
State: Arkansas **Filing Company:** Starr Indemnity & Liability Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: AH-20007 Blanket Accident Benefit Rider
Project Name/Number: /

Filing at a Glance

Company: Starr Indemnity & Liability Company
Product Name: AH-20007 Blanket Accident Benefit Rider
State: Arkansas
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Form
Date Submitted: 01/07/2013
SERFF Tr Num: SILC-128828706
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AH-20007

Implementation: On Approval
Date Requested:
Author(s): Grace Huang, Owen Shakespeare
Reviewer(s): Donna Lambert (primary)
Disposition Date: 01/14/2013
Disposition Status: Approved
Implementation Date:

State Filing Description:

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General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Overall Rate Impact:
Filing Status Changed: 01/14/2013
State Status Changed: 01/14/2013 Deemer Date:
Created By: Owen Shakespeare Submitted By: Grace Huang
Corresponding Filing Tracking Number:

Filing Description:
Arkansas Department of Insurance

RE: Starr Indemnity & Liability Company
NAIC#: 38318 FEIN#: 75-1670124
TOI: H02G Group Health – Accident Only
Sub-TOI: H02G.000 Health- Accident Only

Dear Commissioner:

This new Blanket Accident Benefit Rider is to be used with previously approved accident-only policy forms AH-20001 et al. that were approved as SERFF Tracking Number MCHX-G127141061 on 04/27/2011.

This rider is new and does not replace any of the Company's forms currently on file with your office.

This program provides blanket accident only insurance coverage to day cares, schools, day camps, scouting organizations, youth sport groups, and other commonly recognized blanket groups. Coverage is designed to insure the participants and staff against loss due to accidental injuries in reference to the specified hazards as described. The group will select one of three specified hazards - Supervised and Sponsored Activities; Sports Coverage; and, Camp / Conference Coverage. The available benefits are shown on the Schedule of Benefits, form number AH-20008. This program will be marketed through agent/broker solicitation.

Variable material is shown in brackets. An Explanation of Variable Material has been included which explains how material in brackets is to be utilized.

If you need any additional information, or have any questions, please feel free to contact me at
Owen.Shakespeare@starrcompanies.com

Sincerely,

Owen Shakespeare
646-227-6425

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Company and Contact

Filing Contact Information

Terri Minogue, terri.minogue@cvstarr.com
 399 Park Avenue 646-227-6528 [Phone]
 8th Floor
 New York, NY 10022

Filing Company Information

Starr Indemnity & Liability Company	CoCode: 38318	State of Domicile: Texas
399 Park Avenue	Group Code:	Company Type: Insurance
8th Floor	Group Name:	State ID Number:
New York, NY 10022	FEIN Number: 75-1670124	
(646) 227-6528 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50.00 per rider + \$50.00 per rate = \$100.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
Starr Indemnity & Liability Company	\$100.00	01/07/2013	66301599

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/14/2013	01/14/2013

SERFF Tracking #:

SILC-128828706

State Tracking #:

Company Tracking #:

AH-20007

State: Arkansas

Filing Company:

Starr Indemnity & Liability Company

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Disposition

Disposition Date: 01/14/2013

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Supporting Document	Explanation of Variability	Approved	Yes
Form	Administrative Change Rider	Approved	Yes
Form	Schedule of Benefits	Approved	Yes

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Form Schedule

Lead Form Number:									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	Approved 01/14/2013	Administrative Change Rider	AH-20007	POLA	Initial			0.000	AH-20007 administrative change rider.pdf
2	Approved 01/14/2013	Schedule of Benefits	AH-20008	SCH	Revised	Previous Filing Number:	AH-20001	0.000	AH-20008 schedule of benefits.pdf
						Replaced Form Number:	AH-20002		

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



Starr Indemnity & Liability Company

Dallas, Texas

[Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022]

ADMINISTRATIVE CHANGE RIDER

This Rider is attached to and made a part of Policy Number [12345] issued to [ABC Company] (the Policyholder).

