

SERFF Tracking Number: UHLC-125890571 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 40792
Company Tracking Number: ABC-AR-APP
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Policyholder Application
Project Name/Number: /ABC-AR-APP

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: Policyholder Application SERFF Tr Num: UHLC-125890571 State: ArkansasLH
TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 40792
Sub-TOI: H04.001 Student Co Tr Num: ABC-AR-APP State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Author: Mark Wenshau Disposition Date: 11/10/2008
Date Submitted: 11/06/2008 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: ABC-AR-APP Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: State-Specific to Arkansas
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Overall Rate Impact: Group Market Type: Blanket
Filing Status Changed: 11/10/2008
State Status Changed: 11/10/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Please see my cover letter for details of this filing. Thank you.

Company and Contact

Filing Contact Information

Mark Wenshau, Compliance Analyst mwenshau@uhcsr.com

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UnitedHealthcare StudentResources (866) 808-8305 [Phone]
Plano, TX 75075 (469) 229-5535[FAX]

Filing Company Information

United HealthCare Insurance Company CoCode: 79413 State of Domicile: Connecticut
450 Columbus Boulevard Group Code: 707 Company Type: Health
PO Box 150450
Hartford, CT 06115-0450 Group Name: State ID Number:
(215) 653-8046 ext. [Phone] FEIN Number: 36-2739571

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$50.00	11/06/2008	23750854

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/10/2008	11/10/2008

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Disposition

Disposition Date: 11/10/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	NAIC Transmittal	Approved-Closed	Yes
Form	Policyholder Application	Approved-Closed	Yes

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Form Schedule

Lead Form Number: ABC-AR-APP

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	ABC-AR-APP	Application/Enrollment Form	Policyholder Application Form	Initial			ABC-AR-APP.pdf

UNITED HEALTHCARE INSURANCE COMPANY
 STUDENT INSURANCE
 [PO BOX 809066
 DALLAS TEXAS 75380-9066]

Client <u>ANY School District</u>	Policy # <u>00-0000-00</u>
Address <u>123 Any Street</u>	Enrollment <u>[30,000]</u>
City <u>Any City</u> St <u>ANY</u> Zip <u>00000</u>	County <u>ANY</u>

1st Class Day <u>[08-01-07]</u>	Last Class Day <u>[06-01-08]</u>	Supplies Due <u>n/a</u>
1st Athletic Practice <u>n/a</u>	List Sport (s) <u>football</u>	
1st Football Practice <u>[06-01-07]</u>	Who pays football premium ? <u>[parent]</u>	
Is Offseason Program Permitted? <u>n/a</u>	Is Contact Practice Permitted? <u>n/a</u>	
Sports Coverage begins Aug 1st if signed application received prior to 1st start date		
Exception: Dates set by State Governing Organization		

Voluntary Rates:	At School	24 Hour	Football	Dental	Health
	[\$48.00]				

Grades:	(PK-12)	(E) Elementary School	(M) Middle School	(H) High School
		(EM) Elementary & Middle	(MH) Middle & High School	

Mandatory Rates:	Product	Grades	# Ins/Enr	Rate	Premium
Athletics & Activities	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
At School Including					
Athletics & Activities	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Notes: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

School Official Signature _____ Printed Name John M.Doe

Title Superintendent Telephone # (555) 555-5555 Email jdoe@ANY.com

Agent Name Joe Salesman Agent # 00-0000 Date 03-01-07

Agent Signature _____

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 11/10/2008
Comments:
Attachment:
AR_AR Certif of Compliance with Rule 19MG.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 11/10/2008
Bypass Reason: Please see form schedule tab.
Comments:

Satisfied -Name: NAIC Transmittal **Review Status:** Approved-Closed 11/10/2008
Comments:
Attachment:
AR NAIC Transmittal.pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: United HealthCare Insurance Company

Form Number(s): ABC-AR-APP

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



Signature of Company Officer

Allen Sorbo
Name

President
Title

November 6, 2008
Date

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #
	United HealthCare Insurance Company 2301 West Plano Pkwy, Suite 300 Plano, TX 75075	Connecticut	LAH	707	79413	36-2739571

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mark Wenshau	866-808-8603, ext 6859	469-229-5535	mwenshau@uhcsr.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	ABC-AR-APP
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	Blanket Student Accident and Sickness
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10.	Product Coding Matrix Filing Code	H04.001
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11.	Submitted Documents	<p>X FORMS</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input checked="" type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input checked="" type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other	
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<input checked="" type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising									
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other										
<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____											
<p align="center"><u>SUPPORTING DOCUMENTATION</u></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input checked="" type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> </table> <p><input checked="" type="checkbox"/> Other Cover Letter and Transmittal Form</p>			<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		
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<input type="checkbox"/> Actuarial Memorandum											

12.	Filing Submission Date	November 6, 2008	
13	Filing Fee (If required)	Amount <u>50.00</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>Sent via EFT</u>
14.	Date of Domiciliary Approval	State specific filing	
15.	Filing Description:		
<p>Attached please find our original submission of the above referenced policyholder application form. Form ABC-AR-APP is a revision of and once approved will replace policyholder application form ABC Application which was approved by your department on December 20, 2006.</p> <p>The purpose of this filing is to add a fraud statement to the application in accordance with Arkansas Insurance code 23-66-503.</p>			

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>			
Print Name <u>Mark Wenshau</u>		Title <u>Compliance Analyst</u>	
 Signature _____		Date: <u>November 6, 2008</u>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		ABC-AR-APP
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Application	ABC-AR-APP	Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	ABC Application

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number			ABC-AR-APP	
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1