

State: Arkansas **Filing Company:** Philadelphia American Life Insurance Company
TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity
Product Name: AMEND.1.1.13
Project Name/Number: AMEND.1.1.13/AMEND.1.1.13

Filing at a Glance

Company: Philadelphia American Life Insurance Company
Product Name: AMEND.1.1.13
State: Arkansas
TOI: H14I Individual Health - Hospital Indemnity
Sub-TOI: H14I.000 Health - Hospital Indemnity
Filing Type: Form
Date Submitted: 12/04/2012
SERFF Tr Num: NELI-128793104
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AMEND.1.1.13

Implementation: On Approval
Date Requested:
Author(s): John Mays
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 12/06/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Philadelphia American Life Insurance Company
TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity
Product Name: AMEND.1.1.13
Project Name/Number: AMEND.1.1.13/AMEND.1.1.13

General Information

Project Name: AMEND.1.1.13 Status of Filing in Domicile:
 Project Number: AMEND.1.1.13 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 12/06/2012
 State Status Changed: 12/06/2012
 Deemer Date: Created By: John Mays
 Submitted By: John Mays Corresponding Filing Tracking Number:

Filing Description:

NEW FORM FILING – AMENDMENT FOR INDIVIDUAL Hospital Indemnity POLICY
 PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY
 NAIC # 67784 FEIN # 74-1952955

Form Number / Description
 AMEND.1.1.13 / Amendment

We are submitting the captioned form for review and approval. This form is new and not intended to replace any previously approved forms. The Amendment waives the deductible for the first claim incurred in a calendar year for each covered person when a claim is the result of an outpatient surgery that requires general anesthesia, thereby enhancing benefits of the policy with no extra premium required. An Actuarial Addendum is also attached.

The Amendment is effective January 1, 2013 and will be issued to all current in force policies as well as attached to all future policies issued. It will be used with policy form H-0180.AR previously approved on 8/9/2010 under SERFF Tracking Number NELI-126737529, policy form H-0184.AR approved on 10/25/2010 under SERFF Tracking Number NELI-126856553 and policy form H-0194.AR approved on 5/21/2012 under SERFF Tracking Number NELI-128362323.

Company and Contact

Filing Contact Information

John Mays, jmay@neweralife.com
 11720 Katy Fwy., Ste. 1700 281-368-7178 [Phone]
 Houston, TX 77079

Filing Company Information

Philadelphia American Life CoCode: 67784 State of Domicile: Texas
 Insurance Company Group Code: 520 Company Type:
 200 Westlake Park #1200 Group Name: State ID Number:
 Houston, TX 77079 FEIN Number: 74-1952955
 (281) 368-7200 ext. [Phone]

Filing Fees

State: Arkansas **Filing Company:** Philadelphia American Life Insurance Company
TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity
Product Name: AMEND.1.1.13
Project Name/Number: AMEND.1.1.13/AMEND.1.1.13

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

Company	Amount	Date Processed	Transaction #
Philadelphia American Life Insurance Company	\$50.00	12/04/2012	65433284

State: Arkansas Filing Company: Philadelphia American Life Insurance Company
TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity
Product Name: AMEND.1.1.13
Project Name/Number: AMEND.1.1.13/AMEND.1.1.13

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/06/2012	12/06/2012

SERFF Tracking #:

NELI-128793104

State Tracking #:

Company Tracking #:

AMEND.1.1.13

State: Arkansas **Filing Company:** Philadelphia American Life Insurance Company
TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity
Product Name: AMEND.1.1.13
Project Name/Number: AMEND.1.1.13/AMEND.1.1.13

Disposition

Disposition Date: 12/06/2012

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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

State: Arkansas

Filing Company:

Philadelphia American Life Insurance Company

TOI/Sub-TOI: H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

Product Name: AMEND.1.1.13

Project Name/Number: AMEND.1.1.13/AMEND.1.1.13

Form Schedule

Lead Form Number: AMEND.1.1.13

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 12/06/2012	Amendment	AMEND.1.1. 13	POLA	Initial		42.800	AMEND.1.1.13.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



AMENDMENT – Effective January 1, 2013

This Amendment is effective as of the later of January 1, 2013 or the Effective Date shown in the Policy Schedule of Benefits.

Under **Daily Indemnity Benefit for Outpatient Hospital or Ambulatory Surgical Center Services; Surgical Indemnity Benefit and Inpatient Pathologist/Radiologist Benefit; Assistant Surgeon Surgical Services Indemnity Benefit; Anesthesia Indemnity Benefit** of the **Schedule of Benefits** and **Section 3 – Benefit Provisions** sections, Your Policy is amended by:

Adding the following:

The Calendar Year Deductible will be waived for the first claim incurred in a Calendar Year for each Covered Person when outpatient surgery is performed under general anesthesia. This does not apply to inpatient pathologist/radiologist benefits.

This Amendment is attached to and made a part of your contract.

This Amendment is subject to all provisions, exclusions and limitations of the contract not inconsistent herewith. In all other respects, your coverage remains the same.

Philadelphia American Life Insurance Company

A handwritten signature in cursive script that reads 'Bill S. Chen'.

President

SERFF Tracking #:

NELI-128793104

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

AMEND.1.1.13

State:

Arkansas

Filing Company:

Philadelphia American Life Insurance Company

TOI/Sub-TOI:

H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity

Product Name:

AMEND.1.1.13

Project Name/Number:

AMEND.1.1.13/AMEND.1.1.13

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/06/2012
Comments:			
Attachment(s):			
Readability Certification.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/06/2012
Bypass Reason:	N/A - This filing is an amendment to our Hospital Indemnity Policy.		

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	12/06/2012
Bypass Reason:	N/A - This filing is an amendment to our Hospital Indemnity Policy.		

READABILITY CERTIFICATION

I hereby certify that the forms listed below meet the minimum reading ease score on a Flesch test basis:

<u>New Form Number</u>	<u>Readability Score</u>
AMEND.1.1.13.....	42.8



Brian Hull, AIRC
Vice President
Product Development and Compliance