

SERFF Tracking Number: CMBD-125626451 State: Arkansas  
 Filing Company: Combined Insurance Company of America State Tracking Number: 38848  
 Company Tracking Number: 112210-408  
 TOI: H03I Individual Health - Accidental Death & Dismemberment Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
 Product Name: Application for Accidental Death and Dismemberment Insurance  
 Project Name/Number: Application for Accidental Death and Dismemberment Insurance/112210-408

## Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Application for Accidental Death SERFF Tr Num: CMBD-125626451 State: ArkansasLH  
 and Dismemberment Insurance

TOI: H03I Individual Health - Accidental Death & Dismemberment SERFF Status: Closed State Tr Num: 38848

Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num: 112210-408 State Status: Approved-Closed  
 Dismemberment

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
 Author: Debra Canchola Disposition Date: 05/06/2008  
 Date Submitted: 05/02/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Application for Accidental Death and Dismemberment Insurance Status of Filing in Domicile: Pending

Project Number: 112210-408

Requested Filing Mode: Review & Approval

Date Approved in Domicile:

Domicile Status Comments: This form has been filed in our domicile state of Illinois on 4-25-08 and is currently pending.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/06/2008

State Status Changed: 05/06/2008

Corresponding Filing Tracking Number:

Filing Description:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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Please see attached cover letter.

## Company and Contact

### Filing Contact Information

Debra Canchola, Policy Analyst Debra\_Canchola@aon.com  
 1000 Milwaukee Avenue (847) 953-1527 [Phone]  
 Glenview, IL 60025 (847) 953-1557[FAX]

### Filing Company Information

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois  
 1000 Milwaukee Avenue Group Code: 317 Company Type:  
 Glenview, IL 60025 Group Name: State ID Number:  
 (847) 953-1531 ext. [Phone] FEIN Number: 36-2136262  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: 1 x \$50.00 = \$50.00  
 Per Company: No

| COMPANY                               | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|---------|----------------|---------------|
| Combined Insurance Company of America | \$50.00 | 05/02/2008     | 20069908      |

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## Correspondence Summary

### Dispositions

| Status          | Created By     | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 05/06/2008 | 05/06/2008     |

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## **Disposition**

Disposition Date: 05/06/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| <b>Item Type</b>           | <b>Item Name</b>   | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|--|--------------------|----------------------|
| <b>Supporting Document</b> | Certification/Notice   | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Application  | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Health - Actuarial Justification                             | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Outline of Coverage  | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Cover Letter - AR  | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Readability Certification                                    | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | L&H Transmittal Document                                     | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | Variability Memorandum                                       | Approved-Closed    | Yes                  |
| <b>Supporting Document</b> | 112210-408 - Highlighted - Bracketed Copy of Application     | Approved-Closed    | Yes                  |
| <b>Form</b>                | Application for Accidental Death and Dismemberment Insurance | Approved-Closed    | Yes                  |

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## Form Schedule

Lead Form Number: 112210-408

| Review Status   | Form Number | Form Type                   | Form Name  | Action  | Action Specific Data | Readability | Attachment     |
|-----------------|-------------|-----------------------------|--|---------|----------------------|-------------|----------------|
| Approved-Closed | 112210-408  | Application/Enrollment Form | Application for Accidental Death and Dismemberment Insurance | Initial |                      | 53          | 112210-408.pdf |

**Application for Accidental Death & Dismemberment Insurance**

**FORM # [10211]**

I am applying for this coverage based on the following information:

Application Date: / /

**ACTION REQUESTED:**  New Enrollment  Add Rider  Benefit Increase

|  |  |                       |     |                |
|--|--|-----------------------|-----|----------------|
| EMPLOYEE'S (Proposed Insured) NAME (First MI Last) | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Birthdate (Mo/Day/Yr) | Age | State of Birth |
|--|--|-----------------------|-----|----------------|

|  |                |                             |
|--|----------------|-----------------------------|
| EMPLOYEE'S HOME ADDRESS (Street, City, State, Zip) | Home Phone No. | Drivers License No. & State |
|--|----------------|-----------------------------|

|                       |          |                      |              |                     |
|-----------------------|----------|----------------------|--------------|---------------------|
| [Social Security No.] | EMPLOYER | Hire Date: Mo/Day/Yr | Employee ID# | Gross Annual Income |
|-----------------------|----------|----------------------|--------------|---------------------|