Effective [12/01/09], the Policy/Certificate are hereby amended as follows:

DEFINITIONS

The following Definitions are added to the Policy.

[“**Deductible**” means the dollar amount of Covered Expenses that must be incurred by the Covered Person as an out-of-pocket expense for each Accident, before Accident Medical Expense Benefits paid on an expense incurred basis are payable under the Policy. Only one Deductible will apply to the Covered Person and his or her Dependents if Injured in the same Covered Accident.]

[“**Deductible Incurral Period**” means the time allotted to the Covered Person to satisfy payment of the deductible.]

[“**Deferred Dental Expenses**” means when a dentist certifies in writing to the Claim Administrator that treatment due to an Injury will continue beyond a 156 week benefit period.]

“**Injury**” means bodily injury caused by the direct result of an Accident occurring while the Policy is in force as to the person whose injury is the basis of the claim which results, directly and independently of all other causes, in a Covered Loss. [Injury also means a **Heart or Circulatory Failure** and a **Repetitive Motion Injury**.]

[“**Integrated Deductible**” means the greater of the amount paid or payable by any other Health Care Plan or the deductible shown in the Schedule of Benefits]

[“**Heart or Circulatory Failure**” means a myocardial infarction, angina pectoris, coronary thrombosis or cerebral vascular accident but only if all of the following conditions are met:

- 1) the **Heart or Circulatory Failure** of a **Covered Person** occurs within twenty four (24) hours after participating in a covered activity;
- 2) the **Covered Person** is under sixty five (65) years of age on the date of the **Heart or Circulatory Failure**;
- 3) the first symptom of **Heart or Circulatory Failure** is medically diagnosed within twenty four (24) hours after a **Covered Person’s** participation in a covered activity; and
- 4) within [two (2)] years prior to the date a **Covered Person** participates in a covered activity, such **Covered Person**:
 - a) has not been medically diagnosed with any disease, illness or condition of the heart or circulatory system; or
 - b) has not received any medication or treatment for any disease, illness or condition of the heart or circulatory system.]

["**Repetitive Motion Injury**"] means bursitis, stress fracture, strain, shin splints, Osgood Schlatter Disease, Chondromalacia; stress fractures; tendinitis; and Carpal Tunnel Syndrome. Treatment by a **Physician** for a **Repetitive Motion Injury** must occur within 30 days of participation in a **Covered Activity**. We must have satisfactory proof that the **Repetitive Motion Injury** resulted from the participation in the covered activity.]

["**Place of Permanent Residence**"] means the place where a person has his or her true, fixed and permanent home and principal establishment to which, whenever absent, he or she has the intention of returning. A person may have only one permanent residence at a time; and, once a permanent residence is established, it is presumed to continue until he or she shows that a change has occurred.

["**Pre-existing Condition**"] means – an illness, disease or other condition of the Covered Person, that in the [3-12] month period before the Covered Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

["**Sickness**"] means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

{Each Hazard will be in-or-out depending on the Policyholder's selection. Each bracketed phrase will be in-or-out. The actual numerical range to be used is contained within brackets.}

[HAZARDS INSURED AGAINST

[Exposure and Disappearance]

Coverage under this Hazard includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that disappears, sinks or is stranded or wrecked on a trip covered by the Policy; and
2. the body is not found within [6 months or one year] of the Covered Accident.]

[School Coverage]

The Covered Accident must take place:

1. on school premises during normal school hours (including recess and lunch periods);
2. on school premises after normal school hours, if the Insured is involved in a Covered Activity;
3. at another school or site where the Covered Activity is scheduled, if the Insured is involved in a Covered Activity; or
4. while participating in off-season athletic training and conditioning, except interscholastic athletic activities.

[The Covered Activity includes travel without deviation or interruption between:

1. the Insured's home and school when school is in session; or
2. the site of the Covered Activity and home or school whether or not the school is in session.]

