

State: Arkansas **Filing Company:** Independence American Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
Product Name: IAIC HICERT D0610 0812
Project Name/Number: IAIC HICERT D0610 0812/IAIC HICERT D0610 0812

Filing at a Glance

Company: Independence American Insurance Company
Product Name: IAIC HICERT D0610 0812
State: Arkansas
TOI: H14G Group Health - Hospital Indemnity
Sub-TOI: H14G.000 Health - Hospital Indemnity
Filing Type: Form
Date Submitted: 09/24/2012
SERFF Tr Num: ICCI-128699176
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: IAIC HICERT D0610 0812

Implementation: On Approval
Date Requested:
Author(s): Brenda Dawson
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/26/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

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General Information

Project Name: IAIC HICERT D0610 0812
Project Number: IAIC HICERT D0610 0812
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Association
Filing Status Changed: 09/26/2012
State Status Changed: 09/26/2012
Created By: Brenda Dawson
Corresponding Filing Tracking Number: ICCI-126733007

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:
Deemer Date:
Submitted By: Brenda Dawson

Filing Description:

Enclosed for review and approval are the forms attached to the Form Schedule tab. These forms are new and are not intended to replace any forms previously approved by your Department.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Independence American Insurance Company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc., at the address shown above.

These forms are intended to be used with Group Fixed Indemnity Health Insurance Policy form IAIC MMHI POL D610 previously approved by your Department on August 12, 2010 under SERFF Tracking # ICCI-126733007.

Schedule of Benefits IAIC HICERT D0610 SOB 0812 will be attached to the certificate. Benefit Selection form IAIC HIBSF 812 will be used to select the benefits.

The following Benefit Riders may also be offered:

Accident Indemnity Benefit Rider – IAIC HIACC 812
Dental Indemnity Benefit Rider – IAIC HIDEN 812
Pregnancy Indemnity Benefit Rider – IAIC HIPRG 812
Critical Illness Indemnity Benefit Rider – IAIC HICIAE 812
Emergency Room [and Urgent Care Facility] Benefit Rider – IAIC HIER 812
Outpatient Physician Office Visit [and Retail Health Clinic] Indemnity Benefit Rider – IAIC HIPOV 812

Amendatory Endorsement form IAIC HIBEN 812 includes additional levels of benefits for Daily Hospital Room and Board and Miscellaneous Hospital Services Inpatient Indemnity Benefit and/or Daily Hospital Intensive Care and Miscellaneous Hospital Services Inpatient Benefits, if selected.

Amendatory Endorsement form IAIC HICONTAE 812 includes Continuation of Coverage benefits.

This is fixed indemnity coverage. As such, covered benefits are paid subject to the terms, limitations and exclusions of the Policy, regardless of the amount billed by the health care provider. Additional premium maybe required for some or all of the forms.

The documents were prepared on a personal computer and will ultimately be printed from another data processing system that

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may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract other than listed or bracketed variables, or to the general print size.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions.

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Independence American Insurance Company	CoCode: 26581	State of Domicile: Delaware
485 Madison Avenue	Group Code: 450	Company Type:
New York, NY 10022	Group Name:	State ID Number:
(212) 355-4141 ext. [Phone]	FEIN Number: 74-1746542	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$450.00
Retaliatory?	No
Fee Explanation:	\$50 per form X 9=450.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
Independence American Insurance Company	\$450.00	09/24/2012	63009522

SERFF Tracking #: ICCI-128699176

State Tracking #:

Company Tracking #:

IAIC HICERT D0610 0812

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/26/2012	09/26/2012

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Disposition

Disposition Date: 09/26/2012

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	Authorization Letter	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	[Optional] Accident Indemnity Benefit Rider	Approved-Closed	Yes
Form	Amendatory Endorsement Rider	Approved-Closed	Yes
Form	Critical Illness Benefit Rider	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes
Form	Emergency Room Benefit Rider	Approved-Closed	Yes
Form	Physician Office Visit Benefit Rider	Approved-Closed	Yes
Form	Pregnancy Indemnity Benefit Rider	Approved-Closed	Yes
Form	Hospital Indemnity Benefit Selection form	Approved-Closed	Yes

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Form Schedule

Lead Form Number: IAIC HICERT D0610 0812

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/26/2012	IAIC HICERT D0610 SPB 0812	SCH	Schedule of Benefits	Initial:		IAIC HICERT D0610 SOB 0812 (SOB)ForFiling(092012). pdf
2	Approved-Closed 09/26/2012	IAIC HIACC 812	CERA	[Optional] Accident Indemnity Benefit Rider	Initial:		IAIC HIACC 812 (AccidentIndemnityBenefit Rider)ForFiling(081712).p df
3	Approved-Closed 09/26/2012	IAIC HIBEN 812	CERA	Amendatory Endorsement Rider	Initial:		IAIC HIBEN 812 (AE NewInPatBenefits)ForFilin g(081712).pdf
4	Approved-Closed 09/26/2012	IAIC HICIAE 812	CERA	Critical Illness Benefit Rider	Initial:		IAIC HICIAE 812 (CriticalIllnessIndemnityB enefitRider)ForFiling(0824 12).pdf
5	Approved-Closed 09/26/2012	IAIC HICONTAE 812	CERA	Amendatory Endorsement	Initial:		IAIC HICONTAE 812 (AE NewContinuation)ForFilin g(082412).pdf
6	Approved-Closed 09/26/2012	IAIC HIER 812	CERA	Emergency Room Benefit Rider	Initial:		IAIC HIER 812 (EmergencyRoomBenefit Rider)ForFiling(081712) doc.pdf

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Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
7	Approved-Closed 09/26/2012	IAIC HIPOV 812	CERA	Physician Office Visit Benefit Rider	Initial:		IAIC HIPOV 812 (PhysicianOfficeVisitBenefitRider)ForFiling(081712).pdf
8	Approved-Closed 09/26/2012	IAIC HIPRG 812	CERA	Pregnancy Indemnity Benefit Rider	Initial:		IAIC HIPRG 812 (PregnancyIndemnityBenefitRider)ForFiling(081712).pdf
9	Approved-Closed 09/26/2012	IAIC HIBSF 812	CERA	Hospital Indemnity Benefit Selection form	Initial:		IAIC HIBSF 812 (HospitalIndemnityBenefitSelection)ForFiling(092012).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

