

SERFF Tracking Number: USLH-126254054 State: Arkansas  
 Filing Company: United Security Life and Health Insurance State Tracking Number: 43120  
 Company  
 Company Tracking Number: STM APP - AR - 06/09  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.004 Short Term  
 Product Name: Short Term Medical Application  
 Project Name/Number: Short Term Medical Application/STM App - AR - 06/09

## Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Short Term Medical Application SERFF Tr Num: USLH-126254054 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 43120  
 Closed

Sub-TOI: H16G.004 Short Term Co Tr Num: STM APP - AR - 06/09 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor  
 Authors: Lisa Kosvick, Jaime Gettemans Disposition Date: 08/14/2009

Date Submitted: 08/04/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Short Term Medical Application

Status of Filing in Domicile: Not Filed

Project Number: STM App - AR - 06/09

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: Small

Overall Rate Impact:

Group Market Type: Discretionary

Filing Status Changed: 08/14/2009

Explanation for Other Group Market Type:

State Status Changed: 08/14/2009

Deemer Date:

Created By: Lisa Kosvick

Submitted By: Lisa Kosvick

Corresponding Filing Tracking Number:

Filing Description:

On 6.23.09, the state of Arkansas approved our Certificate Amendments that made TMJ and Mental Disorders Offers. This Short Term Major Medical Application updated the Mandated Offers to include TMJ and Mental Disorders. Also, pursuant to ACA 23-79-150 (c)(2), we added the required language to the Application that notifies insureds that if they do not select the TMJ Offer, they will not receive coverage for TMJ.

## Company and Contact

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**Filing Contact Information**

Jaime Gettemans, jaimegettemans@jandpholdings.com  
 6640 S. Cicero Avenue 708-552-2417 [Phone]  
 Bedford Park, IL 60638

**Filing Company Information**

United Security Life and Health Insurance CoCode: 81108 State of Domicile: Illinois  
 Company  
 6640 S. Cicero Group Code: Company Type:  
 Bedford Park, IL 60638 Group Name: State ID Number:  
 (708) 475-6000 ext. [Phone] FEIN Number: 36-3692140

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: AR ADC 054 00 057 (II)(a)(1)  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	\$50.00	08/04/2009	29618931

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/14/2009	08/14/2009

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## Disposition

Disposition Date: 08/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/14/2009	STM App - AR - 06/09	Application/ Enrollment Form	Short Term Medical Application - Arkansas	Initial		55.100	USLH- STMM Brochure Arkansas 06 09.pdf

## The "YOU" in United Security

You may be young or in good health, but no one is invincible. Accidents happen. And they don't wait until you have the financial resources to combat them. If you are in need of a temporary solution for health insurance, make sure you have low cost coverage to fill the gap. **Short Term Medical** from United Security Life and Health provides you with the temporary coverage needed to prevent an unexpected threat to your health from becoming a financially-crippling incident as well.



### Short-Term Medical is the Perfect Solution for:

- ✓ Recent college graduates
- ✓ Individuals waiting for group coverage
- ✓ Temporary or seasonal workers
- ✓ Individuals between jobs or laid off
- ✓ Recent military discharges
- ✓ Retired and waiting for Medicare coverage

### Who's Eligible for Short-term Medical?

- Individuals between the ages of 30 days and 64 years, 6 months.
- Dependent children through age 18 (age 24 if full-time student) may be covered as dependents on their parent's plan.
- Foreign residents living in the U.S. for at least one year at the time of application, with proof of Alien Registration Receipt Card, visa or other appropriate documentation.



## The "US" in United Security

United Security Life and Health Insurance Company is a life and health insurer that specializes in providing coverage to individuals and families. Our products, friendly service, and decades of experience in creating products for people like you help to distinguish us from our competitors.

### Limitations & Exclusions

#### What Short Term Medical Does Not Cover

The USL&H **Short Term Medical** plan does not cover: pre-existing conditions\* (including those not listed on the Application); preventative or wellness doctor visits; dental or optical treatments; routine physical exams; normal pregnancy or childbirth; well child care; inter-scholastic and intercollegiate sports injuries; expenses incurred outside the United States, its possessions, territories or Canada, unless otherwise indicated. **Other exclusions are listed in detail in the Certificate you will receive when you purchase the plan.**

\*Pre-existing Condition: A medical condition due to sickness or injury for which the insured received medical treatment or advice from a provider within the 24 month period immediately preceding the effective date of coverage, regardless of whether the condition was diagnosed or not diagnosed; or that produced signs or symptoms within the 12 month period immediately preceding the effective date of coverage, which should have caused an ordinarily prudent person to seek diagnosis or treatment.



