

SERFF Tracking Number: FRCS-128163478 State: Arkansas  
Filing Company: Reserve National Insurance Company State Tracking Number:  
Company Tracking Number: 5714  
TOI: H13I Individual Health - Short Term Care Sub-TOI: H13I.002 Nursing Home  
Product Name: STC Rider Filing  
Project Name/Number: RESERVE/64/64

## Filing at a Glance

Company: Reserve National Insurance Company

Product Name: STC Rider Filing

SERFF Tr Num: FRCS-128163478 State: Arkansas

TOI: H13I Individual Health - Short Term Care

SERFF Status: Closed-Approved-  
Closed State Tr Num:

Sub-TOI: H13I.002 Nursing Home

Co Tr Num: 5714

State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Authors: Exselsa Cartwright,  
Michael Cochran

Disposition Date: 05/18/2012

Date Submitted: 03/16/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: RESERVE/64

Status of Filing in Domicile: Pending

Project Number: 64

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted in the  
domicile state on this same date.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/18/2012

State Status Changed: 05/18/2012

Deemer Date:

Created By: Michael Cochran

Submitted By: Jana Finlay

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Reserve National Insurance Company to file the enclosed form for approval in your state.

Our fee of \$100 has been sent by EFT on this same date.

Form STC-1 AR is a short term care rider that provides a fixed daily benefit if the insured is diagnosed with a chronic illness and requires care in a nursing home, assisted living facility or requires care from a home health care agency. Benefits are available for a period not to exceed 270 days. Form OC STC-1 is the outline of coverage to be used with this rider.

SERFF Tracking Number: FRCS-128163478 State: Arkansas  
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Application form APP-LIFE-1 AR which was approved 3/12/2012, will be used to apply for this rider.

This rider will be used with the following policy forms:

- TL-1 which was approved 03/12/2012
- WL-1 which was approved 03/12/2012

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

State Narrative:

## Company and Contact

### Filing Contact Information

Exselsa Cartwright, Senior Compliance Specialist  
1020 Central Suite 201  
Kansas City, MO 64105  
exselsa.cartwright@firstconsulting.com  
800-927-2730 [Phone] 2757 [Ext]  
816-391-2755 [FAX]

### Filing Company Information

(This filing was made by a third party - FC01)

Reserve National Insurance Company  
601 East Britton Road  
Oklahoma City, OK 73114  
(405) 848-7931 ext. [Phone]  
CoCode: 68462  
Group Code:  
Group Name: Unitrin, Inc  
FEIN Number: 73-0661453  
State of Domicile: Oklahoma  
Company Type:  
State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: \$50 per form x 2 = \$100  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	\$100.00	03/16/2012	57230710

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/18/2012	05/18/2012
Approved-Closed	Rosalind Minor	03/19/2012	03/19/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rates	Michael Cochran	04/30/2012	04/30/2012
Supporting Document	Health - Actuarial Justification	Michael Cochran	04/30/2012	04/30/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
request for information	Note To Reviewer	Judy Sykes	05/17/2012	05/17/2012
Reopen Request	Note To Reviewer	Michael Cochran	04/19/2012	04/19/2012

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## Disposition

Disposition Date: 05/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Reserve National Insurance Company	%	%	\$		\$	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Individual Short-Term Rider	Approved-Closed	Yes
Form	Short-Term Care Outline of Coverage	Approved-Closed	Yes
Rate (revised)	Rates	Approved-Closed	Yes
Rate	Rates	Replaced	Yes

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Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Reserve National Insurance Company	%	%	\$		\$	%	%

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**Note To Reviewer**

**Created By:**

Judy Sykes on 05/17/2012 01:26 PM

**Last Edited By:**

Judy Sykes

**Submitted On:**

05/17/2012 01:26 PM

**Subject:**

request for information

**Comments:**

We sent you new information on this filin gon 4/30/2012. Please advise when we may expect a response. Thank you.

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**Amendment Letter**

Submitted Date: 04/30/2012

**Comments:**

On behalf of Reserve National Insurance Company, we offer the following:

The Company found an error in the Rate Exhibit.

