

SERFF Tracking Number: HCCH-125610583 State: Arkansas
Filing Company: HCC Life Insurance Company State Tracking Number: 38878
Company Tracking Number: HCCL MSL-2007 APP AR
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: HCCL MSL-2007 APP AR
Project Name/Number: AR App Notice Filing/HCCL MSL-2007 APP AR

Filing at a Glance

Company: HCC Life Insurance Company
Product Name: HCCL MSL-2007 APP AR
TOI: H21 Health - Other
Sub-TOI: H21.000 Health - Other

SERFF Tr Num: HCCH-125610583 State: ArkansasLH
SERFF Status: Closed State Tr Num: 38878
Co Tr Num: HCCL MSL-2007 APP AR State Status: Approved-Closed
AR
Co Status:
Author: Stephanie Dawson Reviewer(s): Rosalind Minor
Date Submitted: 05/06/2008 Disposition Date: 05/07/2008
Disposition Status: Approved-Closed

Filing Type: Form

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AR App Notice Filing
Project Number: HCCL MSL-2007 APP AR
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: Resubmission
Group Market Size: Large
Group Market Type: Employer

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 01/01/2007
Domicile Status Comments:
Market Type: Group
Previous Filing Number: HCCL MSL-2007 APP
Overall Rate Impact:
Filing Status Changed: 05/07/2008
State Status Changed: 05/07/2008
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Medical Stop Loss application is being refilled in accordance with bulletin number 6-2008. All required changes have been made in accordance with Arkansas Code 23-62-111. This is part of a Medical Stop Loss policy that was previously approved by the state on 12/29/2006.

Company and Contact

SERFF Tracking Number: HCCH-125610583 State: Arkansas
 Filing Company: HCC Life Insurance Company State Tracking Number: 38878
 Company Tracking Number: HCCL MSL-2007 APP AR
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: HCCL MSL-2007 APP AR
 Project Name/Number: AR App Notice Filing/HCCL MSL-2007 APP AR

Filing Contact Information

Stephanie Dawson, Compliance Assistant sdawson@hcclife.com
 225 TownPark Drive (770) 693-6455 [Phone]
 Kennesaw, GA 30144 (770) 973-9854[FAX]

Filing Company Information

HCC Life Insurance Company CoCode: 92711 State of Domicile: Indiana
 225 TownPark Dr., NW Group Code: Company Type:
 Suite 145
 Kennesaw , GA 30144-5885 Group Name: State ID Number:
 (770) 693-6441 ext. [Phone] FEIN Number: 35-1817054

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HCC Life Insurance Company	\$20.00	05/06/2008	20113783

SERFF Tracking Number: HCCH-125610583 State: Arkansas
Filing Company: HCC Life Insurance Company State Tracking Number: 38878
Company Tracking Number: HCCL MSL-2007 APP AR
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: HCCL MSL-2007 APP AR
Project Name/Number: AR App Notice Filing/HCCL MSL-2007 APP AR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/07/2008	05/07/2008

SERFF Tracking Number: *HCCH-125610583* *State:* *Arkansas*
Filing Company: *HCC Life Insurance Company* *State Tracking Number:* *38878*
Company Tracking Number: *HCCL MSL-2007 APP AR*
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *HCCL MSL-2007 APP AR*
Project Name/Number: *AR App Notice Filing/HCCL MSL-2007 APP AR*

Disposition

Disposition Date: 05/07/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HCCH-125610583 *State:* Arkansas
Filing Company: HCC Life Insurance Company *State Tracking Number:* 38878
Company Tracking Number: HCCL MSL-2007 APP AR
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: HCCL MSL-2007 APP AR
Project Name/Number: AR App Notice Filing/HCCL MSL-2007 APP AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Stop Loss Application	Approved-Closed	Yes

SERFF Tracking Number: HCCH-125610583 State: Arkansas
 Filing Company: HCC Life Insurance Company State Tracking Number: 38878
 Company Tracking Number: HCCL MSL-2007 APP AR
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: HCCL MSL-2007 APP AR
 Project Name/Number: AR App Notice Filing/HCCL MSL-2007 APP AR

Form Schedule

Lead Form Number: HCCL MSL-2007 APP AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HCCL MSL-2007 APP AR	Application/ Enrollment Form	Stop Loss Application	Revised	Replaced Form #: HCCL MSL-2007 APP AR Previous Filing #: HCCL MSL-2007 APP	51	AR - HCCL Application - final _disclaimer added per bulletin 6-2008_.pdf

15. AGGREGATE STOP LOSS INSURANCE:

Yes No

A. Covered Expenses Paid under the Employee Benefit Plan for the following Plan Benefits are covered for Aggregate Stop Loss Insurance (not included unless checked):

- Medical Dental Weekly Income Vision Prescription Drug Card
- Prescription Drugs Under Medical Other:

B. Minimum Annual Aggregate Deductible: \$
(Subject to the Definition of Minimum Annual Aggregate Deductible in the Policy)

C. Contract Basis:
Covered Expenses **Incurred** from [Date] through [Date], and **Paid** from [Date] through [Date].
Run-In claims limited to: \$

D. Aggregate Reimbursement Maximum: \$

E. Monthly Aggregate Factors:

Monthly Factors	Combined	Medical	Dental	Weekly Income	Vision	Prescription Drugs
Composite						
Single						
Family						

F. Aggregate Percentage Reimbursable _____%

G. Loss Limit: \$
For the purposes of Aggregate Stop Loss Insurance, the Loss Limit is the maximum amount of Covered Expenses Incurred by each Covered Person (or Covered Family), which can be used to satisfy the Annual Aggregate Deductible.