#### IMPORTANT NOTE

The information shown in this brochure and in any accompanying literature is not intended to provide full details of USL&H plans and may change at the discretion of USL&H. Complete terms of coverage are outlined in the Certificate and set forth in the applicable insurance Policy. In applying for coverage, the primary insured agrees to be bound by the Certificate. The benefits described in this brochure and any accompanying literature are the standard benefits offered by USL&H. Policy provisions vary in some states.

# Short Term Major Medical Insurance

*Effective As Early As Next Day*

*\$2 Million Lifetime Maximum*

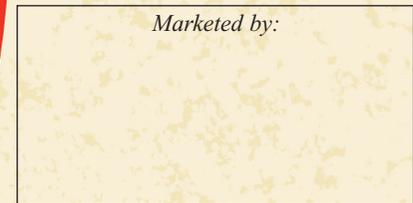
*Visit Any Doctor, Any Hospital*

*Prescription Drugs Covered*

Get a free quote and apply online at  
[www.unitedsecuritylandh.com](http://www.unitedsecuritylandh.com)  
and we'll waive the  
**\$25.00**  
application fee!

*Always the perfect fit  
for your temporary  
health insurance needs*

Marketed by:



**Plan Highlights**

- ✓ \$2 million lifetime maximum
- ✓ Effective as early as next day
- ✓ Visit any doctor/any hospital
- ✓ Limited benefits while outside the U.S.
- ✓ Prescription drug coverage

**What Short Term Medical Covers**

- Hospital semi-private room and board and intensive care charges
- Rehabilitation programs
- Hospital outpatient charges
- Organ transplants
- Skilled nursing facility care
- Durable medical equipment & supplies
- Other miscellaneous hospital and health care practitioner services
- Home health care
- Prescription drugs
- Physical medicine services
- Miscellaneous diagnostic services and medical supplies
- X-ray & laboratory services

Some plan benefits may not be available in all states. Contact your agent to review a copy of the Certificate of Coverage. Your state's benefits are also detailed in the Certificate of Insurance you will receive when you purchase the plan.

**When Short Term Medical Pays**

Before the **Short Term Medical** plan pays any benefits, you must pay the deductible you selected for your policy (\$500, \$1,000 or \$2,500). After your deductible has been satisfied, the **Short Term Medical** plan will pay 80% of the next \$10,000 of covered expenses. After that, **Short Term Medical** will pay 100% of covered expenses up to \$2,000,000 per insured. In other words, the most you will ever pay out-of-pocket on covered expenses will be your deductible, plus \$2,000.

**Individual Plan**

Your Deductible	+ 20% of Next \$10,000	= Maximum Out-of-Pocket
\$ 500	\$2,000	\$2,500
\$1,000	\$2,000	\$3,000
\$2,500	\$2,000	\$4,500

The above chart shows the most you will ever pay per person, per period (excluding premium payments), based on your deductible and eligible expenses.

The maximum number of deductibles to be met on a Family Plan is three, regardless of the total number of insureds.

**When Coverage Begins**

Provided that your Application is complete, meets the requirements for acceptance and the full initial premium is received, your coverage will begin at 12:01 a.m. the day of your approved Effective Date. Your approved Effective Date will be the later of:

- a) 12:01 a.m. on the day following the postmark date stamped on the application envelope addressed to USL&H;
- b) 12:01 a.m. on the requested Effective Date; or
- c) the date following the date we receive your electronic/faxed application in our Home Office.

**When Coverage Ends**

Your coverage ends the earlier of:

- a) 11:59 p.m. Standard Time on the last day of the Benefit Period *or*
- b) the date you become eligible for Medicare *or*
- c) the date your coverage is terminated due to non-payment or a cancellation request.

**Extension of Benefits**

Your coverage may be extended for up to 60 days beyond the Benefit Period for certain sicknesses or injuries that began while the policy was in force. The Extension of Benefits provision is subject to the Deductible, the Lifetime Maximum Benefit and all other terms, limits and conditions of the Policy.

