this option is chosen.)
2. **Terminal Illness:** You must give us evidence that satisfies us that your life expectancy is 12 months or less. Part of that evidence must be a certification by a licensed physician. The benefit this option provides is 80% of the Death Benefit shown in the policy Schedule, minus any outstanding loan. (The balance of benefits, if any, are not payable if this option is chosen.)

Payment of Accelerated Benefit: This benefit will be paid in one lump sum.

Premium For Accelerated Benefit: There is no additional premium required for this benefit.

Administrative Expense Charge: The discount of the net proceeds includes administrative expenses.

Impact on Policy Values: Cash values, loan values and all benefits of the policy will end upon lump sum payment of the Accelerated Benefit.

Before Selecting An Accelerated Benefit, Please Note:

1. This accelerated benefit product is NOT a long-term care policy or nursing home insurance policy. The accelerated benefit paid may not be enough to cover your medical, nursing home or other bills. You may use the money you receive from this product for any purpose.
2. Accelerated benefits payable under this product MAY BE TAXABLE. You should consult a personal tax advisor.
3. Receipt of accelerated benefits under this product MAY AFFECT ELIGIBILITY FOR MEDICAID, SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME ("SSI") or other government benefits or entitlements. Without exercising your option to accelerate benefits, the mere fact that you own an accelerated benefit product will not in and of itself affect your eligibility for these government programs. However, exercising the option to accelerate benefits and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact your state Department of Public Welfare or the Social Security Administration for more information.

Applicant's Signature

Date

Producer's Signature

Date

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	AR MI9F-4337(AR)S Cover Letter		
Comments:			
Attachment(s):			
AR MI9F-4337(AR)S 11-12.pdf			



MEDICO®

INSURANCE COMPANY

Corporate Office – Omaha, Nebraska
Administrative Services – P.O. Box 10386, Des Moines, Iowa 50306-0386

November 29, 2012

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

MEDICO INSURANCE COMPANY
NAIC #: 31119

RE: Medicare Supplement Insurance

Enclosed Material:

MI9F-3337(AR)S

Informational:

Enclosed for our Life Products is a copy of form MI9F-3337(AR)S. This form provides necessary disclosure information to a policyholder, who has one of our life policies that offers the accelerated benefits option. It will only be sent out at the time of the policyholder's application for acceleration of life insurance benefits.

The form now contains a signature and date area to be completed by the applicant and the producer.

Additional changes from the previous version of this form to the new form are limited to bracketing variable text as concerning our contact information that is subject to change (i.e., Home Office physical address, website address and telephone and fax numbers). No such items will be contradictory to any applicable state or federal law.

I thank you in advance for your prompt review and approval of this submission. If you have any questions, please feel free to contact me.

Sincerely,

Luanne Melies

Compliance Analyst

Medico Insurance Company

Phone: (402)-496-8237

Fax: (402) 452-2762

luanne.melies@americanenterprise.com