Issue ages for this rider are 18-75. The rates were provided only for ages 20-75. A revised rate schedule, with rates for ages 18 and 19 added, is attached as well. Nothing else in the filing changes.

We trust this information will allow you to finalize review of this filing. If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

**Changed Items:**

**Rate/Rule Schedule Item Changes:**

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Rates	STC-1 AR	New		RNIC STC-1 Rider - Rate Exhibit 04-12-12.pdf

RNIC STC-1 Rider - Rate Exhibit 04-12-12.pdf

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**Supporting Document Schedule Item Changes:**

**Satisfied -Name: Health - Actuarial Justification**

Comment:

0175 201205 ActMem\_Form\_STC-1 \_55%\_ generic 04-12-12.pdf

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**Note To Reviewer**

**Created By:**

Michael Cochran on 04/19/2012 01:56 PM

**Last Edited By:**

Michael Cochran

**Submitted On:**

04/19/2012 01:56 PM

**Subject:**

Reopen Request

**Comments:**

The Company found an error in the Rate Exhibit and the Actuarial Memorandum. Therefore, could you please reopen this filing so that the incorrect documents can be replaced with corrected ones.

If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

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## Form Schedule

### Lead Form Number: STC-1 AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/19/2012	STC-1 AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Individual Short-Term Initial	Initial		51.400	STC-1 AR.pdf
Approved-Closed 03/19/2012	OC STC-1	Outline of Coverage	Short-Term Care Outline of Coverage	Initial		50.600	STC Outline of Coverage.pdf



# RESERVE NATIONAL

Reserve National Insurance Company  
[601 East Britton Road, Oklahoma City, OK 73114-7710]  
[1-800-654-9106 [www.reservenational.com](http://www.reservenational.com)]

## Short Term Care Rider

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Us.

**This is a limited rider. It does not provide coverage for all medical costs. Read this rider carefully.**

This rider provides a benefit if the Insured diagnosed as being Chronically Ill and requires Short-Term Care, subject to the conditions set forth below. This rider is attached to and becomes part of the policy. This rider is subject to all of the policy's provisions that apply to and are not inconsistent with this rider. In the case of any inconsistencies, the terms of this rider apply.

This rider is issued in consideration of the application and payment of the required premium. The premium for this rider is shown on the Insured Schedule. This rider will become effective on the policy effective date shown in the Insured Schedule. This rider will terminate on the first to occur of the events listed under the Termination provision of this rider.

## DEFINITIONS

**Activities of Daily Living.** Activities of Daily Living are:

- Bathing: washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower;
- Continence: the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag);
- Dressing: putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs;
- Eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously;
- Toileting: getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and
- Transferring: moving into or out of a bed, chair or wheelchair.

**Assisted Living Facility.** An Assisted Living Facility is a facility that is engaged primarily in providing services and care on a continuous 24-hour basis sufficient to support the needs of Chronically Ill Individuals. An Assisted Living Facility must have the appropriate state licensure or certification as an Assisted Living Facility, where required.

An Assisted Living Facility is not: a hospital; clinic; a place that operates primarily for the treatment of alcoholism, drug addiction or mental or nervous disorders; a Nursing Home Facility; a Hospice Care Facility; an individual residence; an independent living unit; or a group living situation that fails to meet the above requirements.

**Chronic Illness or Chronically III.** The Insured will be considered a Chronically III Individual if he or she has been certified by a Physician as:

- Being unable to perform (without substantial assistance from another individual) at least two Activities of Daily Living due to a loss of functional capacity; or
- Requiring substantial supervision to protect the individual from threats to health and safety due to Severe Cognitive Impairment.

A Chronically III Individual shall not include an Insured who otherwise meets these requirements unless within the preceding twelve-month period a Physician has certified that the Insured meets these requirements.

**Daily Benefit.** The Daily Benefit is the amount on which benefits for this rider are based. The Daily Benefit is shown in the Insured Schedule of the policy.

