

<i>SERFF Tracking Number:</i>	CAIC-126135324	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Continental American Insurance Company	<i>State Tracking Number:</i>	42251
<i>Company Tracking Number:</i>	7265		
<i>TOI:</i>	H02G Group Health - Accident Only	<i>Sub-TOI:</i>	H02G.000 Health - Accident Only
<i>Product Name:</i>	Acc Benefit Rider		
<i>Project Name/Number:</i>	/		

Filing at a Glance

Company: Continental American Insurance Company

Product Name: Acc Benefit Rider	SERFF Tr Num: CAIC-126135324	State: ArkansasLH
TOI: H02G Group Health - Accident Only	SERFF Status: Closed	State Tr Num: 42251
Sub-TOI: H02G.000 Health - Accident Only	Co Tr Num: 7265	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Betty Rakes	Disposition Date: 05/01/2009
	Date Submitted: 04/30/2009	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 05/01/2009	Explanation for Other Group Market Type:
	State Status Changed: 05/01/2009
Deemer Date:	Corresponding Filing Tracking Number:

Filing Description:

Benefit rider to be used with previously approved group accident forms

Company and Contact

Filing Contact Information

Betty Rakes, Senior Compliance Analyst	companycompliance@caicworksites.com
2801 Devine Street	(888) 730-2244 [Phone]

SERFF Tracking Number: CAIC-126135324 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 42251
Company Tracking Number: 7265
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Acc Benefit Rider
Project Name/Number: /

Columbia, SC 29205 (803) 929-4944[FAX]

Filing Company Information

Continental American Insurance Company CoCode: 71730 State of Domicile: South Carolina
2801 Devine Street Group Code: Company Type: LAH
Columbia, SC 29205 Group Name: Continental Amer Ins State ID Number:
Co
(803) 256-6265 ext. [Phone] FEIN Number: 57-0514130

SERFF Tracking Number: CAIC-126135324 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 42251
Company Tracking Number: 7265
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Acc Benefit Rider
Project Name/Number: /

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental American Insurance Company	\$20.00	04/30/2009	27547831

SERFF Tracking Number: CAIC-126135324 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 42251
Company Tracking Number: 7265
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Acc Benefit Rider
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/01/2009	05/01/2009

SERFF Tracking Number: CAIC-126135324 *State:* Arkansas
Filing Company: Continental American Insurance Company *State Tracking Number:* 42251
Company Tracking Number: 7265
TOI: H02G Group Health - Accident Only *Sub-TOI:* H02G.000 Health - Accident Only
Product Name: Acc Benefit Rider
Project Name/Number: /

Disposition

Disposition Date: 05/01/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAIC-126135324 *State:* Arkansas
Filing Company: Continental American Insurance Company *State Tracking Number:* 42251
Company Tracking Number: 7265
TOI: H02G Group Health - Accident Only *Sub-TOI:* H02G.000 Health - Accident Only
Product Name: Acc Benefit Rider
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Submission Letter	Approved-Closed	Yes
Form	Acc Benefit Rider	Approved-Closed	Yes

SERFF Tracking Number: CAIC-126135324 State: Arkansas
 Filing Company: Continental American Insurance Company State Tracking Number: 42251
 Company Tracking Number: 7265
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: Acc Benefit Rider
 Project Name/Number: /

Form Schedule

Lead Form Number: CAI7035

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CAI7035	Certificate	Acc Benefit Rider	Initial		46	CAI7035 Cat Acc 09.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					



2801 Devine Street, Columbia, South Carolina 29205
(800)433-3036

**CATASTROPHIC ACCIDENT RIDER
TO CERTIFICATE OF INSURANCE FOR ACCIDENT ONLY POLICY**

This rider is a part of the certificate to which it is attached. We have issued this rider to you because (1) you paid the additional premium for this rider; and/or (2) we relied on the application you made. Unless amended by this rider, Certificate Definitions, other Provisions and terms apply to this rider.

The Benefits provided in this rider are reduced by any benefits paid under the Accidental Death, Dismemberment or Paralysis Benefits of the base plan.

Effective Date - If issued at the same time as the certificate, this rider becomes effective when the certificate becomes effective. If issued after the certificate becomes effective, this rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this rider.

BENEFIT

Catastrophic Accident

We will pay the applicable amount shown on the Rider Schedule at the end of the Catastrophic Accident Elimination Period if any Insured:

- (1) sustains a Catastrophic Loss as the result of a Covered Accident;
- (2) is under the appropriate care of a Physician during the Catastrophic Accident Elimination Period; and
- (3) Remains alive at the end of the Catastrophic Accident Elimination Period.

DEFINITIONS

Catastrophic Accident Elimination Period means the period of days shown on the Rider Schedule after the date of a Covered Accident during which no benefits are payable under this rider.