[Benefits are paid as described in this Policy, if the Covered Accident occurs while the Insured is in a vehicle operated by a properly licensed driver who is under the direct supervision of the school. When travel is by other than under the direction of the school, covered travel time shall not exceed one hour each way.]

[Travel time includes the time:

1. before the required attendance time; and
2. the period after the Insured's dismissal; or
3. to or from home or school and the Covered Activity; or
4. after dismissal and after completing any extra duties assigned by the school.]]

{This text will be included if Accidental Death and Dismemberment Benefits are elected at the case level. Each benefit will be in-or-out and each accompanying definition will be in-or-out. Benefits will be paid on the basis of a percentage of Principal Sum and the actual range is shown within the brackets. These options may apply on the case or class level.}

[DESCRIPTION OF BENEFITS

All benefits payable are shown in the Schedule of Benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If Injury to the Covered Person results in any of the Covered Losses shown below, within the Loss Period as shown in the Schedule of Benefits from the date of the Covered Accident that caused the Injury, the Company will pay the percentage of the Principal Sum/Amount of Insurance shown below for that Loss. The Principal Sum/Amount of Insurance is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit, the largest, will be paid for all Losses due to the same Covered Accident.

Loss of:	Benefit:
(Percentage of Principal Sum/Amount of Insurance)	
Life	100%
Two or More Members	[100% to 500%]
One Member	[50% to 500%]
Thumb and Index Finger of the Same Hand	[25% to 500%]
[Brain Death	[10% to 100%]]
[Heart Failure	[10% to 100%]]

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means total and permanent loss of sight of one/both eyes that is irrecoverable, including by surgical and artificial means. "Loss of thumb and index finger of the same hand" means complete severance of each through or above the metacarpophalangeal joint of both digits of the same hand. Severance means the complete separation and dismemberment of the part from the body.

The following definitions are added to and included in the meaning of "Member"

[Loss of Speech, and Loss of Hearing. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means.]

["Brain Death" means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.]

["Heart Failure" means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood provoked by participation in a Covered Activity.]

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Coinsurance Factors, Co-payments, Benefit Periods, Benefit Maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

- 1) for Usual and Customary Charges incurred after the Deductible has been met;
- 2) for those Medically Necessary Covered Expenses incurred by or on behalf of the Covered Person;
- 3) for Covered Expenses incurred within [7 days, 30 days, 60 days, 90 days, 180 days, 1 Year, 2 Years, 5 Years, 10 Years] days after the date of the Covered Accident.]

{Each Benefit or Provision will be in-or-out depending on the Policyholder's selection. Each bracketed phrase will be in-or-out. The actual numerical range to be used is contained within brackets.}

[ADDITIONAL BENEFITS

The following Provisions explain the benefits available under the Policy. Please see the Schedule of Benefits for the applicability of these benefits on a class level.

[Limitation of Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following benefits provided by this policy, the maximum amount payable under all the benefits combined will not exceed the amount payable for one of the losses, the largest: [ACCIDENTAL DEATH & DISMEMBERMENT, COMA, PARALYSIS, LOSS OF USE]]

[Bereavement and Trauma Counseling Benefit

We will pay counseling sessions, up to the Maximum Benefit Amount shown in the Schedule of Benefits and subject to the following conditions, when the Covered Person and/or Immediate Family Member requires bereavement and trauma counseling because the Covered Person suffered a Covered Loss that resulted directly and independently of all other causes from a Covered Accident. Such counseling must meet all of the following conditions:

1. covered bereavement and trauma counseling expenses must be incurred within [1-2] year[s] from the date of the Covered Accident causing the Covered Loss;
2. the expense is charged for a bereavement or trauma counseling session for the Covered Person and/or one or more of his or her Immediate Family Members;
3. counseling is provided under the care, supervision or order of a Doctor;
4. a charge would have been made if no insurance existed.