Occupation \_\_\_\_\_

|                         |              |                               |              |
|-------------------------|--------------|-------------------------------|--------------|
| BENEFICIARY'S Full Name | Relationship | CONTINGENT BENEFICIARY'S Name | Relationship |
|-------------------------|--------------|-------------------------------|--------------|

|   |  |                       |     |                |
|---|--|-----------------------|-----|----------------|
| SPOUSE'S (Proposed Spouse Insured) NAME (First MI Last) | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Birthdate (Mo/Day/Yr) | Age | State of Birth |
|---|--|-----------------------|-----|----------------|

Spouse's Occupation \_\_\_\_\_

|                         |              |                               |              |
|-------------------------|--------------|-------------------------------|--------------|
| BENEFICIARY'S Full Name | Relationship | CONTINGENT BENEFICIARY'S Name | Relationship |
|-------------------------|--------------|-------------------------------|--------------|

If applying for the Children Rider, please list eligible children below.

| Name | Birthdate (Mo/Day/Yr) | Name | Birthdate (Mo/Day/Yr) |
|------|-----------------------|------|-----------------------|
|      |                       |      |                       |
|      |                       |      |                       |
|      |                       |      |                       |

|   |                                 |
|---|---------------------------------|
| <b>AMOUNT OF INSURANCE BEING APPLIED FOR:</b>   | <b>PREMIUM - Mode</b>           |
| Employee _____  | [ _____ ]                       |
| [ Spouse Rider <input type="checkbox"/> [ \$25,000 <input type="checkbox"/> \$10,000 ]    | [ _____ ]                       |
| [ Children Rider* <input type="checkbox"/> [ \$10,000 <input type="checkbox"/> \$ 5,000 ] | [ _____ ]                       |
| * See policy rider for details on eligibility of coverage.                                | <b>Total Premium:</b> [ _____ ] |

1. Are you employed in your primary occupation for less than 30 hours each week? Yes  No

2. Have you or your Spouse been convicted of reckless driving or driving under the influence of alcohol or drugs in the last five years?  
 Yes  No  Employee Yes  No  Spouse Yes  No

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any Bureau of Motor Vehicles to release to Combined Insurance Company of America any information regarding me for the purpose of evaluating this Application for insurance.

This authorization shall remain valid for a period of two years from the date of application. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to the Company.

Will the policy applied for replace or cause the change of any existing AD&D contracts? Yes  No

It is very important that you review the application carefully. Misstatements or omissions could cause an otherwise valid claim to be denied. Please check the application carefully and advise your agent if any information is not correct or not complete. **I understand that any insurance applied for will not take effect unless and until Combined Insurance Company of America approves my application, the contract is issued, and the required premium is received by Combined Insurance Company of America.**

In applying for this coverage, I represent and affirm that the information which I have given as recorded on this Application is true and complete to the best of my knowledge and belief.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

X \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Signature of Employee

I, the authorized agent, have on the date of application recorded the information as given to me by the Employee. I have no reason to believe the policy will replace any existing insurance.

