

SERFF Tracking Number: ASWX-126073150 State: Arkansas
 Filing Company: Union Security Insurance Company State Tracking Number: 41777
 Company Tracking Number: GDSAR00917U1F01
 TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term
 Product Name: Group Short Term Disability Income
 Project Name/Number: Group Short Term Disability Income/GDSAR00917U1F01

Filing at a Glance

Company: Union Security Insurance Company

Product Name: Group Short Term Disability Income SERFF Tr Num: ASWX-126073150 State: ArkansasLH

TOI: H11G Group Health - Disability Income SERFF Status: Closed State Tr Num: 41777
 Sub-TOI: H11G.002 Short Term Co Tr Num: GDSAR00917U1F01 State Status: Approved-Closed
 Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
 Author: SPI Disposition Date: 03/16/2009
 AssurantHealthandEmployeeBenef
 Date Submitted: 03/12/2009 Disposition Status: Approved-Closed

Implementation Date Requested: 05/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: Group Short Term Disability Income
 Project Number: GDSAR00917U1F01
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 03/16/2009

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Small and Large
 Group Market Type: Other
 Explanation for Other Group Market Type:
 Other-ALL Eligible Groups Except Credit
 State Status Changed: 03/16/2009
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

Form Number Description

STDCVP Group Policy-Certificate insert form for use with Group Policy Form GP 90 and Group Certificate Form GC-90.

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PC-ALL-277 Group Policy-Certificate endorsement form for use with Group Policy Form GP 90 and Group Certificate Endorsement Form GC-90. This form modifies Forms PefEn and CefEn, previously approved by your Department to be used with GP 90 and GC-90.

Except for the enclosed forms, all forms referred to above are currently on file with your Department. The variable material is indicated by boxes or brackets.

Company and Contact

Filing Contact Information

Sharon Miller, Senior Contract Compliance Analyst
 sharon.miller@assurant.com
 2323 Grand Blvd (816) 881-8547 [Phone]
 Kansas City, MO 64108 (816) 881-8755[FAX]

Filing Company Information

Union Security Insurance Company CoCode: 70408 State of Domicile: Iowa
 2323 Grand Blvd Group Code: 19 Company Type:
 Kansas City, MO 64108 Group Name: State ID Number:
 (800) 800-1212 ext. [Phone] FEIN Number: 810170040

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|----------------------------------|---------|----------------|---------------|
| Union Security Insurance Company | \$50.00 | 03/12/2009 | 26379841 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 03/16/2009 | 03/16/2009 |

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Disposition

Disposition Date: 03/16/2009

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 | Application | Approved-Closed | Yes |
| Supporting Document | Cover letter | Approved-Closed | Yes |
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Form | Group Policy-Certificate Insert | Approved-Closed | Yes |
| Form | Group Policy-Certificate Endorsement | Approved-Closed | Yes |

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Form Schedule

Lead Form Number: STDCVP

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-----------------|-------------|--|--------------------------------------|---------|----------------------|-------------|----------------|
| Approved-Closed | STDCVP | Other | Group Policy-Certificate Insert | Initial | | 64 | STDCVP.PDF |
| Approved-Closed | PC-ALL-277 | Certificate Amendmen t, Insert Page, Endorseme nt or Rider | Group Policy-Certificate Endorsement | Initial | | 58 | PC-ALL-277.PDF |

SHORT TERM DISABILITY INSURANCE CONVERSION PRIVILEGE

If [your] *short term disability insurance* ends, [you] may be able to convert to coverage provided under a conversion policy. [You] must have been insured under the *policy* [for at least a year. This includes time insured under any similar group policy which the *policy* replaces.]

[Within 31 days] after [your] insurance ends, [you] must:

- apply for coverage under the conversion policy; and
- pay the first premium.

Proof of good health is not required.

[You] cannot convert if [your] *short term disability insurance* ends because:

- the *policy* [or participation agreement] ends;
- the *policy* [or participation agreement] is changed to end [your] coverage;
- [you] are *disabled*;
- a required premium is not paid[;]
- you retire from your employer, the *policyholder*, or an *associated company*; or
- your employer is no longer a *participating employer*].

The benefits of the conversion policy will be those we offer for conversion at the time [you] apply. The premium will be based on rates in effect for conversion policies at that time. The effective date of coverage will be the day after [your] insurance under the *policy* ends.

**ENDORSEMENTS [AND AMENDMENTS
(to be attached to the Certificate)]**

[Policy Number: G 0000

Policyholder: The ABC Company

Amendment #1: Effective March 1, 2009, the *policy* is amended as follows:]

The When a Person's Insurance Ends provision, appearing in the ELIGIBILITY AND TERMINATION PROVISIONS, is changed to provide that a *covered person's* insurance will end on the date the *covered person* is covered under another group disability plan.

| | |
|--|--|
| UNION SECURITY INSURANCE COMPANY | |
|  Assistant Secretary |  Executive Vice-President |
| Attest: | |
| Registrar | |
| Signed at _____ | Accepted _____ |
| Date _____ | _____ |
| Witness _____ | _____ |
| | (signature and title) |

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Rate Information

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Supporting Document Schedules

| | | |
|--|---------------------------------------|------------|
| Bypassed -Name: Application | Review Status: Approved-Closed | 03/16/2009 |
| Bypass Reason: NA | | |
| Comments: | | |
| Satisfied -Name: Cover letter | Review Status: Approved-Closed | 03/16/2009 |
| Comments: | | |
| Attachment: Cover letter.PDF | | |
| Satisfied -Name: Flesch Certification | Review Status: Approved-Closed | 03/16/2009 |
| Comments: | | |
| Attachment: AR - READABILITY CERTIFICATION.PDF | | |



ASSURANT
Employee
Benefits

Union Security
Insurance Company
2323 Grand Blvd.
Kansas City,
Missouri
64108-2670

March 13, 2009

Hon. Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Dear Commissioner Bradford:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

| Form Number | Description |
|-------------|--|
| STDCVP | Group Policy-Certificate insert form for use with Group Policy Form GP-90 and Group Certificate Form GC-90. |
| PC-ALL-277 | Group Policy-Certificate endorsement form for use with Group Policy Form GP-90 and Group Certificate Endorsement Form GC-90. This form modifies Forms PefEn and CefEn, previously approved by your Department to be used with GP-90 and GC-90. |

Except for the enclosed forms, all forms referred to above are currently on file with your Department. The variable material is indicated by boxes or brackets.

Please advise us of your action on these forms in accordance with your usual practices.

Sincerely,

Sharon Miller

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Senior Contract Compliance Analyst

T. 816.881.8547

F. 816.881.8755

E-mail address: Sharon.Miller@assurant.com

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Union Security Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

| Form Number | Score |
|--------------------|--------------|
| STDCVP | 63.81 |
| PC-ALL-277 | 58.43 |
| | |
| | |
| | |

Signed: 
Name: Julia Hix-Royer
Title: Vice President
Date: 3/13/09