Filing at a Glance

Company: UniCare Life & Health Insurance Company

Product Name: Group LTD Conversion	SERFF Tr Num: ANTB-125782583	State: ArkansasLH
TOI: H11G Group Health - Disability Income	SERFF Status: Closed	State Tr Num: 40005
Sub-TOI: H11G.003 Long Term	Co Tr Num: DLS U 1007 C CNV	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Les Lafave	Disposition Date: 08/24/2008
	Date Submitted: 08/19/2008	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group LTD Conversion
Project Number: DLS U 1007 C CNV
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 08/24/2008
State Status Changed: 08/24/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 11/30/2007
Domicile Status Comments: Approved
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer, Association

Deemer Date:

Filing Description:

Group Long Term Disability Conversion (Insert)

Company and Contact

Filing Contact Information

Les Lafave, Sr. Compliance Specialist — les.lafave@bcbsga.com
Three Ravinia Drive — (678) 443-5233 [Phone]

Atlanta, GA 30346 (678) 443-5225[FAX]

Filing Company Information

UniCare Life & Health Insurance Company	CoCode: 80314	State of Domicile: Delaware
Three Raviania Drive	Group Code: 435	Company Type: life & health
Suite 1770		
Atlanta, GA 30346	Group Name:	State ID Number:
(678) 443-5200 ext. [Phone]	FEIN Number: 52-0913817	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	One form.
Per Company:	No

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/24/2008	08/24/2008

Disposition

Disposition Date: 08/24/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ANTB-125782583*	*State:*	*Arkansas*
Filing Company:	*UniCare Life & Health Insurance Company*	*State Tracking Number:*	*40005*
Company Tracking Number:	*DLS U 1007 C CNV*		
TOI:	*H11G Group Health - Disability Income*	*Sub-TOI:*	*H11G.003 Long Term*
Product Name:	*Group LTD Conversion*		
Project Name/Number:	*Group LTD Conversion/DLS U 1007 C CNV*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Check Copy	Approved-Closed	Yes
Form	Group LTD Conversion	Approved-Closed	Yes

Form Schedule

Lead Form Number: DLS U 1007 C CNV

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	DLS U 1007 C CNV	Certificate Amendment, Insert Page, Endorsement or Rider	Group LTD Conversion	Initial		46	Ltd Conversion Form.doc.pdf

ADDITIONAL PROVISION FOR LTD CONVERSION

This provision allows You to convert Your group Long Term Disability (LTD) coverage to a personal plan of long term disability insurance coverage if Your LTD coverage provided by the Plan Sponsor terminates for any of the following reasons:

1. You resign;
2. You are terminated for cause;
3. You are laid-off;
4. You take a leave of absence.

Certain conditions apply as provided below. Benefits and amounts of insurance under the LTD conversion coverage may differ from those under the Plan Sponsor's group Policy. [You do not have to supply medical evidence of Your insurability to convert Your LTD coverage.]

You are responsible for payment of all LTD conversion coverage premiums under the new plan. [LTD conversion coverage is intended to be a transition LTD plan if you have no other group Long Term Disability coverage option available at the time of Your termination.] The LTD Conversion Plan coverage extends [for up to] [one year].

To be eligible to convert coverage, You must meet *all* of the following requirements on the date Your employment ends:

1. [The group Policy from which You wish to convert has not terminated;]
2. [Your class under the group Policy has not terminated, and You are not converting because You no longer belong to a class eligible for coverage under the group Policy];
3. [You have been covered under the group Policy for at least the [12] consecutive months just prior to the date Your employment ends;]
4. [You were Actively at Work up until the time Your employment terminated, and did not terminate employment due to illness or injury;]
5. [You have not failed to make any contributions required for Your coverage];
6. [You are not unable to perform or not limited from performing the Material and Substantial Duties of Your Own Occupation;]
7. [You are not eligible to become covered for LTD benefits under another group plan within 31 days after Your termination under the Plan Sponsor's group Policy;]
8. [You are not on a Leave of Absence;]
9. [You are not age [65] or over;]
10. [You are not retired, and You are not receiving retirement payments;]
11. [You are not covered under any other group disability plan;]
12. [You are not absent due to a labor strike.]

How and When Your LTD Conversion coverage begins

You must elect by Written application to convert coverage within the 31 day period immediately following the date on which Your employment ended and Your insurance under the group Policy terminated.

If Your premium and application are received within this period, conversion coverage will take effect [on the day after Your Long Term Disability coverage ends under the group Policy.]

[Short Term Disability benefits are not continued under this provision.]

Amount of Insurance for the Conversion Provision

The amount of insurance and the limitations and exclusions of coverage are as provided in the individual certificate.

Premium may be paid on a [quarterly,] [semi-annual,] [or annual basis].

[If You elect conversion coverage and You again become an Eligible Employee of the Plan Sponsor, Your conversion coverage will end on the earlier of the date You become eligible under the Plan Sponsor's Group Policy, or the date You reach the maximum coverage period as otherwise provided by the conversion coverage.]