Signature of Licensed Agent \_\_\_\_\_ Code # \_\_\_\_\_

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

|                         |                                  |                       |                 |            |
|-------------------------|----------------------------------|-----------------------|-----------------|------------|
| <b>Satisfied -Name:</b> | Certification/Notice             | <b>Review Status:</b> | Approved-Closed | 05/06/2008 |
| <b>Comments:</b>        |                                  |                       |                 |            |
| <b>Attachment:</b>      | Certification of Compliance.pdf  |                       |                 |            |
| <b>Bypassed -Name:</b>  | Application                      | <b>Review Status:</b> | Approved-Closed | 05/06/2008 |
| <b>Bypass Reason:</b>   | Not applicable to this filing.   |                       |                 |            |
| <b>Comments:</b>        |                                  |                       |                 |            |
| <b>Bypassed -Name:</b>  | Health - Actuarial Justification | <b>Review Status:</b> | Approved-Closed | 05/06/2008 |
| <b>Bypass Reason:</b>   | Not applicable to this filing.   |                       |                 |            |
| <b>Comments:</b>        |                                  |                       |                 |            |
| <b>Bypassed -Name:</b>  | Outline of Coverage              | <b>Review Status:</b> | Approved-Closed | 05/06/2008 |
| <b>Bypass Reason:</b>   | Not applicable to this filing.   |                       |                 |            |
| <b>Comments:</b>        |                                  |                       |                 |            |
| <b>Satisfied -Name:</b> | Cover Letter - AR                | <b>Review Status:</b> | Approved-Closed | 05/06/2008 |
| <b>Comments:</b>        |                                  |                       |                 |            |
| <b>Attachment:</b>      | Cover Letter - AR.pdf            |                       |                 |            |
| <b>Satisfied -Name:</b> | Readability Certification        | <b>Review Status:</b> | Approved-Closed | 05/06/2008 |
| <b>Comments:</b>        |                                  |                       |                 |            |
| <b>Attachment:</b>      |                                  |                       |                 |            |

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Readability Certification.pdf

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**Review Status:**  
**Satisfied -Name:** L&H Transmittal Document Approved-Closed 05/06/2008  
**Comments:**  
**Attachment:**  
L&H Transmittal Document.PDF

**Review Status:**  
**Satisfied -Name:** Variability Memorandum Approved-Closed 05/06/2008  
**Comments:**  
**Attachment:**  
Variability Memorandum.pdf

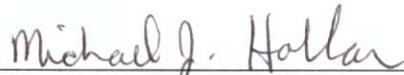
**Review Status:**  
**Satisfied -Name:** 112210-408 - Highlighted - Bracketed Copy of Application Approved-Closed 05/06/2008  
**Comments:**  
This highlighted/bracketed copy of Application 112210-408 is attached for your convenience. It corresponds to the variability memorandum attached above.  
**Attachment:**  
112210-408 - Highlighted - Bracketed Copy.pdf

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Combined Insurance Company of America

Form Number(s): 122210-408 - Application for Accidental Death and Dismemberment  
Insurance

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

  
\_\_\_\_\_  
Signature of Company Officer

Michael J. Hollar  
\_\_\_\_\_  
Name

Assistant Secretary  
\_\_\_\_\_  
Title

May 2, 2008  
\_\_\_\_\_  
Date



**VIA SERFF**

May 2, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3<sup>rd</sup> Street  
Little Rock, Arkansas 72201-1904

RE: **SERFF Tracking Number: CMBD-125626451**  
**Combined Insurance Company of America**  
**FEIN Number: 36-2136262**  
**NAIC Number: 317-62146**  
Form Numbers: 112210-408 - Application for Accidental Death & Dismemberment Insurance  
INDIVIDUAL A&H

Dear Ms. Bowman:

Enclosed for your review are copies of the following:

1. Readability Score Certification
2. EFT Transfer in the amount of \$50.00
3. Certification of Compliance
4. Life, Accident & Health, Annuity, Credit Transmittal Document
5. Variability Memorandum

Form No. 112210-408 is a new form which will replace Application 112210 previously approved by your Department on July 3, 2003. This application will be used in connection with our individual non-cancellable accidental death and dismemberment policy, Form No. 10211-AR, also approved by your Department on July 3, 2003, under SERFF Tracking No. USPH-5LLGT9357.

We have added the following section to the application to be filled in when applying for coverage for children.

If applying for the Children Rider, please list eligible children below.

| Name | Birthdate (Mo/Day/Yr) | Name | Birthdate (Mo/Day/Yr) |
|------|-----------------------|------|-----------------------|
|      |                       |      |                       |
|      |                       |      |                       |

No other changes were made to the above listed application.