Catastrophic Loss means an injury resulting from a Covered Accident that causes total and irrecoverable:

- (1) loss of both hands or both feet; or
- (2) loss or loss of use of both arms or both legs; or
- (3) loss of one hand and one foot; or
- (4) loss or loss of use of one arm and one leg; or
- (5) loss of sight of both eyes; or
- (6) loss of the hearing of both ears; or
- (7) loss of the ability to speak

The loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. The loss of use of a leg means the loss of function of the entire leg from the hip to the foot. The loss of sight means both eyes are totally blind and that no sight can be restored. The loss of hearing means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. The loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

LIMITATIONS AND EXCLUSIONS

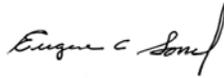
The Catastrophic Accident benefit will be payable once per lifetime for each Insured covered under this rider.

In addition to the exclusions listed in the Exclusion provision of your Certificate or any dependent riders, We will also not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of any Insured being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

GENERAL PROVISIONS

1. This Rider is part of the Accident Certificate and will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.
2. The premium for this Rider is shown in the Rider Schedule
3. This Rider is subject to all of the terms of the Accident Certificate to which it is attached unless any such items are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office.



President

RIDER SCHEDULE

Insured -	[John A. Doe]	Group Policy Number - [1234]
Effective Date -	[June 1, 2009]	Rider Number - [123456]
Initial Premium -	[\$00.00 Monthly]	Certificate Number - [12345]
First Renewal Date -	[July 1, 2009]	

BENEFITS

Catastrophic Accident Elimination Period [365] days

Accident Occurs: **Benefit Amount**

Prior to age 65	[Insured]	\$100,000]
	[Spouse]	\$ 50,000]
	[Child(ren)]	\$ 50,000]
Age 65 - 70	[Insured]	\$ 50,000]
	[Spouse]	\$ 25,000]
	[Child(ren)]	\$ 25,000]

SERFF Tracking Number: CAIC-126135324 *State:* Arkansas
Filing Company: Continental American Insurance Company *State Tracking Number:* 42251
Company Tracking Number: 7265
TOI: H02G Group Health - Accident Only *Sub-TOI:* H02G.000 Health - Accident Only
Product Name: Acc Benefit Rider
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CAIC-126135324 State: Arkansas
Filing Company: Continental American Insurance Company State Tracking Number: 42251
Company Tracking Number: 7265
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Acc Benefit Rider
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 05/01/2009
Comments:
Attachments:
Read Cert.pdf
Cert Compliance.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 05/01/2009
Bypass Reason: Previously approved application CA-2006-ACC approved 12/2/2005 will be used with this rider.
Comments:

Satisfied -Name: Submission Letter **Review Status:** Approved-Closed 05/01/2009
Comments:
Attachment:
Cat Acc Rider submission letter AR.pdf



Continental American.

INSURANCE COMPANY

2801 Devine Street

Columbia, South Carolina 29205

READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test when scored with the forms with which they will be issued.

Form

CAI7035

Readability Score

46

James J. Hennessy, AIRC
Vice President, Compliance
Continental American Insurance Company

4/30/2009

Date



Continental American
INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205

CERTIFICATION OF COMPLIANCE

I have reviewed or supervised the review of the form contained in the filing and hereby certify that to the best of my knowledge and belief they are in compliance with the applicable statues, regulations and bulletins of the State of Arkansas. I further certify that they will be revised and/or discontinued in the event of future changes in the statues, regulations, or bulletins which would prohibit the use of such forms.

James J. Hennessy, AIRC, CCP
Vice President, Compliance

4/30/2009

Date



April 30, 2009

Arkansas Department of Insurance

Re: **CONTINENTAL AMERICAN INSURANCE COMPANY**
NAIC 71730 **FEIN 57-0514130**

Catastrophic Accident Rider-Form CAI7035

The enclosed for your review and approval is our new Catastrophic Accident Rider. This form does not replace any form previously approved.

This rider will be attached to our previously approved group accident only product, CA7700-MP-AR, et al. Your department approved these forms on May 22, 2003.

This rider provides benefits when an insured sustains a catastrophic loss as the result of a covered accident. This rider will not be optional at the employee level. It will be chosen at the group level.

Thank you for your consideration in this matter. Please contact Betty Rakes at 888-730-2244, extension 4329 or at CompanyCompliance@caig-ins.com if you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "James J. Hennessy".

James J. Hennessy, AIRC, CCP
Vice President, Compliance
/br

2801 DEVINE STREET COLUMBIA, SOUTH CAROLINA 29205
803.256.6265 PHONE 888.730.2244 TOLLFREE 803.779.4406 FAX

www.caicworksite.com