INDEPENDENCE AMERICAN INSURANCE COMPANY
A Delaware Insurance Company

Schedule of Benefits
Hospital Indemnity Benefits Per Covered Person

Name of Eligible Person (Certificate-holder): [John Doe]	Covered Dependents: [Mary Doe, Spouse][James Doe, Child]
Eligible Person's Coverage Effective Date: [June 1, 2010]	[Dependent's Coverage Effective Date: [June 1, 2010]]
[Certificate Number: [123456]]	[Plan Chosen: [1, 2, 3]]
Policyholder: [ABC Association]	Group Policy Number: [GP002]
Per Injury or Illness Lifetime Maximum Benefit:	[\$200,000-\$500,000]
Per Injury or Illness Deductible:	[\$0-\$10,000]

[Pre-certification Penalty Amounts:

Failure to Pre-certify each Inpatient Hospital confinement:	[Not Applicable] [\$500*] [No Benefits are payable*]
[Failure to Pre-certify each Skilled Nursing Facility Inpatient confinement:	[Not Applicable] [\$500*] [No Benefits are payable*]
[Failure to Pre-certify each Home Health Care services:	[Not Applicable] [\$500*] [No Benefits are payable*]
[Failure to Pre-certify Hospice Care Services:	[Not Applicable] [\$500*] [No Benefits are payable*]
[Failure to Pre-certify Outpatient chemotherapy or radiation treatment:	[Not Applicable] [\$500*] [No Benefits are payable*]

*This Penalty Amount does not apply when the Covered Person complies with the Pre-Certification Requirements]

UNLESS OTHERWISE STATED, ALL BENEFITS ARE SUBJECT TO THE PER INJURY OR ILLNESS DEDUCTIBLE FOR EACH PERIOD OF TREATMENT, AND ARE PAYABLE UP TO THE PER INJURY OR ILLNESS LIFETIME MAXIMUM BENEFIT.

[Daily Hospital Room and Board (DRB) Indemnity Benefit:	[\$200-\$1,000] per day]
[Daily Hospital Intensive Care Indemnity Benefit:	[[2-4] times the DRB Indemnity Benefit] [\$400 -\$4,000] per day]
[Miscellaneous Hospital Services Inpatient Indemnity Benefit:	[[1-4] times the DRB Indemnity Benefit] [\$200 -\$4,000] per day]
[Daily Hospital Room and Board (DRB) and Miscellaneous Hospital Services Inpatient Indemnity Benefit:	[[500-\$10,000] per day [Inpatient Doctor visit limited to [1] Inpatient Doctor visit per day]]
[Daily Hospital Intensive Care and Miscellaneous Hospital Services Inpatient Indemnity Benefit:	[[500-\$10,000] per day [Inpatient Doctor visit limited to [1] Inpatient Doctor visit per day]]
[Inpatient Surgeon Indemnity Benefit:	[[2-15] times the DRB Indemnity Benefit] [\$400-\$15,000] per Surgery]
[Outpatient Surgeon Indemnity Benefit:	[[2-6] times the DRB Indemnity Benefit] [\$200-\$6,000] per Surgery]

[Outpatient Surgery Facility Indemnity Benefit:	[[1-6] times the DRB Indemnity Benefit] [\$200-\$6,000] per Surgery]
[Assistant Surgeon Inpatient Indemnity Benefit:	[Benefit is equal to [20%-50%] of the Benefit paid under the Inpatient Surgeon Indemnity Benefit] [\$200-\$3,000] per Surgery]
[Assistant Surgeon Outpatient Indemnity Benefit:	[Benefit is equal to [20%-50%] of the Benefit paid under the Outpatient Surgeon Indemnity Benefit.] [\$80-\$800] per Surgery]
[Anesthesiologist Inpatient Indemnity Benefit:	[Benefit is equal to [20%-50%] of the Benefit paid under the Inpatient Surgeon Indemnity Benefit] [\$300-\$4,500] per Surgery]
[Anesthesiologist Outpatient Indemnity Benefit:	[Benefit is equal to [20%-50%] of the Benefit paid under the Outpatient Surgeon Indemnity Benefit] [\$120-\$1,200] per Surgery]
[Doctor Visit while Hospital Confined Indemnity Benefit:	[[10%-25%] of the DRB Indemnity Benefit] [[\$20-\$100] per visit] [Limited to [1] Inpatient Doctor visit per day]]
[Second Surgical Opinion Office Visit Indemnity Benefit:	[\$50-\$200] [The Per Injury or Illness Deductible does not apply to this Benefit.]]
[Ambulance Transport Indemnity Benefit:	[[50-\$5,000] per [conveyance] [trip] [air] [ground] [water] [occurrence] [up to a Calendar Year Maximum Benefit [[1-10] occurrences] [\$50-\$5,000]]
[Outpatient Physical, Speech and Occupational Therapy Indemnity Benefit:	[[25-\$75] per therapy treatment, up to [15-30] treatments for any one type of therapy, and up to [45-60] treatments combined for any combination of therapies]]
[Continued Care Benefit:	
[Skilled Nursing Care:	[\$50-\$200] per day, and up to [30-75] days per Injury or Illness]
[Private Duty Nursing Care:	[\$50-\$200] per shift, and up to [20-50] eight hour shifts per Injury or Illness]
[Home Health Care:	[\$50-\$200] per visit, and up to [60-90] visits per Injury or Illness]
[Hospice Care Services:	[\$1,000-\$3,000] Lifetime Maximum Benefit; this Benefit is paid once while the Covered Person is covered under the Policy]]
[Outpatient Chemotherapy and Radiation Therapy for Cancer Treatment Daily Indemnity Benefit:	[[1-3] times the DRB Indemnity Benefit] [[200-\$3,000] per treatment, up to a Lifetime Maximum Benefit of [50-200] treatments.]]
[Critical Illness Deductible Waiver:	[Subject to a [6]-month Benefit waiting period] [[50%-100%] of the Per Injury or Illness Deductible is waived for the initial Period of Treatment, limited to one Deductible waiver during the [Eligible] [Covered] Person's lifetime while covered under the Policy.]]