A similar form has been filed in our domicile state, Illinois.

We appreciate your time in reviewing this filing. Please contact me at our toll free number or email address if you have any questions or need additional information.

Sincerely,

Debra Canchola  
Policy Analyst

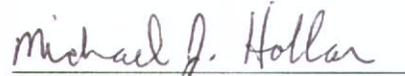


**READABILITY CERTIFICATION**

112210-408 - Application

We hereby certify that the above captioned forms have a Flesch Index Score and meets the reading ease requirements.

| <u>Form No.</u> | <u>Flesch Score</u> |
|-----------------|---------------------|
| 112210-408      | 53                  |

  
\_\_\_\_\_  
Michael J. Hollar  
Assistant Secretary



**Life, Accident & Health, Annuity, Credit Transmittal Document**

|  |  |                    |  |                                     |
|--|--|--------------------|--|-------------------------------------|
| 14.  | <b>FORM FILING ATTACHMENT</b>                              |                    |  |                                     |
|  | This filing transmittal is part of company tracking number |                    |  |                                     |
| This filing corresponds to rate filing company tracking number |  |                    |  |                                     |
|  | <b>Component Name</b>                                      | <b>Form Number</b> |  | <b>Replaced Form Number</b>         |
|  | <b>Description</b>   |                    |  | <b>Previous State Filing Number</b> |
| 01   |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other _____ |                                     |
|  |  |                    |  |                                     |
| 02   |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other _____ |                                     |
|  |  |                    |  |                                     |
| 03   |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other _____ |                                     |
|  |  |                    |  |                                     |
| 04   |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other _____ |                                     |
|  |  |                    |  |                                     |
| 05   |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other _____ |                                     |
|  |  |                    |  |                                     |
| 06   |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other _____ |                                     |
|  |  |                    |  |                                     |
| 07   |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other _____ |                                     |
|  |  |                    |  |                                     |
| 08   |  |                    | <input type="checkbox"/> Initial<br><input type="checkbox"/> Revised<br><input type="checkbox"/> Other _____ |                                     |
|  |  |                    |  |                                     |

**Life, Accident & Health, Annuity, Credit Transmittal Document**

|  |                       |                               |  |                                     |
|--|-----------------------|-------------------------------|--|-------------------------------------|
| <b>15.</b>   |                       | <b>RATE FILING ATTACHMENT</b> |  |                                     |
| This filing transmittal is part of company tracking number         |                       |                               |  |                                     |
| This filing corresponds to form filing for company tracking number |                       |                               |  |                                     |
| Overall percentage rate impact for this filing                     |                       | <b>%</b>                      |  |                                     |
|  | <b>Component Name</b> | <b>Affected Form Numbers</b>  |  | <b>Previous State Filing Number</b> |
|  | <b>Description</b>    |                               |  |                                     |
| 01   |                       |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request _____%<br><input type="checkbox"/> Other _____ |                                     |
|  |                       |                               |  |                                     |
| 02   |                       |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request _____%<br><input type="checkbox"/> Other _____ |                                     |
|  |                       |                               |  |                                     |
| 03   |                       |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request _____%<br><input type="checkbox"/> Other _____ |                                     |
|  |                       |                               |  |                                     |
| 04   |                       |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request _____%<br><input type="checkbox"/> Other _____ |                                     |
|  |                       |                               |  |                                     |
| 05   |                       |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request _____%<br><input type="checkbox"/> Other _____ |                                     |
|  |                       |                               |  |                                     |
| 06   |                       |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request _____%<br><input type="checkbox"/> Other _____ |                                     |
|  |                       |                               |  |                                     |
| 07   |                       |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request _____%<br><input type="checkbox"/> Other _____ |                                     |
|  |                       |                               |  |                                     |
| 08   |                       |                               | <input type="checkbox"/> New<br><input type="checkbox"/> Revised<br>Request _____%<br><input type="checkbox"/> Other _____ |                                     |
|  |                       |                               |  |                                     |