"Immediate Family Member" means a person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister) or child (includes legally adopted child or stepchild), grandchild and grandparent.]

[Coma Benefit

We will pay the Coma Benefit shown in the Schedule of Benefits if a Covered Person becomes Comatose within [31-60] days of a Covered Accident and remains in a Coma for at least [31-60] days.

We reserve the right, at the end of the first [31-60] days of Coma, to require additional proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense.

We will pay this benefit in [a lump sum / periodic payments] as shown in the Schedule of Benefits. [Periodic payments will end on the first of the following dates:

1. the end of the month in which the Covered Person dies;
2. the end of the [9th-12th] month for which this benefit is payable;
3. the end of the month in which the Covered Person recovers from the Coma.]

A person is deemed “Comatose” or in a “Coma” if he or she is in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

[Disability Benefit

We will pay the Disability Benefit shown in the Schedule of Benefits if a Covered Person is [Totally Disabled] [or Partially Disabled] as a direct result of, and from no other cause but, a Covered Accident. Disability Benefits will begin when:

1. the applicable Benefit Waiting Period shown in the Schedule of Benefits for this benefit is satisfied; and
2. the Covered Person provides satisfactory proof of [Total Disability] [or Partial Disability] to Us.

Benefit Payments will end on the first of the following dates:

1. the date the Covered Person dies; or
2. the date the Covered Person is no longer [Totally Disabled] [or Partially Disabled]; or
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date the Covered Person fails to submit satisfactory proof of continuing [Total Disability] [or Partial Disability].

[“Total Disability” or “Totally Disabled” means, due to an Injury from a Covered Accident, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.]

[“Partial Disability” or “Partially Disabled” means a Covered Person is able to work after a period for which Total Disability benefits are payable under the Policy, but is not:

1. able to perform all the material duties of his or her occupation; and
2. earn more than [\$1,000-\$2,000] or more in gross earnings per month.

Partial Disability must be the result of the same Covered Accident for which Total Disability benefits were payable.]]

[Emergency Medical Benefits

We will pay Emergency Medical Benefits [for [Injury] or [Sickness]] as shown in the Schedule of Benefits for Covered Expenses incurred for emergency medical services to treat a Covered Person. Benefits are payable up to the Maximum Benefit shown in the Schedule of Benefits if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip; and
2. is traveling 100 miles or more away from his or her place of permanent residence;

Covered Expenses:

1. Medical Expense Guarantee: expenses for guarantee of payment to a medical provider.
2. Hospital Admission Guarantee: expenses for guarantee of payment to a Hospital or treatment facility.

Benefits for these Covered Expenses will not be payable unless:

1. the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.]

[Emergency Medical Evacuation Benefit

We will pay Emergency Medical Evacuation Benefits as shown in the Schedule of Benefits for expenses incurred for the medical evacuation of a Covered Person. Benefits are payable if the Covered Person:

1. is traveling 100 miles or more away from his or her current Place of Permanent Residence;
2. suffers an Injury [or Sickness] during the course of the Trip; and
3. requires Emergency Medical Evacuation.

Benefits will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Injury [or Sickness] requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

“Emergency Medical Evacuation” means:

1. the Covered Person's immediate transportation from the place where he or she suffers an Injury [or Sickness] to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or
2. the Covered Person's transportation to his or her current Place of Permanent Residence to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury [or Sickness].

An Emergency Medical Evacuation also includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

Benefits will not be payable unless We authorize in writing [or by an authorized electronic or telephonic means] all expenses in advance.]

[Emergency Reunion Benefit

In the event the Covered Person has either been: 1) confined in a Hospital more than 100 miles away from the insureds current Place of Permanent Residence, for at least [24-48] consecutive hours due to a covered Injury [or Sickness], where the attending Doctor believes it would be beneficial for the Covered Person to have a Family Member at his or her side; or 2) the victim of a Felonious Assault more than 100 miles away from the insureds current Place of Permanent Residence, We will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum shown in the Schedule of Benefits. Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum and the Maximum Number of Days shown in the Schedule of Benefits. All travel arrangements must be made by the Company's assistance provider and approved in advance by Us in order for expenses to be considered eligible.

