

SERFF Tracking Number: UHLC-126274217 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 43312
 Company Tracking Number: SA25033ST
 TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
 Plans
 Product Name: MEDICARE SUPPLEMENT
 Project Name/Number: GRS SNM/SA25033ST

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-126274217 State: Arkansas
 TOI: MS05G Group Medicare Supplement - Standard Plans SERFF Status: Closed-Withdrawn State Tr Num: 43312

Sub-TOI: MS05G.001 Plan A

Co Tr Num: SA25033ST

State Status: Withdrawn

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Author: Bobbie Walton

Disposition Date: 08/26/2009

Date Submitted: 08/24/2009

Disposition Status: Withdrawn

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GRS SNM

Status of Filing in Domicile: Pending

Project Number: SA25033ST

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 08/26/2009

Explanation for Other Group Market Type:

State Status Changed: 08/26/2009

Deemer Date:

Created By: Bobbie Walton

Submitted By: Bobbie Walton

Corresponding Filing Tracking Number:

Filing Description:

We enclose for your information and review, proof copies of advertising material for use in connection with the AARP Group Health insurance program. The enclosed advertising material is new and does not replace any material previously submitted to the Department.

Company and Contact

Filing Contact Information

Susan Cipollo, Director

Susan_J_Cipollo@uhc.com

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680 Blair Mill Rd. 215-902-8444 [Phone]
 Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
450 Columbus Boulevard	Group Code: 707	Company Type: Life and Health
PO Box 150450	Group Name:	State ID Number:
Hartford, CT 06115-0450	FEIN Number: 36-2739571	
(860) 702-5000 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: \$25 per component - 1 component = \$25
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$25.00	08/24/2009	30069699

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Stephanie Fowler	08/26/2009	08/26/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Withdraw	Note To Reviewer	Bobbie Walton	08/26/2009	08/26/2009

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Disposition

Disposition Date: 08/26/2009

Implementation Date:

Status: Withdrawn

Comment: Per your request, this filing is considered withdrawn.

Rate data does NOT apply to filing.

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Schedule Form	Schedule Item Stuffer	Schedule Item Status	Public Access
		Withdrawn	Yes

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Note To Reviewer

Created By:

Bobbie Walton on 08/26/2009 02:31 PM

Last Edited By:

Stephanie Fowler

Submitted On:

08/26/2009 03:50 PM

Subject:

Withdraw

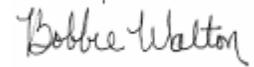
Comments:

We would like to notify the Department that at this time, it is no longer our intention to utilize the above file and would like to withdraw it from further consideration submitted to the Department in error.

We would like to notify the Department that at this time, it is no longer our intention to utilize the above file and would like to withdraw it from further consideration submitted to the Department in error.

Please let me know if you have any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Bobbie Walton".

Bobbie L. Walton
Compliance Specialist
(215) 902-8459

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Form Schedule

Lead Form Number: SA25033ST

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Withdrawn 08/26/2009	SA25033S	T	Advertising Stuffer	Initial		45.000	SA25033STfile.pdf

Important Information Regarding Your Application

- **AARP Membership** – To enroll in an AARP Medicare Supplement Insurance plan, you need to be a member of AARP. If you are not already an AARP member, UnitedHealthcare will pay for your first year's membership. After your first year, AARP will bill you directly for your membership fee, which is \$16.00.
- **1st Month's Payment** – Send no money now. We will let you know what your monthly rate is after we process your application.