[[OPTIONAL] BENEFIT RIDERS:]

[Outpatient Prescription Medication Indemnity Benefit Rider: Outpatient Prescription Medication Indemnity Benefit:	[Included] [Not Included] [The Per Injury or Illness Deductible does not apply to this Benefit.]
[Outpatient Prescription Medication Calendar Year Deductible:	[Not Applicable] [[\$50-\$250] per Covered Person [for each [Generic Medication] [Formulary Brand Drugs] [Non-Formulary Brand Drugs] [and] [Specialty Medications]]]
[Outpatient Prescription Medication Calendar Year Deductible Family Maximum:	[Not Applicable] [Satisfied when [1-4] Covered Persons have each satisfied their Outpatient Prescription Medication Calendar Year Deductible]]
[Generic Medication Benefit:	[\$4-\$200] per each Generic Medication purchased, [up to a Calendar Year Maximum Benefit of [2-10] Generic Medications per Covered Person,] [and up to a Calendar Year Maximum Benefit of [6-20] Generic Medications combined for all Covered Persons.]]
[Formulary Brand Drugs Benefit:	[\$10-\$200] per each Formulary Brand Drugs purchased, [up to a Calendar Year Maximum Benefit of [2-10] Formulary Brand Drugs per Covered Person,] [and up to a Calendar Year Maximum Benefit of [6-20] Formulary Brand Drugs combined for all Covered Persons.]]
[Non-Formulary Brand Drugs Benefit:	[\$10-\$200] per each Non-Formulary Brand Drugs purchased, [up to a Calendar Year Maximum Benefit of [2-10] Non-Formulary Brand Drugs per Covered Person,] [and up to a Calendar Year Maximum Benefit of [6-20] Non-Formulary Brand Drugs combined for all Covered Persons.]]
[Specialty Medications Benefit:	[\$10-\$200] per each Specialty Medications purchased, [up to a Calendar Year Maximum Benefit of [2-10] Specialty Medications per Covered Person,] [and up to a Calendar Year Maximum Benefit of [6-20] Specialty Medications combined for all Covered Persons.]]
[Outpatient Prescription Medication Calendar Year Maximum Benefit:	[2-10] combined Prescription Medications purchased per Covered Person [and up to [6-20] combined Prescription Medications for all Covered Persons]]][per Calendar Year]]
[Physician Office Visit [and Retail Health Clinic] Indemnity Benefit Rider: Physician Office Visit [and Retail Health Clinic] Indemnity Benefit:	[Not Included] [Included] [[\$25-\$75] per visit, up to a Calendar Year Maximum Benefit of [1-6] visits per [Eligible] [Covered] Person [and [per] Covered Dependent Spouse [combined], and [1-6] visits per Covered Dependent Child]] [The Per Injury or Illness Deductible does not apply to this Benefit.]]
[Emergency Room [and Urgent Care Facility] Indemnity Benefit Rider: Emergency Room [and Urgent Care Facility] Indemnity Benefit:	[Not Included] [Included] [[20%-50%] of DRB Indemnity Benefit] [\$50-\$300] per Emergency Room [or Urgent Care Facility] visit [up to a Calendar Year Maximum Benefit of [1-6] [Emergency Room or Urgent Care Facility] [combined] visits per Covered Person.] [The Per Injury or Illness Deductible does not apply to this Benefit.]]

[Outpatient Diagnostic Testing Indemnity Benefit Rider:	[Not Included] [Included]
Outpatient Diagnostic Testing Indemnity Benefit: [Outpatient Diagnostic X-ray and Laboratory Tests:	[\$25-\$200] per [test] [visit], [up to a Calendar Year Maximum Benefit of [1-6] [tests] [visits] per Covered Person.]]
[Outpatient Advanced Study Tests:	[\$250-\$2,000] per [test] [visit] [up to a Calendar Year Maximum Benefit of [1-6] [tests] [visits] per Covered Person.]]
[Inpatient Confinement Enhancement Indemnity Benefit Rider:	[Not Included] [Included]
Inpatient Confinement Enhancement Indemnity Benefit:	[Benefit is payable after the Covered Person's Inpatient confinement during a Period of Treatment exceeds [30-90] days.]
Daily Hospital Room and Board Indemnity Benefit:	[[1-4] times the DRB Indemnity Benefit] [[\$400 -\$4,000] per day].
Daily Hospital Intensive Care Indemnity Benefit:	[[2-4] times the Daily Hospital Intensive Care Indemnity Benefit] [[\$400-\$4,000] per day]
Miscellaneous Hospital Services Inpatient Indemnity Benefit:	[[1-4] times the Miscellaneous Hospital Services Indemnity Benefit] [[\$400 -\$4,000] per day]]
[Preventive Care Indemnity Benefit Rider:	[Not Included] [Included]
[Benefit is payable after the Covered Person has been covered under the Benefit Rider for [3-9] consecutive months] [The Per Injury or Illness Deductible does not apply to this Benefit.]	
Preventive Care Indemnity Benefit:	[\$100-\$400] per [visit] [test] [up to a Calendar Year Maximum Benefit of [1-6] [visits] [tests] per Covered Person]]
[Dental Indemnity Benefit Rider	[Not Included] [Included]
[Dental Indemnity Benefit:	[[25-\$200] per visit] [up to a Calendar Year Maximum Benefit of [[1-6] visits] [\$25-\$2,000]]]
[Dental Indemnity Benefit: [Type 1: Preventive Care:	[Not Included] [Included] [[\$10-\$100] per [visit] [Procedure] [up to a Calendar Year Maximum Benefit of [[1-6] visits] [\$25-\$2,000] [1-5 Type 1 Procedures] [1-5 combined Type 1, Type 2, Type 3 [and] Type 4 Procedures]]]
[Dental Indemnity Benefit [Type 2: Basic Care:	[Not Included] [Included] [[\$10-\$100] per [visit] [Procedure] [up to a Calendar Year Maximum Benefit of [[1-6] visits] [\$25-\$2,000] [1-5 Type 2 Procedures] [1-5 combined Type 1, Type 2, Type 3 [and] Type 4 Procedures]]]
[Dental Indemnity Benefit [Type 3: Major Care:	[Not Included] [Included] [[\$10-\$100] per [visit] [Procedure] [up to a Calendar Year Maximum Benefit of [[1-6] visits] [\$25-\$2,000] [1-5 Type 3 Procedures] [1-5 combined Type 1, Type 2, Type 3 [and] Type 4 Procedures]]]
[Dental Indemnity Benefit: [Type 4: Orthodontia [and Prosthodontics]: [for covered Dependent Children under age [19]]	[Not Included] [Included] [[\$10-\$100] per [visit] [Procedure] [up to a Calendar Year Maximum Benefit of [[1-6] visits] [\$25-\$2,000] [1-5 Type 4 Procedures] [1-5 combined Type 1, Type 2, Type 3 [and] Type 4 Procedures]]]