“Felonious Assault” means a violent or criminal act reported to the local authorities which was directed at the Covered Person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

“Family Member” means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.]

[Home Alteration and Vehicle Modification Benefit

We will pay benefits shown in the Schedule of Benefits, subject to the following conditions, when the Covered Person suffers a Covered Loss, other than a Loss of Life, resulting directly and independently of all other causes from a Covered Accident.

This benefit will be payable if all of the following conditions are met:

1. prior to the date of the Covered Accident causing such Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
2. as a direct result of such Covered Loss, the Covered Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. the Covered Person requires home alteration or vehicle modification within [1-2] year[s] of the date of the Covered Accident.]

[Hospital Confinement Benefit

We will pay the Hospital Confinement Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined, and all of the following conditions are met.

1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident, that occurs while the Policy is in effect.
2. The Hospital stay begins within [1-21] day[s] of a Covered Accident [and lasts for the Time Period for Confinement shown in the Schedule of Benefits] [and lasts at least [2-3] days in a row]. [We will pay this benefit retroactive to the first day of the Hospital stay.]

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies;
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date insurance under the Policy ends.]

[Paralysis Benefit

This benefit provides a lump sum benefit payment if, as the result of an Injury, You sustain Paralysis.

Benefits are payable, if the following conditions are met:

- 1) such Paralysis occurs within [30-365] days of the date of the accident;
- 2) the Paralysis continues for [6-12] consecutive months;
- 3) A competent medical authority, acceptable to Us, determines the Paralysis to be permanent, complete and irreversible; and
- 4) You sustain any of the losses described below.

We will pay after the[6th-12th] month of Paralysis, a lump sum benefit amount based on Your Principal Sum, equal to the percent of Principal Sum listed below.

[Quadriplegia	[10-500]% of Principal Sum]
[Paraplegia	[10-500]% of Principal Sum]
[Hemiplegia	[10-500]% of Principal Sum]
[Uniplegia	[10-500]% of Principal Sum]

Your amount of Principal Sum is shown in the Schedule of Insurance.

Unless specifically stated otherwise, the total amount of benefits payable under the Paralysis Benefit, in addition to any other benefits payable under the Policy, cannot exceed the Principal Sum. The most We will pay under the Policy for all losses resulting from any one accident is the covered person’s Principal Sum.

Paralysis means the permanent impairment and loss of the ability to voluntarily move or to have sensation in an entire extremity. Paralysis must be the result of an Injury to the brain or spinal cord and without the severance of a limb. [Quadriplegia means the total Paralysis of both upper and lower limbs.] [Paraplegia means the total Paralysis of both lower limbs.] [Hemiplegia means the total Paralysis of the upper and lower limbs of the same side of the body.] [Uniplegia means the total Paralysis of one limb.]

[Reconstructive Surgery Benefit

We will pay Reconstructive Surgery benefits shown in the Schedule of Benefits when the Covered Person suffers an Injury caused by an Covered Accident other than a Loss of Life, resulting directly and independently of all other causes from a Covered Accident.

This benefit will be payable if a Physician determines Reconstructive Surgery is Medically Necessary for a Covered Person because of a covered [accidental bodily injury] [and] [burn];

This benefit will not be payable for any of the following conditions:

1. congenital defects, such as cleft palates or cleft lips;
2. developmental abnormalities;
3. infection;
4. cancer;
5. tumors; or
6. disease.

”Reconstructive Surgery” means surgery performed to restore or improve physiologic function or correct functional impairments caused by [traumatic injuries, such as facial bone fractures and breaks]; and [burns]. Cosmetic procedures performed in the absence of a specific functional deficit(s) to alter or reshape normal structures of the body in order to improve a persons appearance are not covered.

