

SERFF Tracking Number: NWLC-128312243 State: Arkansas  
Filing Company: Nationwide Life Insurance Company State Tracking Number:  
Company Tracking Number: NSHSL 2400 TLO-AGG  
TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.001 Accident & Sickness  
Product Name: Stop Loss Riders  
Project Name/Number: /

## Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Stop Loss Riders

TOI: H12 Health - Excess/Stop Loss

Sub-TOI: H12.001 Accident & Sickness

Filing Type: Form

SERFF Tr Num: NWLC-128312243 State: Arkansas

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

Co Tr Num: NSHSL 2400 TLO-  
AGG

State Status: Approved-Closed

Author: LaToyia Brooks

Date Submitted: 06/27/2012

Reviewer(s): Rosalind Minor

Disposition Date: 06/28/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 06/28/2012

State Status Changed: 06/28/2012

Created By: LaToyia Brooks

Corresponding Filing Tracking Number:

Filing Description:

Nationwide Life Insurance Company ("Nationwide Life") is filing the above referenced forms general use and approval by the Department of Insurance (the "Department"). Upon state approval Nationwide will begin issuing the forms.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/09/2011

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: LaToyia Brooks

Nationwide Life intends to utilize the above referenced riders on a prospective basis in conjunction with the following previously approved form NSHSL 2000 that was approved by your Department on 02/25/2008 under State Tracking Number 38234.

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State Narrative:

## Company and Contact

### Filing Contact Information

Latoyia Brooks, Sr. Compliance Analyst brookl10@nationwide.com  
 1 Nationwide Plaza 614-677-3871 [Phone]  
 Columbus, OH 43215

### Filing Company Information

Nationwide Life Insurance Company CoCode: 66869 State of Domicile: Ohio  
 5525 Parkcenter Circle Group Code: 140 Company Type:  
 Dublin, OH 43017 Group Name: State ID Number:  
 (614) 854-3375 ext. [Phone] FEIN Number: 31-4156830

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	06/27/2012	60455397
Nationwide Life Insurance Company	\$50.00	06/28/2012	60490221

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/28/2012	06/28/2012

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/27/2012	06/27/2012	LaToyia Brooks	06/28/2012	06/28/2012

*SERFF Tracking Number:*      *NWLC-128312243*                      *State:*                      *Arkansas*  
*Filing Company:*              *Nationwide Life Insurance Company*              *State Tracking Number:*  
*Company Tracking Number:*      *NSHSL 2400 TLO-AGG*  
*TOI:*                      *H12 Health - Excess/Stop Loss*                      *Sub-TOI:*                      *H12.001 Accident & Sickness*  
*Product Name:*              *Stop Loss Riders*  
*Project Name/Number:*      /

## **Disposition**

Disposition Date: 06/28/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Aggregate Terminal Liability Option Rider	Approved-Closed	Yes
Form	Specific Terminal Liability Option Rider	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/27/2012

Submitted Date 06/27/2012

Respond By Date

Dear Latoyia Brooks,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Aggregate Terminal Liability Option Rider, NSHSL 2400 TLO - AGG (Form)
- Specific Terminal Liability Option Rider, NSHSL 2400 TLO - SPEC (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

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,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/28/2012  
Submitted Date 06/28/2012

Dear Rosalind Minor,

### Comments:

Please see Nationwide's response below.

### Response 1

Comments: I submitted the additional \$50.00

### Related Objection 1

Applies To:

- Aggregate Terminal Liability Option Rider, NSHSL 2400 TLO - AGG (Form)
- Specific Terminal Liability Option Rider, NSHSL 2400 TLO - SPEC (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

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### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Sincerely,  
LaToyia Brooks

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## Form Schedule

### Lead Form Number: NSHSL 2400 TLO-AGG

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/28/2012	NSHSL 2400 TLO - AGG	Policy/Cont	Aggregate Terminal Liability Option Rider	Initial		46.000	NSHSL 2400 TLO - AGG.pdf
		Certificate: Amendment, Insert Page, Endorsement or Rider					
Approved-Closed 06/28/2012	NSHSL 2400 TLO - SPEC	Policy/Cont	Specific Terminal Liability Option Rider	Initial		45.000	NSHSL 2400 TLO - SPEC.pdf
		Certificate: Amendment, Insert Page, Endorsement or Rider					



# Nationwide Life Insurance Company

Home Office: Columbus, Ohio

## AGGREGATE TERMINAL RUN-OUT AMENDMENT

Policyholder: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Contract Basis: \_\_\_\_\_

The Contract is amended as described below. All other terms remain unchanged.

This Rider is only applicable when termination occurs at the end of the Contract Period and only if the Employee Benefit Plan terminates and is not replaced by another self-funded Plan.