**Home Health Care Agency.** A Home Health Agency is an entity that is regularly engaged in providing Home Health Care Services for compensation and employs staff who are qualified by training or experience to provide such care. The entity must:

- Be supervised by a qualified professional such as a registered nurse, a licensed social worker, or a Physician;
- Keep clinical records on all patients;
- Provide ongoing supervision and training to its employees appropriate to the services to be provided; and
- Have the appropriate state licensure or certification, where required or available.

**Home Office.** Our Home Office is located at [601 East Britton Road, in the City of Oklahoma City, Oklahoma].

**Insured.** The Insured is the person designated on the Insured Schedule in the policy.

**Maximum Benefit Period.** The Maximum Benefit Period is the longest period of time for which rider benefits may be payable. The Maximum Benefit Period is shown on the Insured Schedule.

**Nursing Home Facility.** A Nursing Home Facility means a skilled nursing facility, intermediate care facility, or custodial care facility that provides 24 hour-a-day nursing care to inpatients under a planned program supervised by a Physician. It is not: (a) a hospital; (b) a facility that primarily treats persons who are chemically dependent or mentally ill; (c) a home for the aged, a community living center, or a place that primarily provides domiciliary residency or retirement care in the absence of medical necessity; or (d) a facility owned or operated by a member of Your or the Insured's immediate family. A Nursing Home Facility must be licensed as a Nursing Home Facility by the state in which it operates and must conduct its business in accordance with law.

**Physician.** Physician means a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.), practicing within the scope of his or her license issued by the jurisdiction in which services are rendered. The Physician may not be You, the Insured or the spouse, child, parent, sibling or grandparent of You or the Insured.

**Pre-Existing Condition.** (a) a condition for which medical advice or treatment was recommended by or received from a physician within the six-month period prior to the Effective Date of this Rider; or (b) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the six-month period prior to the Effective Date of this Rider, whether the specific condition has been diagnosed or not.

**Severe Cognitive Impairment.** A deterioration or loss in intellectual capacity that is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short-term or long term memory; (b) orientation to people places or time; and (c) deductive or abstract reasoning. Such deterioration or loss must place the person in jeopardy of harming oneself, therefore requiring substantial supervision by another person.

**Short-Term Care.** Short-Term Care means skilled, intermediate or custodial nursing care which is:

- Performed under the orders and direction of a Physician;
- Care resulting from the Insured's Chronic Illness;
- Performed under the supervision of a registered nurse;
- Performed in an Assisted Living Facility or Nursing Care Facility or performed by a Home Health Care Agency; and
- Carried out on a daily basis.

We may require that the level of care be reviewed, but not more than once every thirty (30) days.

**We, Us, Our.** We, Us and Our refer to Reserve National Insurance Company.

**You, Your, Yours.** You, Your and Yours refer to the owner of the policy to which this rider is attached.

## **BENEFIT**

While this rider is in force, if the Insured is diagnosed by a Physician as being a Chronically Ill Individual and requiring Short-Term Care, We will provide the following benefit for a period not to exceed the Maximum Benefit Period:

1. For Short-Term Care in a Nursing Care Facility or Assisted Living Facility, the full Daily Benefit shown in the Insured Schedule; and
2. For Short-Term Care provided by a Home Health Care Agency, 50% of the Daily Benefit shown in the Insured Schedule.

Benefits shall be paid until the earliest of the following events:

1. The date the Insured is no longer Chronically Ill;
2. The date the Insured no longer requires Short-Term Care;
3. The date the Insured no longer is receiving Short-Term Care in a qualified facility;
4. The date on which the Maximum Benefit Period has been satisfied; or
5. The date this rider terminates.