However, the fact that physical appearance may change or improve as a result of a reconstructive procedure does not classify such surgery as a Cosmetic Procedure when a physical impairment exists, and the surgery restores or improves function.

The Benefit Amount for Reconstructive Surgery is payable on an excess basis. Benefits will not be payable unless We approve and authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance. We will then reduce that amount by amounts already paid or payable by any Other Plan. We will pay the resulting Benefit Amount, but in no event will We pay more than the Benefit Amount for Reconstructive Surgery shown in the Schedule of Benefits. [This benefit is payable in addition to any other applicable Benefit Amounts under the Policy]]

[Repatriation of Remains Benefit

We will pay Repatriation Benefits as shown in the Schedule of Benefits for preparation and return of a Covered Person’s body to his or her current Place of Permanent Residence if he or she dies due to an Injury [or Sickness] while outside a 100 mile radius from his or her current Place of Permanent Residence. Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing [or by an authorized electronic or telephonic means] all expenses in advance.]

[Severe Burn Benefit

Severe Burn means cosmetic disfigurement of at least [15%, 20%, 25%, 30%] of the surface of a body area due to an Injury that is a third-degree or full-thickness burn, as determined by a Physician. (A third degree, full-thickness burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity or radiation).

[Excluded from coverage are Severe Burns incurred while in the Line of Duty as a volunteer or paid fireman. Line of Duty means any action that a public safety officer is normally required to perform in some area of responsibility.]]

[Total Loss of Use Benefit

Total Loss of Use Benefit pays a percentage of the principal sum, after an elimination period, if an accidental bodily Injury causes loss of use of 1) four limbs, 2) three limbs, 3) two limbs, or 4) one limb.

[Loss of Use of Four Limbs	[10-500]% of the Principal Sum]
[Loss of Use of Three Limbs	[10-500]% of the Principal Sum]
[Loss of Use of Two Limbs	[10-500]% of the Principal Sum]
[Loss of Use of One Limb	[10-500]% of the Principal Sum]

Elimination Period – [30-365] days

“Loss of Use” means total paralysis of a limb or limbs which is determined by a competent medical authority to be permanent, complete and irreversible with respect to: 1) arm, at or above the elbow joint; 2) leg, at or above the knee joint; 3) hand, at or above the wrist joint; and 4) foot, at or above the ankle joint.]

TERMS OF PAYMENT FOR ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

[Full Excess [with Integrated Deductible]]

If a Covered Person incurs Covered Expenses, We will pay the applicable benefit, subject to any applicable **[Integrated]** Deductible and Benefit Period shown on the Schedule of Benefits that are in excess of expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan. The first expense must be incurred within the Loss Period stated on the Schedule of Benefits. The Total Benefit Maximum payable under the Policy are shown on the Schedule of Benefits.

Failure by a Covered Person to follow the terms and conditions of His primary coverage will result in a benefit reduction of Eligible Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by His primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

For the purposes of this provision, "Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

- (1) group or blanket insurance, whether on an insured or self-funded basis;
- (2) Hospital or medical service organizations on a group basis;
- (3) Health Maintenance Organizations on a group basis;
- (4) group labor management plans;
- (5) employee benefit organization plan;
- (6) professional association plans on a group basis;
- (7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
- (8) automobile no-fault coverage (unless prohibited by law).]

[Failure by a Covered Person to follow the terms and conditions of His primary coverage will result in a benefit reduction of Eligible Expense to 50% of the amount otherwise payable under the Policy. This limitation will not apply to emergency treatment required within 24 hours after an Accident when the Accident occurs outside the geographic area served by His primary plan's HMO, PPO or other similar arrangement for provision of benefits or services, if applicable.