The Annual Aggregate Attachment Point and the [Benefit/Contract] Period for the Aggregate Stop Loss will be revised as outlined below.

The revised [Benefit/Contract] Period will be limited to the losses [[incurred] [and paid] by Policyholder pursuant to the Aggregate Stop Loss [incurred/paid] contract basis [15/12, etc.]] or Paid within [ninety days] immediately thereafter if the Policyholder chooses not to renew this policy on the anniversary date.

### Calculation:

The Policyholder's [Composite/PEPM] Monthly Aggregate Factor[s], if coverage is not renewed on the [ ] anniversary date, will be retroactively set at [ ] from [ ] to [ ].

If the Policyholder's stop loss coverage terminates for any reason prior to the last date of the [Contract/Benefit] Period, this Amendment will be void. No portion of premium paid will be refundable.

This provision takes effect only if Policyholder provides notice to the Company at least [ ] days before the last date of the [Contract/Benefit] Period that the coverage will not be renewed.

Claims Paid by the Policyholder within [ ] days immediately after the anniversary date will not be covered under this Amendment to the extent those claims exceed the total claims paid by the Policyholder within the final [ ] days immediately before the anniversary date; Run-out claims subject to this Amendment may not exceed the amount of claims paid during the final [ ] days of the [ ] month stop loss [Contract/Benefit] period.

This Amendment will only be valid for the [Contract/Benefit] Period elected and must be reapplied for prior to all subsequent [Contract/Benefit] Periods.

In consideration for this Aggregate Terminal Run-Out Amendment option, the group will be required to pay an additional Aggregate premium of [\$\_\_\_\_\_].

NATIONWIDE LIFE INSURANCE COMPANY

*Robert W. Horn*      *Keith A. Walker*

Secretary

President



# Nationwide Life Insurance Company

Home Office: Columbus, Ohio

## **SPECIFIC TERMINAL RUN-OUT AMENDMENT**

Policyholder: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Contract Basis: \_\_\_\_\_

The Contract is amended as described below. All other terms remain unchanged.

This Rider is only applicable when termination occurs at the end of the Contract Period and only if the Employee Benefit Plan terminates and is not replaced by another self-funded Plan.

The revised [Benefit/Contract] Period will be limited to Losses [[incurred] [and paid] by Policyholder pursuant to the Specific Stop Loss [incurred/paid] contract basis [15/12, etc.]] or Paid within [ninety days] immediately thereafter if the Policyholder chooses not to renew this policy on the anniversary date.

### **Calculation:**

If the Policyholder's stop loss coverage terminates for any reason prior to the last date of the [Contract/Benefit] Period, this Amendment will be void.

This provision takes effect only if Policyholder provides notice to the Company at least [30] days before the last date of the [Contract/Benefit] Period that the coverage will not be renewed and that Policyholder elects to exercise Terminal Run Out Amendment Option..

This Amendment will only be valid for the [Contract/Benefit] Period elected and must be reapplied for prior to all subsequent [Contract/Benefit] Periods.

[In consideration for this Specific Terminal Run-Out Amendment option, the group will be required to pay an additional premium of [\$\_\_\_\_\_]].

NATIONWIDE LIFE INSURANCE COMPANY

Secretary

President

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	06/28/2012
<b>Bypass Reason:</b>	This requirement is not applicable.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	06/28/2012
<b>Comments:</b>			
<b>Attachment:</b>	Read Cert.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Statement of Variability	Approved-Closed	06/28/2012
<b>Comments:</b>			
<b>Attachment:</b>	STATEMENT OF VARIABLES.pdf		

CERTIFICATION OF COMPLIANCE WITH  
INSURANCE POLICY SIMPLIFICATION REQUIREMENTS

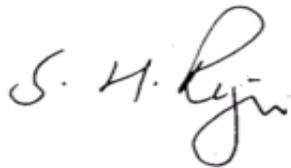
Name and Address of Insurer:

**Nationwide Life Insurance Company**  
**Nationwide Specialty Insurance**  
**One Nationwide Plaza**  
**Columbus, Ohio 43215**  
**Mail Code: 1-32-101**

Policy/Certificate Form Number(s):

NSHSL 2400 TLO AGG  
NSHSL 2400 TLO SPEC

I certify that, to the best of my knowledge and belief, the policy/certificate forms are in compliance with the Flesch reading ease score and the other requirements set forth in the Insurance Policy Language Simplification Act of the State of Arkansas.

A handwritten signature in black ink, appearing to read "S. H. Rizvi". The signature is written in a cursive style with a large, looping initial "S".

Syed S. Rizvi  
Chief Specialty Insurance Officer

Date: June 27, 2012

STATEMENT OF VARIABLES  
STOP LOSS PROGRAM

The bracketed variables will be completed based on the plan specifications agreed to by the employer and carrier.