[Accident Indemnity Benefit Rider:	[Not Included] [Included]
Accident Indemnity Benefit:	[\$500-\$5,000] per day of each Inpatient confinement [up to [1-30] Inpatient days per each covered Accidental Bodily Injury] [and] [up to a Calendar Year Maximum of [\$2,500 – \$10,000] [[10-50] Inpatient days] [[1-5] Accidental Bodily Injuries]]
[Pregnancy Indemnity Benefit Rider:	[Not Included] [Included]
[Pregnancy Indemnity Benefit Waiting Period:	[None – 12 Months]]
[Pregnancy Indemnity Benefit:	[\$250-\$10,000] per Pregnancy]]
[Critical Illness Indemnity Benefit Rider:	[Not Included] [Included]
[Critical Illness Indemnity Benefit:	[[\$2,500-\$50,000] per Covered Person [per Critical Illness]] [[\$2,500-\$50,000] per Eligible Person [per Critical Illness]] [[\$2,500-\$25,000] per Covered Dependent Spouse per Critical Illness] [[\$1,500-\$25,000] per Covered Dependent Child per Critical Illness]]]
[Critical Illness First Ever Occurrence Diagnosis Indemnity Benefit:	
Life Threatening Cancer Diagnosis [more than [30-90] days after the Coverage Effective Date]:	[25%-100%] of Critical Illness Indemnity Benefit
[Life Threatening Cancer Diagnosis within the first [30-90] days after the Coverage Effective Date:	[0%-50%] of Critical Illness Indemnity Benefit]
Cancer In Situ Diagnosis [more than [30-90] days after the Coverage Effective Date]:	[5%-50%] of Critical Illness Indemnity Benefit
[Cancer In Situ Diagnosis within the first [30-90] days after the Coverage Effective Date:	[0%-50%] of Critical Illness Indemnity Benefit]
Kidney (Renal) Failure:	[25%-100%] of Critical Illness Indemnity Benefit
Heart Attack:	[25%-100%] of Critical Illness Indemnity Benefit
Stroke:	[25%-100%] of Critical Illness Indemnity Benefit
Coma:	[25%-100%] of Critical Illness Indemnity Benefit
Major Organ Transplant:	[25%-100%] of Critical Illness Indemnity Benefit
Severe Burn:	[25%-100%] of Critical Illness Indemnity Benefit

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[OPTIONAL] ACCIDENT INDEMNITY BENEFIT RIDER

Limited Benefit, Please Read Carefully

This Rider is made a part of the Policy/Certificate to which it is attached. [The consideration for this Rider is the application for the Rider and payment of any applicable premium.]

The Benefits provided by this Rider will not duplicate the Benefits provided under the Certificate and any other Rider and are subject to the maximum Benefit amount shown on the Schedule of Benefits. [The Per Injury or Illness Deductible [does not apply to this Benefit] [applies to this Benefit and must be satisfied before Benefits are paid under the Rider].]

A. BENEFITS

When You are covered under the Accident Indemnity Benefit Rider, and as shown as Included on the Schedule of Benefits, We will pay the Accident Indemnity Benefit, up to the Accidental Bodily Injury maximum as shown on the Schedule of Benefits, when a Covered Person is confined as an Inpatient in a Hospital due to a covered Accidental Bodily Injury. All Injuries sustained in any one accident, including all related conditions and recurrent Inpatient confinements for these Injuries are considered a single Injury. After the Covered Person's Inpatient confinement for the same covered Injury exceeds the number of days as shown on the Schedule of Benefits, no further Accident Indemnity Benefits are payable for the same or related Accidental Bodily Injury.

This Benefit is paid [in addition to] [in lieu of] Benefits payable under the [Daily Hospital Room and Board (DRB) [and Miscellaneous Hospital Services] Inpatient Indemnity Benefit] [or] [Daily Hospital Intensive Care [and Miscellaneous Hospital Services Inpatient] Indemnity Benefit].

B. DEFINITIONS

All capitalized terms used herein shall have the same meaning as in the Policy unless otherwise stated herein.

C. TERMINATION

Coverage under this Rider will end on [the earliest of:]

1. the date coverage under the Policy ends[; or
2. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider].

This Rider is endorsed and made a part of the Policy/Certificate as of [its Effective Date] [August 1, 2010] [or] [Your Coverage Effective Date] [whichever is later].

This Rider is subject to all provisions of the Policy which are not in conflict with the terms of this Rider. Nothing in this Rider will be held to vary, alter, 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 Rider to be signed by its President.

INDEPENDENCE AMERICAN INSURANCE COMPANY



David Kettig
President



Adam C. Vandervoort
Secretary

INDEPENDENCE AMERICAN INSURANCE COMPANY
A Delaware Insurance Company

AMENDATORY ENDORSEMENT RIDER

Limited Benefit, Please Read Carefully

This Rider is made a part of the Policy/Certificate to which it is attached.

The Benefits provided by this Rider will not duplicate the Benefits provided under the Certificate and any other Rider and are subject to the maximum Benefit amount shown on the Schedule of Benefits.

Notwithstanding anything in the Policy and Certificate of Insurance to the contrary, it is hereby understood and agreed that the Policy and any Certificate of Insurance to which this amendatory endorsement is attached are amended as follows:

A. BENEFITS, following Benefits are hereby added, subject to specific Benefit maximums or limitations, as shown in the Schedule of Benefits:

1. **[Daily Hospital Room and Board (DRB) and Miscellaneous Hospital Services Inpatient Indemnity Benefit** (*Applicable only if this Benefit is included on the Schedule of Benefits.*)

The Company will pay the Daily Hospital Room and Board (DRB) and Miscellaneous Hospital Services Inpatient Indemnity Benefit, as shown in the Schedule of Benefits, when a Covered Person has been admitted as an Inpatient in a Hospital.

This Benefit includes:

- a. Inpatient accommodations and general nursing furnished by the Hospital;
- b. Hospital Inpatient miscellaneous services and supplies, x-ray, laboratory and other diagnostic tests, and chemotherapy or radiation services for the treatment of cancer, services of a radiologist or radiology group and for services of a pathologist or pathology group for interpretation of diagnostic tests or studies necessary for the treatment of the Covered Person during while an Inpatient[;
- c. Inpatient Doctor visit, other than a Surgeon].

This Benefit does not include fees charged for take home drugs, personal convenience items or items not intended primarily for the use of the Covered Person while an Inpatient.

[This Benefit is paid in lieu of the Daily Hospital Room and Board (DRB) Indemnity Benefit, the Miscellaneous Hospital Services Inpatient Indemnity Benefit [[and] the Doctor Visit while Hospital Confined Indemnity Benefit].] [This Benefit is not paid if Benefits are paid under the Daily Hospital Intensive Care and Miscellaneous Hospital Services Inpatient Indemnity Benefit.]