For the purposes of this provision, "Health Care Plan" means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

- (1) group or blanket insurance, whether on an insured or self-funded basis;
- (2) Hospital or medical service organizations on a group basis;
- (3) Health Maintenance Organizations on a group basis;
- (4) group labor management plans;
- (5) employee benefit organization plan;
- (6) professional association plans on a group basis;
- (7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
- (8) automobile no-fault coverage (unless prohibited by law).]

{Each Exclusion may be included as shown or deleted based on the plan of benefits selected by the Policyholder. Bracketed phrases will be included as shown or deleted.}

EXCLUSIONS

We will not pay benefits for any Accidental Death and Dismemberment loss or Injury that is caused by, or results from:

1. [piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.]
2. [commission of, or attempt to commit, a felony, an assault or other illegal activity.]

In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. [Pre-Existing Conditions, as defined herein.]
2. [pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.]
3. [expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.]
4. [Injury or death to which a contributing cause is the Covered Person's violation or attempt to violate any duly-enacted law or the commission or attempt to commit an assault or a felony.]
5. [blood, blood plasma or blood storage except expenses by a Hospital for processing or administration of blood.]
6. [cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.]
7. [any elective treatment, surgery, health treatment, or examination including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.]
8. [eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them or repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.]
9. [expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).]
10. [treatment of Injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.]

11. [treatment or service provided by a private duty nurse.]
12. [replacement of artificial limbs, eyes and larynx.]
13. [eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.]

CLAIMS PROVISIONS

The Notice of Claim provision is replaced with the following:

Written notice of death or Injury must be given to the Company within [30, 60, 90] days after a Covered Loss begins or as soon as reasonably possible. Notice can be given to the Company at Starr Indemnity & Liability Company, [399 Park Avenue, 8th Floor, New York, NY 10022, Attn: Claims Department]. Notice should include the Covered Person's name and address as well as this Policy Number. If written notice is not received within [30, 60, 90] days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

- 1) it can be shown that it was not possible within reason to submit notice within the [30, 60, 90] day period;
and
- 2) it is further shown that notice was given as soon as possible.

The OFAC provision is added to the exclusion:

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

In all other respects, the Policy and Certificate remain the same.

Signed for STARR INDEMNITY & LIABILITY COMPANY:



Charles H. Dangelo, President



Nehemiah E. Ginsburg, General Counsel



Starr Indemnity & Liability Company

A Member of Starr Companies

Dallas, Texas

[Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022]

SCHEDULE OF BENEFITS

POLICYHOLDER: [ABC Policyholder]

POLICY NUMBER: [12345]

POLICY EFFECTIVE DATE: [July 1, 2009 at 12:01 A.M.]

POLICY PERIOD: [July 1, 2009 at 12:01 A.M. through July 1, 2010 at 12:01 A.M.]

CLASSES OF ELIGIBLE PERSONS:

[Enrolled participants of the Policyholder.]

HAZARDS INSURED AGAINST:

[Supervised and Sponsored Activities]

[Sports Coverage]

[Camp/Conference Coverage]

[Exposure and Disappearance]

[School Coverage]

Covered Activities:

[List the Supervised and Sponsored Activities to be covered.]

[List the Sports to be covered.]

[List the Camps/Conference to be covered.]

PREMIUMS: [\$123.00]

PREMIUM DUE DATE: [Annual in advance on the Effective Date]

{The Aggregate Limit is optional and applies on the case level.}

[AGGREGATE LIMIT:

Benefit Maximum: \$[100,000 – \$100,000,000]

We will not pay more than the Benefit Maximum for all losses per Accidental Death & Dismemberment Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Accidental Death & Dismemberment Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.]

BENEFITS:

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Covered Person Principal Sum/Amount of Insurance: [\$1,000 - \$5,000,000]

Loss Period: [30, 60, 90, 180, 365] days from the date of the Covered Accident

ACCIDENT MEDICAL AND DENTAL EXPENSE BENEFIT

Total Benefit Maximum for all Accident Medical and Dental: [\$1,000 - \$5,000,000]

[Deferred Dental Expenses: [\$500 - \$1,000], but only if the Total Maximum for all Accident Medical Expense Benefits paid are less than \$25,000.]