Conversion is not available for employers located in some states.

[We reserve the right to have Your conversion coverage issued by another insurance company.]

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Certification/Notice
Review Status: Approved-Closed 08/24/2008
Comments:
Attachment:
ComplianceCertification.pdf

Satisfied -Name: Application
Review Status: Approved-Closed 08/24/2008
Comments:
Attachment:
Application Form.pdf

Satisfied -Name: Cover Letter
Review Status: Approved-Closed 08/24/2008
Comments:
Attachment:
CoverLetter.pdf

Satisfied -Name: Check Copy
Review Status: Approved-Closed 08/24/2008
Comments:
Attachment:
CheckCopy.pdf

STATE OF ARKANSAS

CERTIFICATION

This is to certify that each of the forms listed below has achieved the Flesch Reading Ease Score shown opposite it and complies with the requirements of Ark. Stat. Ann. 23-80-201 through 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

Name of Forms	Form Number	Flesch Score
Group Disability Certificate Rider.	DLS U 1007 C CNV	45.8

_____
(Signature)

(Name – Title: SVP)
Officer for the UniCare Life and Health Insurance Company

7/14/08
Date

State of Arkansas

UNICARE®

UNICARE Life & Health Insurance Company

Application for Group Insurance

Applicant's Full Legal Name: _____

The Applicant hereby applies for a Group Insurance policy to be issued by UNICARE Life & Health Insurance Company (the Company). The Company shall not be bound except upon written acceptance at an authorized UNICARE office.

The Applicant is: ☐ a corporation ☐ a partnership ☐ a proprietorship

If it is another form of entity, describe fully: _____

_____

The name of the Agent or Broker of Record is: _____

It is requested that the policy be effective _____. Agreement on its terms will be evidenced by the Company's issuance of the policy and its signed acceptance by the Applicant. No agent or broker has authority to change the policy's terms.

The Applicant has made a deposit of $_____ for the requested policy. That deposit is not an insurance premium. If the Company approves this application it shall determine the amount of the premium due at that time. Then, in return for such approval, the Applicant agrees to pay any excess of the premium due over the deposit. Such amount shall be paid within 30 days after the Company's written notice of the amount due.

On any date the Company may find that either: (a) it will not issue the requested group insurance policy: or (b) the Applicant will not accept the policy offered. Then, any benefit claims paid by the Company will be deducted from any and all deposits or other funds given by the Applicant. Within the following 30 days: (a) any deficit in the funds so applied will be paid by the Applicant; or (b) any excess in such funds will be returned to the Applicant by the Company.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 with respect to the persons residing or located in New York, will also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Signed at: _____
(city & state)

on _____
(date)

by _____
(signature of authorized officer)

Print Name: _____

Title _____

_____
(witness or corporate seal)

UNICARE.

NAIC Company Number: 80314
FEIN Number: 52-0913817

August 19, 2008

Arkansas Department of Insurance
1200 W. Third St.
Little Rock, AR 72201-1904

RE: Group Disability Certificate Form
Form Number: DLS U 1007 C CNV

Dear Sir or Madam:

The purpose of this filing is to add a conversion option to our group disability income policies.

The submitted form DLS U 1007 C CNV will be used as an insert with our certificate master form DLS U 0205 C which was Approved in Arkansas on 07/29/05.

We have enclosed the following items with this submission:

- A certificate of compliance.
- The above referenced form.
- A copy of check no. 60961702, mailed under separate cover.
- An application used with the forms.

We anticipate filing this form in all states.

Please contact me directly if you require any further information in order to complete your review.

Sincerely,

Les Lafave, FLMI
Senior Compliance Specialist
Ph: 800-237-0375 Extension 35233
Fax: 678-443-5225
les.lafave@wellpoint.com

CHECK FACE HAS A COLORED BACKGROUND ON WHITE PAPER

ANTHEM BLUE CROSS & BLUE SHIELD
P.O. BOX 68086
CINCINNATI, OH 45206

BANK OF AMERICA
ATLANTA, DEKALB COUNTY, GA

64-1278
611

CHECK NUMBER
60961702

C16

Date 06/25/2008 Pay Amount ***50.00

Pay ****FIFTY AND XX / 100 DOLLAR****

To The Order Of

ARKANSAS INSURANCE DEPARTMENT
1200 WEST THIRD STREET
ACCOUNTING DIVISION
LITTLE ROCK, AR 72201-1904

Wayne S. DeVeyot

⑈60961702⑈ ⑆061112788⑆ 329 912 6476⑈

Questions? Please call 1-888-236-0013

An independent licensee of the Blue Cross and Blue Shield Association

Check Date: 06/25/2008 **Business Unit: A1400** **Check No. 60961702** **C16**

Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Available	Paid Amount
AP3962066262	06/23/2008	04589685	50.00	0.00	50.00
ANTHEM LIFE NEW PRODUCT FORM FILING					
Name ARKANSAS INSURANCE DEPARTMENT			50.00	0.00	50.00