**Applying for a Second Short Term Medical Plan**

The **Short Term Medical** plan is Not Renewable. If your temporary need continues beyond your policy term, you may apply for a new plan as long as no claims were incurred under a previous USL&H **Short Term Medical** plan and there has been no significant change in your health. The **Short Term Medical** plan is not designed to cover pre-existing conditions nor does it provide continuous coverage from term to term. Any medical condition that began while the applicant was insured during a previous term on a USL&H **Short Term Medical** plan policy, will not be covered under a new plan.

While use of network providers is not required in this plan, you can maximize your benefits and save money by receiving your healthcare from a provider in the Aetna Signature Administrators PPO Network. To find out if your provider is a member of this network:  
**Visit [www.aetna.com/asa](http://www.aetna.com/asa) or call 866-451-1505.**

**It's Easy – Three Strikes You're In**

You can make several choices to ensure the plan is tailored to your needs. Read your choices below and put a strike through the best option for you. When you have completed your three selections, you have all the information you need to apply for coverage.

**1. Payment Options: Single Pay vs. Monthly**

- Single Pay** – If you are interested in saving money on your premium, know how long you will need coverage, and have the money to pay up front – choose the single payment option. We accept single payments by credit card, check or one-time bank draft. The single premium payment is non-refundable.
- Monthly Pay** – If you aren't exactly sure how long you will need temporary medical coverage, or enjoy the flexibility of spreading out your payments – choose our monthly pay option. With monthly pay, you have the option to cancel coverage, but you must request cancellation to USL&H in writing at least 7 business days before your payment due date to ensure that you are not charged the following month's premium. Your coverage will then remain in force up to the paid-to-date. Premiums will not be refunded.

**2. Length of Coverage: 1 month – 6 months**

If you aren't sure exactly how long you will need coverage, apply for a longer coverage period just to be safe. You can cancel coverage at any time if you select our monthly pay option. Mark your selection below.

- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months

**3. Deductible Amounts: \$500, \$1,000 or \$2,500**

Select the deductible that's best for you:

- \$500 Deductible** – If you can afford a slightly higher premium rate, you can set yourself up for a lower out-of-pocket expense should an accident or illness occur.
- \$1,000 Deductible** – The most common option; provides you a great premium rate with a manageable out-of-pocket expense should an accident or illness occur.
- \$2,500 Deductible** – The best option for low cost coverage needed in case of major accident or illness.

**That was easy! So is obtaining a quote and applying for coverage.**

**Open brochure here to apply.**  
Or, get a free quote & submit your information electronically at [www.unitedsecuritylandh.com](http://www.unitedsecuritylandh.com).

**PRIMARY INSURED & SPOUSE  
ARKANSAS MONTHLY BASE RATES**

**Chart 1 – All Zip Codes**

Age	Deductible		
	\$500	\$1,000	\$2,500
0 - 14	\$ 66.96	\$ 57.35	\$ 43.09
15 - 19	\$ 86.18	\$ 71.92	\$ 57.35
20 - 24	\$ 81.53	\$ 71.92	\$ 52.70
25 - 29	\$ 76.88	\$ 62.31	\$ 43.09
30 - 34	\$ 86.18	\$ 62.31	\$ 48.05
35 - 39	\$105.40	\$ 81.53	\$ 57.35
40 - 44	\$114.70	\$ 90.83	\$ 66.96
45 - 49	\$134.23	\$114.70	\$ 81.53
50 - 54	\$182.28	\$153.14	\$114.70
55 - 59	\$249.24	\$201.19	\$148.80
60 - 64	\$335.42	\$278.07	\$201.19
Per Dpndt	\$ 43.09	\$ 38.44	\$ 23.87

**How to Apply**

- Calculate your premium using the charts to the left and Premium Calculation Instructions below.  
**Note: Additional premium is required for optional riders.** Call your agent or the number below to obtain the premium amount for the optional rider(s) selected.
  - Complete all information on the application. If you have questions about which plan options to select, see the **Build Your Plan Here** section on the opposite side of this panel.
  - Sign and date the application. Mail the application **with your form of payment** to United Security Life and Health, 6640 South Cicero Avenue, Attention: New Business Department, Bedford Park, IL 60638.
- If you have any questions, please contact the agent listed on your brochure or United Security Life and Health at **800-875-4422**.