2. **[Daily Hospital Intensive Care and Miscellaneous Hospital Services Inpatient Indemnity Benefit** (*Applicable only if this Benefit is included on the Schedule of Benefits.*)

The Company will pay the Daily Hospital Intensive Care and Miscellaneous Indemnity Benefit, as shown in the Schedule of Benefits, when a Covered Person has been admitted as an Inpatient in a Hospital Intensive Care Unit [or] [Cardiac Care Unit] [Burn Unit] [or] [Other Specialized Care Unit].

This Benefit includes:

- a. Hospital Inpatient miscellaneous services and supplies, x-ray, laboratory and other diagnostic tests, and chemotherapy or radiation services for the treatment of cancer, services of a radiologist or radiology group and for services of a pathologist or pathology group for interpretation of diagnostic tests or studies necessary for the treatment of the Covered Person during while an Inpatient[;
- b. Inpatient Doctor visit, other than a Surgeon].

This Benefit does not include fees charged for take home drugs, personal convenience items or items not intended primarily for the use of the Covered Person while an Inpatient.

[This Benefit is paid in lieu of the Daily Hospital Room and Board (DRB) and Miscellaneous Hospital Services Inpatient Indemnity Benefit [and the Daily Hospital Intensive Care Indemnity Benefit, the Miscellaneous Hospital Services Inpatient Indemnity Benefit [and the Doctor Visit while Hospital Confined Indemnity Benefit].]

B. DEFINITIONS

All capitalized terms used herein shall have the same meaning as in the Policy unless otherwise stated herein.

C. TERMINATION

Coverage under this Rider will end on [the earliest of:]

1. the date coverage under the Policy ends[; or
2. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider].

This Amendatory Endorsement Rider is endorsed and made a part of the Policy/Certificate as of [its Effective Date] [August 1, 2010] [or] [Your Coverage Effective Date] [whichever is later].

This Amendatory Endorsement Rider is subject to all provisions of the Policy which are not in conflict with the terms of this Rider. Nothing in this Rider will be held to vary, alter, 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 Rider to be signed by its President.

INDEPENDENCE AMERICAN INSURANCE COMPANY



David Kettig
President



Adam C. Vandervoort
Secretary

INDEPENDENCE AMERICAN INSURANCE COMPANY

A Delaware Insurance Company

[OPTIONAL] CRITICAL ILLNESS INDEMNITY BENEFIT RIDER

Limited Benefit, Please Read Carefully

This Rider is made a part of the Policy/Certificate to which it is attached. [The consideration for this Rider is the application for the Rider and payment of any applicable premium.]

The Benefits provided by this Rider will not duplicate the Benefits provided under the Certificate and any other Rider and are subject to the maximum Benefit amount shown on the Schedule of Benefits. [The Per Injury or Illness Deductible [does not apply to this Benefit] [applies to this Benefit and must be satisfied before Benefits are paid under the Rider].]

A. BENEFITS

When You are covered under the Critical Illness Indemnity Benefit Rider, and as shown as Included on the Schedule of Benefits, We will pay the Critical Illness Indemnity Benefit, as shown on the Schedule of Benefits, when [an Eligible] [a Covered] Person has a First Ever Occurrence of a Critical Illness for the first time in the [Eligible] [Covered] Person's lifetime while coverage under this Critical Illness Indemnity Benefit Rider is in force with respect to the [Eligible] [Covered] Person. For each First Occurs Critical Illness diagnosed while the [Eligible] [Covered] Person is covered under this Benefit Rider, the [Eligible] [Covered] Person is eligible for the Critical Illness Benefit up to the Benefit maximum as shown on the Schedule of Benefits for each Critical Illness.

In no event with Benefits be payable for more than one Occurrence of the same Critical Illness. However, if a[n] [Eligible] [Covered] Person has been paid a Benefit for Cancer In Situ, the Benefit available for a subsequent Life Threatening Cancer will be reduced by that Benefit amount. For example, if [25%] Benefit amount is paid for Cancer In Situ, the total Benefit amount available for Life Threatening Cancer will be reduced to [75%]. No Benefits are payable under this Benefit Rider for conditions other than the Critical Illnesses as defined herein.

B. DEFINITIONS

All capitalized terms used herein shall have the same meaning as in the Policy unless otherwise stated herein. The following definitions are applicable to the Critical Illness Indemnity Benefit Rider. When used in this Rider these terms are capitalized:

Cancer In Situ: A Diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in Situ must be diagnosed pursuant to a Pathological or Clinical Diagnosis. Cancer in Situ includes early prostate cancer diagnosed as T1N0M0 or equivalent staging; and melanoma not invading the dermis. Cancer in Situ does NOT include: other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

Coma: The Diagnosis, by a Legally Qualified Physician board-certified as a Neurologist, that a[n] [Eligible] [Covered] Person is in a state of unconsciousness from which the [Eligible] [Covered] Person cannot be aroused, in which external stimulation will produce no more than primitive avoidance reflexes, and that this state has persisted continuously for at least 96 hours.

Critical Illness: One of the following conditions, as defined herein: Cancer In Situ, Coma, Heart Attack, Kidney (Renal) Failure, Life Threatening Cancer, Major Organ Transplant, Severe Burn, or Stroke. The [Eligible] [Covered] Person must be positively diagnosed by a Legally Qualified Physician as having a Critical Illness for the first time following the Coverage Effective Date.

Date of Diagnosis: The date the Diagnosis is established by a Legally Qualified Physician through the use of clinical and/or laboratory findings as supported by the [Eligible] [Covered] Person's medical records. For a procedure, it is the date the [Eligible] [Covered] Person undergoes the procedure.

Diagnosis: Is the definitive establishment of the Critical Illness Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician.

First Occurs or First Ever Occurrence: The date, following the [Eligible] [Covered] Person's Coverage Effective Date under this Critical Illness Indemnity Rider, that the [Eligible] [Covered] Person was positively Diagnosed by a Legally Qualified Physician as having a Critical Illness for the first time. The First Ever Occurrence Diagnosis or procedure is the first time the [Eligible] [Covered] Person has ever undergone that specific procedure or been Diagnosed with that specific condition included as a Critical Illness covered condition.

Heart Attack: An acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Legally Qualified Physician board-certified as a Cardiologist and based on both new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack. Heart Attack does NOT include an established (old) myocardial infarction.