## **EXCLUSIONS**

This Rider does not provide any benefits for:

- Care for which benefits are payable under any worker's compensation or occupational disease law;
- Simple rest care or hotel stay;
- Care provided by the Insured's immediate family (unless he or she is the employee of an Assisted Living Facility, Nursing Care Facility or Home Health Care Agency acting within the normal scope of his or her employment);
- Chronic Illness sustained while serving in the armed forces of any country or international authority at war, whether war is declared or not (we will return the pro-rata premium for any period not covered by this Rider while the Insured is in such service);

- Mental or nervous disorder without demonstrable organic origin (Note: This exclusion does not apply to Alzheimer's Disease, senility or other organic brain syndrome. Subject to all the conditions, limitations and requirements of this Rider, these diseases are covered by this Rider if they meet the definition of Chronic Illness);
- Care for which no charge is made in the absence of insurance;
- Care resulting from an Insured's attempted suicide or self-inflicted injury;
- Alcoholism or drug addiction; or
- Care resulting from an Insured's active participation in a felony or attempted felony, riot or insurrection.

#### **PRE-EXISTING CONDITIONS LIMITATION**

Pre-Existing Conditions are not covered under this Rider until this Rider has been in force for a period of six months.

#### **CLAIMS**

**Notice of Claim.** Written notice of a claim may be given to Us any time after the date the Insured is diagnosed as a Chronically Ill Individual in need of Short-Term Care. Notice of claim may be sent directly to Our Home Office or provided to Your agent.

**Claim Forms.** Within fifteen (15) days of receiving notice, We will send You claim forms. If the forms are not mailed or given to You within fifteen (15) days, You will meet the claim form requirements by giving Us a written proof covering the character and extend of the occurrence for which claim is made.

**Proofs of Loss.** Written proof of loss must be furnished to Us at Our Home Office within ninety (90) days after the termination of the period for which We are liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

**Time Payment of Claims.** Subject to due written proof of loss, benefits under this rider and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

**Payment of Claims.** All benefits payable under this rider will be paid to You. Benefits unpaid at Your death will be paid to Your estate, unless You have requested otherwise in writing.

**Physical Examination.** We may require, at Our expense, an additional examination by a physician that We choose. In the case of a conflict between Your physician and Our physician, eligibility for benefits shall be determined by a third medical opinion that is provided by a physician that is mutually acceptable to the Insured and Us.

#### **INCONTESTABILITY**

The Incontestability provision of the policy applies to this rider.

#### **REINSTATEMENT**

This rider will be reinstated if the policy is reinstated, provided an accelerated death benefit has not been paid.

## TERMINATION

This rider will terminate upon the earliest of the following:

1. The date the policy terminates for any reason;
2. Death of the Insured;
3. Expiration of the Maximum Benefit Period; or
4. Upon Your written request.

Termination shall not prejudice the payment of benefits for any claim which occurred while the form was in force. Upon termination, We will refund any premium paid for a period beyond termination.

Signed for Reserve National Insurance Company at its Home Office.

(  )  
President



# RESERVE NATIONAL

Reserve National Insurance Company  
[601 East Britton Road, Oklahoma City, OK 73114-7710]  
[1-800-654-9106 www.reservenational.com]

**LIMITED BENEFIT HEALTH COVERAGE  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED  
TO COVER ALL MEDICAL EXPENSES  
OUTLINE OF COVERAGE**

Read Your Rider Carefully-This outline of coverage provides a very brief description of the important features of your Rider. This is not the insurance contract and only the actual Rider provisions will control. The Rider itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR RIDER CAREFULLY.

Limited benefit health coverage is designed to provide, to persons insured, limited or supplemental coverage.

**The Rider IS NOT A MEDICARE SUPPLEMENT Rider. It does not fully supplement your federal Medicare health insurance. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.**

## **BENEFIT**

Daily Benefit: [\$150]

Maximum Benefit Period: [270 days]

While the Rider is in force, if the Insured is diagnosed by a Physician as being a Chronically Ill Individual and requiring Short-Term Care, We will provide the following benefit for a period not to exceed the Maximum Benefit Period:

1. For Short-Term Care in a Nursing Care Facility or Assisted Living Facility, the full Daily Benefit shown in the Insured Schedule; and
2. For Short-Term Care provided by a Home Health Care Agency, 50% of the Daily Benefit shown in the Insured Schedule.