**Premium Calculation Instructions**

	<b>SINGLE PAYMENT</b> <i>(Credit Card, PAC or Check Accepted)</i>	<b>MONTHLY PAYMENT</b> <i>(Credit Card or PAC only)</i>
<b>Step 1. Choose Payment Option</b> Single or Monthly		
<b>Step 2. Determine Monthly Base Rate</b> From the chart(s) provided to the left, determine the monthly base rate for all insureds. The rate chart is set up by age, deductible <sup>†</sup> and zip code. Primary Insured Base Rate..... Spouse Base Rate ..... Dependent 1 Base Rate..... Dependent 2 Base Rate..... Dependent 3 Base Rate..... <b>YOUR TOTAL MONTHLY BASE RATE =</b>	_____ + _____ + _____ + _____ + _____	_____ + _____ + _____ + _____ + _____
<b>YOUR MONTHLY PAYMENT FACTOR =</b>	<b>× 1.00</b>	<b>× 1.25</b>
<b>Step 3. Determine Adjusted Monthly Base Rate</b> Multiply Your Total Monthly Base Rate by Your Monthly Payment Factor to get your <b>ADJUSTED MONTHLY BASE RATE =</b>	_____	_____
<b>Step 4. Determine Monthly Premium Rate</b> a) If you selected the <b>\$500 deductible option</b> , multiply Your Adjusted Monthly Base Rate by 1.10 to get <b>YOUR MONTHLY PREMIUM RATE =</b> <b>OR</b> b) If you selected the <b>\$1,000 or \$2,500 deductible option, DO NOT MULTIPLY BY 1.10.</b> Simply re-enter your Adjusted Monthly Base Rate as <b>YOUR MONTHLY PREMIUM RATE =</b>	<b>× 1.10</b> _____	<b>× 1.10</b> _____
<b>Step 5. Multiply Months for Single Pay</b> For single payments, multiply your Monthly Premium Rate by the number of months (1-6) you wish to be covered. <b>CUMULATIVE PREMIUM RATE =</b>	× _____ # of Months	
<b>Step 6. Determine Total Premium Due</b> For single payments, add Application Fee to Your Cumulative Premium Rate to determine your Total Premium Due to activate your policy.  For monthly payments, add Application Fee to Your Monthly Premium Rate to determine your Total Premium Due to activate your policy.  <b>TOTAL PREMIUM DUE =</b>	+ <b>\$25.00</b> Application Fee	+ <b>\$25.00*</b> Application Fee

<sup>†</sup> Choose only one deductible amount per policy.

\* Application Fee is added to the first month's premium only. Application Fee is waived when applying online at [www.unitedsecuritylandh.com](http://www.unitedsecuritylandh.com)

# United Security Life and Health Insurance Company – Short Term Medical Application – Arkansas

## Step 1: Applicant Information

*Anyone applying for coverage must be between 30 days old and 64 years, 6 months old.*

Applicant's Name (incl. Maiden Name)	Date of Birth	Sex	SSN		
<input type="checkbox"/> Uninsured Applicant					
Address		City	State	Zip	
Daytime Phone Number			Applicant's E-mail Address		
Spouse's Name (incl. Maiden Name) _____ Date of Birth _____ Sex _____ SSN _____					
Child's Name _____ Date of Birth _____ Sex _____ SSN _____ Full-Time Student? (Y/N) _____					
Child's Name _____ Date of Birth _____ Sex _____ SSN _____ Full-Time Student? (Y/N) _____					
Child's Name _____ Date of Birth _____ Sex _____ SSN _____ Full-Time Student? (Y/N) _____					

Has anyone applying for coverage previously applied for insurance with USL&H?  
 Yes  No

If YES, provide the certificate # below:

Is everyone to be insured a U.S. citizen or a foreign resident legally living in the United States for at least 1 year?  
 YES  NO  
 (If NO, submit a copy of your Alien Registration Receipt Card or "Green Card.")

## Step 2: Choose Plan Options

### Coverage Effective Date:

- Day after US Post Stamp Date (metered mail not accepted)  
 Later Effective Date: \_\_\_\_\_ (1st – 28th only)

Effective Date is assigned by USL&H. Effective Date is later of; a) 12:01 a.m. on the day following the postmark date stamped on the application envelope addressed to USL&H; b) 12:01 a.m. on the requested Effective Date; or c) the date following the date we receive your electronic/faxed application in our Home Office. The agent cannot assign or change the Effective Date.