Kidney (Renal) Failure: End Stage (Renal) Failure is a chronic and irreversible failure of both kidneys which requires the [Eligible] [Covered] Person to undergo periodic and ongoing dialysis. The Diagnosis must be made by a Legally Qualified Physician board-certified in Nephrology.

Legally Qualified Physician: A person other than the [Eligible] [Covered] Person who is:

1. Duly licensed as a provider of medical services by the state in which he or she is actively practicing medicine;
2. Acting within the scope of his or her license;
3. Legally qualified to diagnose and treat Illnesses and Injuries;
4. A board certified specialist where required; and
5. Not one of the following:
 - a. A person who ordinarily resides in Your household.
 - b. A member of Your Immediate Family.
 - c. A business associate of the [Eligible] [Covered] Person.

Life Threatening Cancer: A malignant neoplasm is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically excluded. Leukemias and lymphomas are included. Cancer must be diagnosed pursuant to a Pathological or Clinical Diagnosis. Life Threatening Cancer does NOT include: pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps, any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic), or early prostate cancer diagnosed as T1N0M0 or equivalent staging.

Major Organ Transplant: The clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the [Eligible] [Covered] Person to be replaced with an organ(s) or tissue from a suitable human donor (excluding the [Eligible] [Covered] Person) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for the Major Organ Transplant to be covered under this Rider, the [Eligible] [Covered] Person must be registered by the United Network of Organ Sharing or the National Marrow Donor Program.

Pathological Diagnosis: A Diagnosis of Life Threatening Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Legally Qualified Physician who is a board-certified pathologist and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

Severe Burns: The Diagnosis, by a Legally Qualified Physician board-certified as a Plastic Surgeon, that the [Eligible] [Covered] Person has sustained third degree burns covering at least [20%] of the surface area of the [Eligible] [Covered] Person's body. [[Covered Dependents] [Covered Dependent Children] are not covered for Severe Burns.]

Stroke: Any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measureable objective neurological deficit persisting for at least 96 hours and expected to be permanent. The Diagnosis must be made by a Legally Qualified Physician board-certified as a Neurologist. A Stroke does NOT include Transient Ischemic Attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

C. TERMINATION

Coverage under this Rider will end on [the earliest of:]

1. the date coverage under the Policy ends[; or
2. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider].

This Rider is endorsed and made a part of the Policy/Certificate as of [its Effective Date] [August 1, 2010] [or] [Your Coverage Effective Date] [whichever is later].

This Rider is subject to all provisions of the Policy which are not in conflict with the terms of this Rider. Nothing in this Rider will be held to vary, alter, 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 Rider to be signed by its President.

INDEPENDENCE AMERICAN INSURANCE COMPANY



David Kettig
President



Adam C. Vandervoort
Secretary

INDEPENDENCE AMERICAN INSURANCE COMPANY
A Delaware Insurance Company

AMENDATORY ENDORSEMENT RIDER

Limited Benefit, Please Read Carefully

This Rider is made a part of the Policy/Certificate to which it is attached.

Notwithstanding anything in the Policy and Certificate of Insurance to the contrary, it is hereby understood and agreed that the Policy and any Certificate of Insurance to which this amendatory endorsement is attached are amended as follows:

A. Section 5 – Termination of Insurance is amended by adding the following provision:

Continuation of Coverage

If coverage under the Policy terminates as the result of the death of the Eligible Person, or the severance of the family relationship because of legal separation, annulment or valid decree of divorce, a Covered Dependent may continue coverage without providing Evidence of Insurability by making the required premium payments for issuance of his or her own Certificate of Insurance. To continue the coverage, the eligible Dependent must submit a written request for this continuation of coverage within [31] days of the date on which coverage would otherwise terminate.

B. DEFINITIONS

All capitalized terms used herein shall have the same meaning as in the Policy unless otherwise stated herein.

C. TERMINATION

Coverage under this Rider will end on the date coverage under the Policy ends.

This Amendatory Endorsement Rider is endorsed and made a part of the Policy/Certificate as of [its Effective Date] [August 1, 2010] [or] [Your Coverage Effective Date] [whichever is later].

This Amendatory Endorsement Rider is subject to all provisions of the Policy which are not in conflict with the terms of this Rider. Nothing in this Rider will be held to vary, alter, 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 Rider to be signed by its President.

INDEPENDENCE AMERICAN INSURANCE COMPANY



David Kettig
President



Adam C. Vandervoort
Secretary

INDEPENDENCE AMERICAN INSURANCE COMPANY
A Delaware Insurance Company

**[OPTIONAL] EMERGENCY ROOM [AND URGENT CARE FACILITY]
INDEMNITY BENEFIT RIDER**

Limited Benefit, Please Read Carefully

This Rider is made a part of the Policy/Certificate to which it is attached. [The consideration for this Rider is the application for the Rider and payment of any applicable premium.]

The Benefits provided by this Rider will not duplicate the Benefits provided under the Certificate and any other Rider and are subject to the maximum Benefit amount shown on the Schedule of Benefits. [The Per Injury or Illness Deductible does not apply to this Benefit.]

A. BENEFITS

When You are covered under the Emergency Room Indemnity Benefit Rider, and as shown as Included on the Schedule of Benefits, the Emergency Room Indemnity Benefit, as shown on the Schedule of Benefits, will be paid when a Covered Person receives Emergency treatment in an Emergency Room [or Urgent Care Facility] for a covered Injury or Illness. Benefits are payable up to the Calendar Year Maximum Benefit as shown on the Schedule of Benefits.

B. DEFINITIONS

All capitalized terms used herein shall have the same meaning as in the Policy unless otherwise stated herein.

C. TERMINATION

Coverage under this Rider will end on [the earliest of:]

1. the date coverage under the Policy ends[; or
2. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider].

This Rider is endorsed and made a part of the Policy/Certificate as of [its Effective Date] [August 1, 2010] [or] [Your Coverage Effective Date] [whichever is later].

This Rider is subject to all provisions of the Policy which are not in conflict with the terms of this Rider. Nothing in this Rider will be held to vary, alter, 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 Rider to be signed by its President.

INDEPENDENCE AMERICAN INSURANCE COMPANY



David Kettig
President



Adam C. Vandervoort
Secretary

INDEPENDENCE AMERICAN INSURANCE COMPANY
A Delaware Insurance Company

**[OPTIONAL] OUTPATIENT PHYSICIAN OFFICE VISIT [AND RETAIL HEALTH CLINIC]
INDEMNITY BENEFIT RIDER**

Limited Benefit, Please Read Carefully

This Rider is made a part of the Policy/Certificate to which it is attached. [The consideration for this Rider is the application for the Rider and payment of any applicable premium.]