H. Monthly Deductible Advance Reimbursement Option: Yes No

I. Aggregate Terminal Liability Option: Yes No

J. Aggregate Premium:

1. Annual Premium payable in advance for Contract Period: \$
2. Monthly Premium rate per Covered Unit: \$
3. Monthly Deductible Advance Reimbursement premium per Covered Unit per month: \$
4. Aggregate Terminal Liability Option premium per Covered Unit per month: \$

SPECIAL LIMITATIONS:

Specific:

Aggregate:

It is understood and agreed by the Applicant that:

1. The Applicant is financially sound, with sufficient capital and cash flow to accept the risks inherent in a "self-funded" health care plan, and
2. The Plan Supervisor retained by the Applicant will be considered the Applicant's Agent, and not the Company's Agent, and
3. All documentation requested by the Company must be received within 90 days of the Policy effective date, and is subject to approval by the Company and may require adjustment of rates, factors, and / or Special Limitations to accommodate for abnormal risks, and
4. The Stop Loss Insurance applied for herein will not become effective until accepted by the Company, and
5. Premiums are not considered paid until the premium check is received by the Company, is paid according to the rates set forth in the Application, and all items required to issue the Policy have been returned to the Company. Premiums are subject to refund should any outstanding policy requirement not be met within 90 days of the Policy's effective date, and
6. This Application will be attached to and made a part of the Policy issued by the Company, and
7. The Employee Benefit Plan(s) attached shall be the basis of any Stop Loss Insurance provided by the Company and such Employee Benefit Plan(s) conforms with all applicable State and Federal statutes, and
8. Any reimbursement under the Stop Loss Insurance provided by the Company shall be based on Covered Expenses Paid by the Applicant in accordance with the Employee Benefit Plan(s) attached hereto, and
9. After diligent and complete review, the representations made in this Application, the disclosures made, and all of the information provided for underwriters to evaluate the risk, are true and complete.

NOTICE: Employers/Plan Sponsors of self-funded health plans should not consider the purchase of stop loss coverage and/or excess loss coverage as complete protection from all liability create by the self-funded health plan. Employers/Plan Sponsors should be aware that the failure to comply with the terms of the stop loss policy and/or the provisions in the self-funded health plan may cause the employer/Plan Sponsor to incur liabilities under the health plan. For instance, if medical claims are paid on an ineligible individual, the stop loss carrier may deny the reimbursement under the stop loss policy. In addition, the Arkansas Life and Health Insurance Guaranty Association does not cover claims reimbursable under a stop loss policy.

Any person who knowingly and with the 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.

Full Legal Name of Applicant:

Applicant's Federal Tax I.D. Number:

Dated at _____ this _____ day of _____, 20_____.

Officer / Partner Signature (print name)

Licensed Agent Signature (print name)

For HCC Life Insurance Company Use Only: ACCEPTANCE

Accepted on behalf of the Company, this _____ day of _____, 20_____.

By: _____

Title: _____

Policy No.: _____

SERFF Tracking Number: *HCCH-125610583* *State:* *Arkansas*
Filing Company: *HCC Life Insurance Company* *State Tracking Number:* *38878*
Company Tracking Number: *HCCL MSL-2007 APP AR*
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *HCCL MSL-2007 APP AR*
Project Name/Number: *AR App Notice Filing/HCCL MSL-2007 APP AR*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HCCH-125610583 State: Arkansas
Filing Company: HCC Life Insurance Company State Tracking Number: 38878
Company Tracking Number: HCCL MSL-2007 APP AR
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: HCCL MSL-2007 APP AR
Project Name/Number: AR App Notice Filing/HCCL MSL-2007 APP AR

Supporting Document Schedules

Review Status:
Bypassed -Name: Certification/Notice Approved-Closed 05/07/2008
Bypass Reason: This filing is submitted in accordance with AR Bulletin 6-2008. Certification is not applicable to this filing.

Comments:

Review Status:
Satisfied -Name: Application Approved-Closed 05/07/2008

Comments:

The application is being refiled by HCC Life in compliance with AID bulletin #6-2008.

Review Status:
Bypassed -Name: Health - Actuarial Justification Approved-Closed 05/07/2008
Bypass Reason: The Medical Stop Loss policy has been filed and approved Arkansas, as of 12/29/2006.

The actuarial memorandum was filed and approved with the original policy filing.

Comments:

Review Status:
Bypassed -Name: Outline of Coverage Approved-Closed 05/07/2008
Bypass Reason: This product is not offered to Individual policy holders, and is not a Individual Medicare Supplement or Long Term Care product.

Comments: