

SERFF Tracking Number: ICCI-126380282 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44026
 Company Tracking Number: HIC-SPW 11/09
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER
 Project Name/Number: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER /SPW 11/09

Filing at a Glance

Company: Humana Insurance Company
 Product Name: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER SERFF Tr Num: ICCI-126380282 State: Arkansas
 TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved-Closed State Tr Num: 44026
 Sub-TOI: H071.002 Dread Disease Co Tr Num: HIC-SPW 11/09 State Status: Approved-Closed
 Filing Type: Form/Rate Reviewer(s): Rosalind Minor
 Author: Brenda Dawson Disposition Date: 11/16/2009
 Date Submitted: 11/11/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER Status of Filing in Domicile:
 Project Number: SPW 11/09 Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 11/16/2009 Explanation for Other Group Market Type:
 State Status Changed: 11/16/2009
 Deemer Date: Created By: Brenda Dawson
 Submitted By: Brenda Dawson Corresponding Filing Tracking Number:
 Filing Description:
 We are hereby submitting the referenced form for filing in your state. This form is new and is not intended to replace any forms previously approved in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Humana Insurance Company, a Wisconsin domiciled company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

SERFF Tracking Number: ICCI-126380282 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44026
 Company Tracking Number: HIC-SPW 11/09
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER
 Project Name/Number: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER /SPW 11/09

Waiver of Premium due to Sanctioned Strike Benefit Rider form HIC-SPW 11/09 is available and is selected on the application and the additional premium is paid. This rider will be made available with any appropriate Individual Policy approved in your state.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions. These forms were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract or to the general print size.

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
 3925 East State Street, Suite 200 815-316-6714 [Phone]
 Rockford, IL 61108 815-986-2355 [FAX]

Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
P.O Box 740036	Group Code: 119	Company Type: L&H
500 West Main Street	Group Name: Humana Insurance Company	State ID Number:
Louisville, KY 40201-7436	FEIN Number: 39-1263473	
(502) 580-2712 ext. [Phone]		

Filing Fees

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

SERFF Tracking Number: ICCI-126380282 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 44026
Company Tracking Number: HIC-SPW 11/09
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit
Product Name: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER
Project Name/Number: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER /SPW 11/09

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$20.00	11/11/2009	31971472

SERFF Tracking Number: ICCL-126380282 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 44026
Company Tracking Number: HIC-SPW 11/09
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit
Product Name: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER
Project Name/Number: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER /SPW 11/09

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/16/2009	11/16/2009

SERFF Tracking Number: ICCI-126380282 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 44026
Company Tracking Number: HIC-SPW 11/09
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit
Product Name: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER
Project Name/Number: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER /SPW 11/09

Disposition

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ICCI-126380282 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44026
 Company Tracking Number: HIC-SPW 11/09
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER
 Project Name/Number: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER /SPW 11/09

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Humana Insurance Company	Approved-Closed	Yes
Form	Waiver of Premium Due to Sanctioned Strike Benefit Rider	Approved-Closed	Yes

SERFF Tracking Number: ICCI-126380282 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44026
 Company Tracking Number: HIC-SPW 11/09
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER
 Project Name/Number: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER /SPW 11/09

Form Schedule

Lead Form Number: HIC-SPW 11/09

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/16/2009	HIC-SPW 11/09	Policy/Cont ract/Fratern al	Waiver of Premium Due to Sanctioned Strike Benefit Rider	Initial		0.000	Humana SPW Strike Waiver.pdf
			Certificate: Amendmen t, Insert Page, Endorseme nt or Rider				

Humana Insurance Company
1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER

This Rider forms a part of the Policy to which it is attached and is effective on the Policy Effective Date.

I. BENEFIT

During the period of a sanctioned strike, the Company will credit to this policy an amount equal to the total monthly premiums for the policy as well as the monthly premiums for any attached riders beginning on the 31st day of strike retroactively to the date the sanctioned strike began. A sanctioned strike will be a strike by the union of which the insured is a member and such strike has the endorsement of and has been ratified by the union's national leadership.

The Company will not begin benefits until we have received written notification of the onset of a sanctioned strike and have received satisfactory proof of strike. The Company must receive written notification that the Insured is on strike during the first ninety days of the strike or as soon after as reasonably possible.

II. BENEFIT PERIOD

The maximum benefit period for each period of sanctioned strike is six months. At least six months must separate each period of strike or the period of strike will be considered continuous. The maximum lifetime benefit is an accumulation of twelve months.

III. STRIKE

The Insured is considered on a sanctioned strike if:

1. The Insured is on strike for 31 consecutive days; and
2. The period of strike begins six months after the effective date of this rider.

IV. PROOF OF STRIKE

Unless it is not possible to send proof earlier, the Company must receive proof of a sanctioned strike:

1. Within one year after notice of strike; and
2. During the lifetime of the Insured.

V. TERMINATION OF BENEFITS

The Company will stop crediting the total monthly premium when:

1. The Insured is no longer on strike;
2. The rider has terminated; or
3. The maximum benefit period for the current period of strike has been reached.

VI. TERMINATION OF RIDER

This rider ends:

1. If the insured is no longer employed by the unionized employer, as indicated on the application;
2. If the insured is no longer a union member of the unionized employer, as indicated on the application;
3. If the premiums for the policy are not paid before the end of the grace period;
4. If the owner of the policy files a written request to cancel this rider;
5. If the base policy is in default or lapse;
6. If the Insured dies;
7. If the policy matures; or
8. If the maximum benefit is paid.

VII. GENERAL PROVISIONS

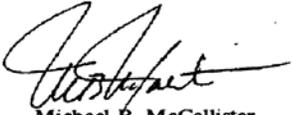
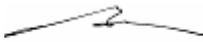
INTERPRETATION

This rider is a part of the policy to which it is attached. It is subject to the terms of the policy. If there is a conflict between the terms of the policy and the terms of this rider, the rider controls.

CONFORMITY WITH STATE STATUTES

On the effective date of this rider, if any provisions of the rider are in conflict with the laws of the state in which the owner resides on that date, then these provisions are amended to conform to the minimum requirements of such laws.

Signed for by Humana Insurance Company. at its Home Office on the Policy Effective Date.

 <p>Michael B. McCallister President</p>	 <p>Gerald L. Gani Vice President</p>
--	--

SERFF Tracking Number: ICCI-126380282 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 44026
 Company Tracking Number: HIC-SPW 11/09
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER
 Project Name/Number: WAIVER OF PREMIUM DUE TO SANCTIONED STRIKE BENEFIT RIDER /SPW 11/09

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Cert of Comp. with Rule 19 Strike Rider.pdf	Approved-Closed	11/16/2009

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: This is a rider only filing Comments:	Approved-Closed	11/16/2009

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: This is a rider filing only Comments:	Approved-Closed	11/16/2009

	Item Status:	Status Date:
Satisfied - Item: Humana Insurance Company Comments: Attachment: Humana Insurance Company Authorization letter.pdf	Approved-Closed	11/16/2009

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Humana Insurance Company

Form Number(s): HIC-SPW 11/09

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



Signature of Company Officer

Gerald L. Ganoni

Name

President

Title

November 11, 2009

Date

HUMANA.
Guidance when you need it most.

March 1, 2009

To: All State Insurance Departments

Humana Insurance Company hereby authorizes Insurance Compliance Consultants, Inc., to file the attached form(s) or a state specific variation of it, and to act on Our behalf regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Humana Insurance Company may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alan Stewart', with a long horizontal line extending to the right.

Alan Stewart
Vice President
Humana Insurance Company