The Benefits provided by this Rider will not duplicate the Benefits provided under the Certificate and any other Rider and are subject to the maximum Benefit amount shown on the Schedule of Benefits. [The Per Injury or Illness Deductible does not apply to this Benefit.]

A. BENEFITS

When You are covered under the Outpatient Physician Office Visit [and Retail Health Clinic] Indemnity Benefit Rider, and as shown as Included on the Schedule of Benefits, the Physician Office Visit Indemnity Benefit, as shown on the Schedule of Benefits, will be paid for Physician Office Visits up to the Calendar Year Maximum Benefit as shown on the Schedule of Benefits.

B. DEFINITIONS

All capitalized terms used herein shall have the same meaning as in the Policy unless otherwise stated herein. The following definitions are applicable to this Physician Office Visit [and Retail Health Clinic] Indemnity Benefit Rider. When used in this Rider these terms are capitalized:

Physician Office Visit: A visit with a Physician due to a covered Injury or Illness, which occurs in a Physician's office [or a Retail Health Clinic]. Physician Office Visit does not include Physician visits elsewhere, including, but not limited to, visits made in an Ambulatory Surgical Center, Skilled Nursing Facility, Hospital, Hospice, or in a place of residence.

[Retail Health Clinic: A medical clinic located in a retail operation that offers medical services a non-Emergency or urgent care basis and meets all of the following conditions:

- a. It has a well-defined and limited scope of clinical services;
- b. Clinical services and treatment plans must be evidenced-based and quality improvement-oriented;
- c. It must have a formal connection with physician practices in the local community, preferably with family physicians, to provide continuity of care;
- d. It must be duly licensed by the state or regulatory agency responsible for such licensing in the state in which the Clinic is located;
- e. Other health professionals, such as nurse practitioners, can only operate in accordance with state and local regulations, as part of a "team-based" approach to health care and under responsible supervision of a practicing, licensed Physician;
- f. It must have a referral system to physician practices or to other appropriate entities when the patient's symptoms exceed the clinic's scope of services; and
- g. It uses an electronic health record systems compatible with the continuity of care record supported by the American Academy of Family Physicians that can communicate the patient's information with the family physician's offices.

The term shall also apply to an institution which otherwise meets the required conditions, referring to itself as a Minute Clinic, or any such other term. A Retail Health Clinic does not include: Ambulatory Surgical Centers, Urgent Care Facility, or any such Facility.]

C. TERMINATION

Coverage under this Rider will end on [the earliest of:]

1. the date coverage under the Policy ends[; or
2. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider].

This Rider is endorsed and made a part of the Policy/Certificate as of [its Effective Date] [August 1, 2010] [or] [Your Coverage Effective Date] [whichever is later].

This Rider is subject to all provisions of the Policy which are not in conflict with the terms of this Rider. Nothing in this Rider will be held to vary, alter, 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 Rider to be signed by its President.

INDEPENDENCE AMERICAN INSURANCE COMPANY



David Kettig
President



Adam C. Vandervoort
Secretary

INDEPENDENCE AMERICAN INSURANCE COMPANY

A Delaware Insurance Company

[OPTIONAL] PREGNANCY INDEMNITY BENEFIT RIDER

Limited Benefit, Please Read Carefully

This Rider is made a part of the Policy/Certificate to which it is attached. [The consideration for this Rider is the application for the Rider and payment of any applicable premium.]

The Benefits provided by this Rider will not duplicate the Benefits provided under the Certificate and any other Rider and are subject to the maximum Benefit amount shown on the Schedule of Benefits. [The Per Injury or Illness Deductible [does not apply to this Benefit] [applies to this Benefit and must be satisfied before Benefits are paid under the Rider].]

A. BENEFITS

When You are covered under the Pregnancy Indemnity Benefit Rider, and as shown as Included on the Schedule of Benefits, We will pay the Pregnancy Indemnity Benefit, up to the maximum as shown on the Schedule of Benefits, when [a Covered Person] [an Eligible Person or the Eligible Person's covered Dependent Spouse] is confined as an Inpatient in a Hospital due to a covered Pregnancy. Benefits are not payable if the Inpatient confinement is due to a Complications of Pregnancy.

[Benefits are subject to the Benefit Waiting Period as shown on the Schedule of Benefits.] This Benefit includes Inpatient treatment, services or supplies received in connection with a routine Pregnancy, including the mother's prenatal care and the newborn's well baby care while Hospital confined. Benefits are payable when delivery occurs while coverage under this Rider is in force. [Benefits paid under this Pregnancy Indemnity Benefit Rider are not payable under any other Benefit in the Policy, including, but not limited to, any Benefits payable due to a Complications of Pregnancy.] [This Benefit is paid in addition to Benefits payable under the Daily Hospital Room and Board (DRB) [and Miscellaneous Hospital Services] Inpatient Indemnity Benefit.]

B. DEFINITIONS

All capitalized terms used herein shall have the same meaning as in the Policy unless otherwise stated herein. [The following definition is applicable to the Pregnancy Indemnity Benefit Rider. When used in this Rider this term is capitalized:

Benefit Waiting Period: A period between the [Covered Person's] [Eligible Person's or Eligible Person's covered Dependent Spouse's] Coverage Effective Date under this Pregnancy Indemnity Benefit Rider and the date the [Covered Person's] [Eligible Person's or Eligible Person's covered Dependent Spouse's] becomes eligible to receive Pregnancy Indemnity Benefits.]

C. TERMINATION

Coverage under this Rider will end on [the earliest of:]

1. the date coverage under the Policy ends[; or
2. the premium due date coinciding with or next following the date We receive a written request to terminate the Rider].

This Rider is endorsed and made a part of the Policy/Certificate as of [its Effective Date] [August 1, 2010] [or] [Your Coverage Effective Date] [whichever is later].

This Rider is subject to all provisions of the Policy which are not in conflict with the terms of this Rider. Nothing in this Rider will be held to vary, alter, 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 Rider to be signed by its President.