Benefits shall be paid until the earliest of the following events:

1. The date the Insured is no longer Chronically Ill;
2. The date the Insured no longer requires Short-Term Care;
3. The date the Insured no longer is receiving Short-Term Care in a qualified facility;
4. The date on which the Maximum Benefit Period has been satisfied; or
5. The date the Rider terminates.

## **EXCLUSIONS**

The Rider does not provide any benefits for:

- Care for which benefits are payable under any worker's compensation or occupational disease law;
- Simple rest care or hotel stay;
- Care provided by the Insured's immediate family (unless he or she is the employee of an Assisted Living Facility, Nursing Care Facility or Home Health Care Agency acting within the normal scope of his or her employment);
- Chronic Illness sustained while serving in the armed forces of any country or international authority at war, whether war is declared or not (we will return the pro-rata premium for any period not covered by the Rider while the Insured is in such service);
- Mental or nervous disorder without demonstrable organic origin (Note: This exclusion does not apply to Alzheimer's Disease, senility or other organic brain syndrome. Subject to all the conditions, limitations and requirements of the Rider, these diseases are covered by the Rider if they meet the definition of Chronic Illness);
- Care for which no charge is made in the absence of insurance;
- Care resulting from an Insured's attempted suicide or self-inflicted injury;
- Alcoholism or drug addiction; or
- Care resulting from an Insured's active participation in a felony or attempted felony, riot or insurrection.

## **PRE-EXISTING CONDITIONS LIMITATION**

Pre-Existing Conditions are not covered under the Rider until the Rider has been in force for a period of six months.

## **RENEWABILITY**

The Rider is guaranteed renewable so long as the policy to which it is attached remains in force and the premium for the Rider is paid when due. We may change the premium rates for the policy only if we also change the rates for all other policies issued in the same class. No change in the premiums will be made because of the number of claims you file nor because of a change in your health.

The Rider will terminate upon the earliest of the following:

1. The date the policy terminates for any reason;
2. Death of the Insured;
3. Expiration of the Maximum Benefit Period; or
4. Upon Your written request.

## **PREMIUM**

The premium for the rider is: [\$5.16] [annually].

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**Rate Information**

Rate data applies to filing.

**Filing Method:** For Approval  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** %  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Reserve National Insurance Company	%	%				%	%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 05/18/2012	Rates	STC-1 AR	New		RNIC STC-1 Rider - Rate Exhibit 04-12-12.pdf

## Reserve National Insurance Company

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### Short-Term Care Premiums per Unit

Benefit Period = 270 days

Home Health Care Benefit = 50% of otherwise stated amount

Unit = \$100 monthly benefit (\$3.333 daily benefit)

### Premium Exhibit - Annual Premium per Unit

<u>Issue Age</u>	<u>Premium per Unit</u>	<u>Issue Age</u>	<u>Premium per Unit</u>
18	\$ 2.21	47	\$ 6.46
19	\$ 2.25	48	\$ 6.83
20	\$ 2.29	49	\$ 7.23
21	\$ 2.34	50	\$ 7.66
22	\$ 2.38	51	\$ 8.42
23	\$ 2.44	52	\$ 8.94
24	\$ 2.49	53	\$ 9.50
25	\$ 2.55	54	\$ 10.12
26	\$ 2.62	55	\$ 10.77
27	\$ 2.68	56	\$ 11.73
28	\$ 2.75	57	\$ 12.52
29	\$ 2.83	58	\$ 13.36
30	\$ 2.93	59	\$ 14.29
31	\$ 3.00	60	\$ 15.33
32	\$ 3.10	61	\$ 16.65
33	\$ 3.20	62	\$ 17.94
34	\$ 3.31	63	\$ 19.37
35	\$ 3.44	64	\$ 20.95
36	\$ 3.57	65	\$ 22.67
37	\$ 3.71	66	\$ 24.89
38	\$ 3.86	67	\$ 26.96
39	\$ 4.02	68	\$ 29.24
40	\$ 4.20	69	\$ 31.74
41	\$ 4.49	70	\$ 34.48
42	\$ 4.71	71	\$ 37.62
43	\$ 4.94	72	\$ 41.03
44	\$ 5.19	73	\$ 44.58
45	\$ 5.46	74	\$ 48.23
46	\$ 6.13	75	\$ 51.99