Loss Period (first Covered Expenses must be incurred within): [30 days, 60 days, 90 days, 180 days, 1 Year, 2 Years, 5 Years, 10 Years] after the Covered Accident

Benefit Period: [30 days, 60 days, 90 days, 180 days, 1 Year, 2 Years, 5 Years, 10 Years] after the Covered Accident

[Dental Benefit Maximum: [0 to \$10,000]]

[Dental Per Tooth Maximum: [\$250 to \$1,000] per tooth]

Deductible: [\$0 - \$250,000]

[Deductible Incurral Period: up to [30 days to 2 years]]

Coinsurance: [70-100%] of Usual and Customary Charges

Terms of Payment: [Primary, Full Excess]

[ACCIDENT MEDICAL AND DENTAL EXPENSE SUBLIMITS

- [Physical Therapy:] [\$500 to \$5,000]
- [Orthopedic:] [\$500 to \$5,000]
- [Transportation:] [\$500 to \$5,000]
- [Chiropractic:] [\$500 to \$5,000]
[\$50 to \$250] per office visit]

Any Deductibles, Coinsurance, Benefit Periods, and Benefit Maximums apply on a per Covered Person, per Covered Accident basis.

Maximum Benefit Period: [7-365] days]

[Paralysis Benefit

See Description of Benefits]

[Repatriation of Remains Benefit

Benefit Maximum:

[100% of Covered Expenses] or [\$5,000-\$250,000]

Deductible: [\$0-\$250]]

[Severe Burns

Benefit Amount [\$1,000-\$100,000] {or} [5-25]% of
Principal Sum to a maximum of \$[1,000-100,000]]

[Total Loss of Use Benefit

See Description of Benefits]]

SERFF Tracking #:

SILC-128828706

State Tracking #:

Company Tracking #:

AH-20007

State: Arkansas

Filing Company:

Starr Indemnity & Liability Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: AH-20007 Blanket Accident Benefit Rider

Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	01/14/2013
Comments:	Attached please find the flesch score certification.		
Attachment(s):			
ARKANSAS readability.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	01/14/2013
Bypass Reason:	N/A		

		Item Status:	Status Date:
Satisfied - Item:	Forms Listing	Approved	01/14/2013
Comments:	Attached please find a forms listing.		
Attachment(s):			
List of Forms.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variability	Approved	01/14/2013
Comments:	Attached please find an explanation of variability.		
Attachment(s):			
Explanation of Variability.pdf			

STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: Starr Indemnity & Liability 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.

Form Number	Score
AH-20007	62.89
AH-20008	65.89

Signed:



Name: Nehemiah E. Ginsburg

Title: General Counsel

Date: 01/04/2013

Starr Indemnity & Liability Company
Blanket Accident Benefit Rider
Rider Form AH-20007 et al.

LIST OF FORMS

Administrative Change Rider	AH-20007
Schedule of Benefits	AH-20008

Starr Indemnity & Liability Company

EXPLANATION OF VARIABLE MATERIAL

This is a supplement to the submission and provides an explanation as to the use of variable material. Variable material is signified by brackets throughout the policy forms and allows them to be tailored to the actual plan selected by the policyholder.

AH-20007 Administrative Change Rider

The following are self-explanatory: Administrative Office Address, Policy Number, Policyholder and Effective Date.

Bracketed provisions and phrases will be included as shown or omitted entirely.

The actual range of numerical items to be used are those shown within the variable brackets.

AH-20008 Schedule of Benefits

The following are self-explanatory: Administrative Office Address, Policy Number, Policyholder and Effective Date.

Bracketed provisions and phrases will be included as shown or omitted entirely.

The actual range of numerical items to be used are those shown within the variable brackets.