INDEPENDENCE AMERICAN INSURANCE COMPANY



David Kettig
President



Adam C. Vandervoort
Secretary

FIXED HOSPITAL INDEMNITY INSURANCE BENEFIT SELECTION FORM

Underwritten by Independence American Insurance Company

Administrative Office: [485 Madison Avenue, New York, NY 10022]

[CASE NUMBER _____]

Applicant's Name

Social Security Number

(Last)

(First)

(Initial)

PLAN SELECTION: Design your Plan by selecting your Plan options. You may select one Per Injury or Illness Deductible and then one Plan and applicable Benefit options available under each Plan. See the product brochure for details.

Per Illness or Injury Deductible:

\$0 \$250 \$500 \$1,000 \$1,500 \$2,000 \$3,000 \$5,000 \$7,500 \$10,000

Per Injury or Sickness Lifetime Maximum Benefit [\$100,000-\$500,000]

Plan 200 – Daily Room and Board Benefit [\$200] / Daily Hospital Intensive Care Benefit [\$600] [Must select one Benefit under each column]

**[Inpatient Hospital
Miscellaneous**

[\$200-\$1,000]

[\$400-\$2,000]

[\$600-\$3,000]

[Inpatient Surgeon

[\$600-\$3,000]

[\$1,000-\$5,000]

[\$2,000-\$10,000]

[Outpatient Surgeon

[\$400-\$2,000]

[\$600-\$3,000]

[\$800-\$4,000]

**[Outpatient Surgery
Facility**

[\$200-\$1,000]

[\$400-\$2,000]

[\$600-\$3,000]

Plan [1] [Inpatient Daily Room and Board [and Hospital Confinement Miscellaneous Services] [\$500-\$10,000] per day]

Plan [2] [Inpatient Daily Room and Board [and Hospital Confinement Miscellaneous Services] [\$500-\$10,000] per day]

Plan [3] [Inpatient Daily Room and Board [and Hospital Confinement Miscellaneous Services] [\$500-\$10,000] per day]

[Ambulance Transport Indemnity Benefit:

Yes No

[\$250]

[\$5,000]

per [conveyance] [trip] [air] [ground] [water] [occurrence]

[Critical Illness Deductible Waiver:

Yes No

[50%]

[100%]

Of the Per Injury or Illness Deductible]

[[Optional] Indemnity Benefits:]

**[Outpatient Physician Office Visit [and Retail
Health Clinic]:**

Yes No

[\$25] benefit per visit, [[1] visit per adult/[2] visits per child per calendar year]

[\$50] benefit per visit, [[2] visits per adult/[4] visits per child per calendar year]

[Outpatient Prescription Medication Benefit:

Yes No

[\$50] [\$250] Prescription Deductible]

[Limited to:

[2] [4] [6] [Generic] Medications per calendar year

[2] [4] [6] [Formulary Brand] Medications per calendar year

[2] [4] [6] [Non-Formulary Brand] Medications per calendar year

[2] [4] [6] [Specialty] Medications per calendar year]]

[Outpatient Diagnostic Testing Benefit:

Yes No

[\$50] [\$75]

[\$100] per [test] [visit] Outpatient X-ray and Lab Tests]

[\$250] [\$500]

[\$1,000] per [test] [visit] Advanced Study Tests]]]

[Inpatient Confinement Enhancement Benefit:	<input type="checkbox"/> Yes <input type="checkbox"/> No [Exceeds: <input type="checkbox"/> [30] days <input type="checkbox"/> [60] days <input type="checkbox"/> [90] days of confinement during a Period of Treatment]]
[Emergency Room [and Urgent Care Facility] Benefit:	<input type="checkbox"/> Yes <input type="checkbox"/> No]
[Preventive Care Benefit:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [\$100] <input type="checkbox"/> [\$400] per [visit] [test] [[1] per calendar year]]
[Dental Benefit:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [\$25] <input type="checkbox"/> [\$200] per [visit] [[1-6] visits per calendar year]] <input type="checkbox"/> [\$25] <input type="checkbox"/> [\$200] per [visit] [for Type [1] [2] [3] [4] combined Procedures]] [[1-6] visits per calendar year]]
[Pregnancy Benefit:	<input type="checkbox"/> Yes <input type="checkbox"/> No]]
[Critical Illness Benefit: (per each Critical Illness)	<input type="checkbox"/> Yes <input type="checkbox"/> No]] <input type="checkbox"/> [\$10,000] <input type="checkbox"/> [\$50,000] per [Eligible] [Covered] Person] <input type="checkbox"/> [\$2,500] <input type="checkbox"/> [\$50,000] per Covered Dependent Spouse] <input type="checkbox"/> [\$2,500] <input type="checkbox"/> [\$50,000] per Covered Dependent Child]]

Attach this form to your Application for Fixed Hospital Indemnity Health Insurance

[For Administrative Use Only							Other:]
Case Number	Enter	Date	Approved By	Date	Eff Date	PCEFDT	

SERFF Tracking #:

ICCI-128699176

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

IAIC HICERT D0610 0812

State:

Arkansas

Filing Company:

Independence American Insurance Company

TOI/Sub-TOI:

H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name:

IAIC HICERT D0610 0812

Project Name/Number:

IAIC HICERT D0610 0812/IAIC HICERT D0610 0812

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/26/2012
Comments:			
Attachment(s):			
Cert of Comp. with Rule 19 IAIC MMHI D610 810.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	09/26/2012
Comments:	see form schedule tab		

		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Approved-Closed	09/26/2012
Comments:			
Attachment(s):			
ICC Authorization letter dated 2012.pdf			

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

Insurer: Independence American Insurance Company

Form Number(s): IAIC HICERT D0610 SOB 0812, IAIC HIBEN 812, IAIC HICONTAE 812,
IAIC HIACC 812, IAIC HIPRG 812, IAIC HICIAE 812, IAIC HIER 812, IAIC HIPOV 812,
IAIC HIBSF 812

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



Signature of Company Officer

David Kettig
Name

President
Title

September 24, 2012
Date



INDEPENDENCE AMERICAN INSURANCE COMPANY
485 Madison Avenue
New York, NY 10022
(212) 355-4141

January 1, 2012

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

RE: Independence American Insurance Company
NAIC Company #: 26581
NAIC Group #: 0450
FEIN #: 74-1746542

AUTHORIZATION STATEMENT

The undersigned hereby certifies that *Insurance Compliance Consultants, Inc.*, has the authority to act on behalf of the above Company for the sole purpose of filing with the state insurance department those policy, amendment, endorsement, rider, certificate, reports, rates, surveys and/or application forms approved by the Companies for use in Company's transaction of business.

Authorized by:

A handwritten signature in black ink, appearing to read "David Kettig". The signature is fluid and cursive, with a long, sweeping tail.

David Kettig
President