SERFF Tracking Number: FRCS-128163478 State: Arkansas  
 Filing Company: Reserve National Insurance Company State Tracking Number:  
 Company Tracking Number: 5714  
 TOI: H131 Individual Health - Short Term Care Sub-TOI: H131.002 Nursing Home  
 Product Name: STC Rider Filing  
 Project Name/Number: RESERVE/64/64

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	03/19/2012
<b>Comments:</b>		
<b>Attachments:</b>		
AR RDB.pdf		
AR COC.pdf		
Authorization.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	03/19/2012
<b>Comments:</b>		
Application form APP-LIFE-1 AR which was approved 3/12/2012, will be used to apply for this rider.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification	Approved-Closed	05/18/2012
<b>Comments:</b>		
<b>Attachment:</b>		
0175 201205 ActMem_Form_STC-1 _55%_ generic 04-12-12.pdf		

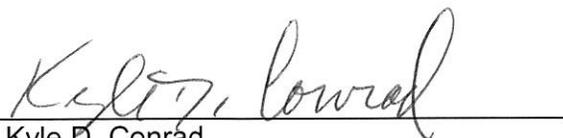
	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Outline of Coverage	Approved-Closed	03/19/2012
<b>Comments:</b>		
The Outline of Coverage is attached for approval on the Form Schedule of this filing.		

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** Reserve National Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
STC-1 AR	51.4
OC STC-1	50.6



Kyle D. Conrad  
Senior Vice President and Associate  
Corporate Counsel

March 7, 2012

Date

**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Reserve National Insurance Company  
**Form Title(s):** Individual Short-Term Care Rider, Short-Term Care Outline of Coverage  
**Form Number(s):** STC-1 AR, OC-STC-1

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



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Kyle D. Conrad  
Senior Vice President and Associate  
Corporate Counsel

March 7, 2012

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Date

February 29, 2012

To: The Insurance Commissioner

### Authorization

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This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

### Reserve National Insurance Company

By: Kyle W. Conrad

Title: Senior Vice President and  
Associate Corporate Counsel

SERFF Tracking Number: FRCS-128163478 State: Arkansas  
 Filing Company: Reserve National Insurance Company State Tracking Number:  
 Company Tracking Number: 5714  
 TOI: H131 Individual Health - Short Term Care Sub-TOI: H131.002 Nursing Home  
 Product Name: STC Rider Filing  
 Project Name/Number: RESERVE/64/64

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/16/2012	Rate and Rule	Rates	04/30/2012	Rates.pdf (Superseded)
03/12/2012	Supporting Document	Health - Actuarial Justification	04/30/2012	Act Memo.pdf (Superseded)

## Reserve National Insurance Company

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### Short-Term Care Premiums per Unit

Benefit Period = 270 days

Home Health Care Benefit = 50% of otherwise stated amount

Unit = \$100 monthly benefit (\$3.333 daily benefit)

### Premium Exhibit - Annual Premium per Unit

<u>Issue Age</u>	<u>Premium per Unit</u>	<u>Issue Age</u>	<u>Premium per Unit</u>
20	\$ 2.29	48	\$ 6.83
21	\$ 2.34	49	\$ 7.23
22	\$ 2.38	50	\$ 7.66
23	\$ 2.44	51	\$ 8.42
24	\$ 2.49	52	\$ 8.94
25	\$ 2.55	53	\$ 9.50
26	\$ 2.62	54	\$ 10.12
27	\$ 2.68	55	\$ 10.77
28	\$ 2.75	56	\$ 11.73
29	\$ 2.83	57	\$ 12.52
30	\$ 2.93	58	\$ 13.36
31	\$ 3.00	59	\$ 14.29
32	\$ 3.10	60	\$ 15.33
33	\$ 3.20	61	\$ 16.65
34	\$ 3.31	62	\$ 17.94
35	\$ 3.44	63	\$ 19.37
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