**Deductible:**  \$500  \$1,000  \$2,500  
**Benefit Period:** (Circle # of months) 1 2 3 4 5 6

### Optional Riders (Additional Premium Required)

I hereby select this optional benefit:

- Alcohol and Drug & Dependency  TMJ  
 Mental Disorders

Rejection of the option for TMJ in Optional Riders means that covered benefits provided to insureds or enrollees will not include temporomandibular joint disorder or cranio-mandibular disorder.

## Step 3: Medical Questions

**If you answer "YES" to any question in this section, coverage cannot be issued.**

- 1) Have/Are you, your spouse, or any person to be insured:
  - Been denied insurance due to any health reasons that are still present?  YES  NO
  - Over 300 lbs. if male, or over 250 lbs. if female?  YES  NO
  - Now pregnant, an expectant parent, in the process of adopting a child or undergoing infertility treatment?...  YES  NO
- 2) Have you or any person to be insured been advised by a health care practitioner or medical professional to have surgery, treatment, testing or hospitalization and not done so? .....  YES  NO
- 3) Do you or any person to be insured have any hospital, major medical, group health, government or medical insurance coverage that will not terminate prior to the effective date of this coverage?.....  YES  NO
- 4) Have you or any person to be insured ever been diagnosed or received treatment by a health care practitioner or medical professional for acquired immune deficiency syndrome(AIDS) or AIDS-related complex(ARC), or tested positive for HIV virus (ELISA or Western Blot), or any other immune system disease or disorder?.....  YES  NO
- 5) Within the last 5 years, have you or any person to be insured been aware of or received medical or surgical advice or treatment for, had any abnormal test results, taken medication for, or consulted a health care practitioner or medical professional for:
  - Kidney disorder (excluding kidney stones) or liver disorder?  YES  NO
  - Diabetes?  YES  NO
  - Cancer or Tumors?  YES  NO
  - Emphysema or COPD?  YES  NO
  - Crohn's Disease?  YES  NO
  - Alcoholism, Chemical Dependency, Drug or Alcohol Abuse?  YES  NO
  - Ulcerative colitis, degenerative disc disease, herniated disc or degenerative joint disease of the knees or hips?  YES  NO
  - Heart or circulatory disease or disorder including but not limited to heart attack, chest pain or stroke?.....  YES  NO

**Authorization Section PLEASE READ, SIGN, AND DATE:** To the best of my knowledge and belief, I have read the application and represent that the information shown is true and complete. I understand that 1) the Certificate or Policy applied for will not pay benefits for any expense incurred on the account of any pre-existing conditions, in accordance with the terms of the contract; 2) this plan is not a continuation of any previous medical plan, including any prior Short Term Medical policy; 3) the insurance, if approved, will become effective the later of; a) 12:01 a.m. on the day following the postmark date on the application envelope addressed to USL&H; b) 12:01 a.m. on the requested Effective Date; or c) the date following the date we receive your electronic application request in our Home Office. I also understand that the coverage may be rescinded, meaning coverage will be void and no claims paid, for any false or misleading information on this application. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Signature of Applicant	Date
Signature of Spouse (if applying)	Date
Signature of Dependent (if 18 yrs. or older)	Date

## Step 4: Payment Information

*Reminder: The \$25 application fee is non-refundable.*

- 1) Circle a Payment Frequency: Single Payment Monthly Payment  
**Monthly Payments must select Credit Card or PAC as Payment Method. Checks not accepted.**
- 2) Circle a Payment Method: MasterCard Visa Discover Check PAC  
**If PAC payment method is selected, PLEASE ATTACH A COPY OF A VOIDED CHECK.**
- 3) Authorization
  - **When selecting the single payment option with MasterCard/Visa/Discover or PAC:**  
I authorize USL&H to charge my account for the Short Term Medical policy listed above.
  - **When selecting the monthly payment option with MasterCard/Visa/Discover or PAC:**  
I authorize USL&H to charge my account each month for the Short Term Medical policy listed above, until the end of the policy or until I request the cancellation in writing. I understand I can request the charge be stopped if I notify USL&H 7 days in advance of the charge occurring.

Credit Card # _____	/	\$ _____	Authorized Amount (Total Premium Due)
Exp. Date _____			

## Step 5: Agent Information

**Agent Statement:** I certify that I have truly and accurately recorded the information given to me by the applicant.

Agent Name	Agent ID#
Address _____ City _____ State _____ Zip _____	
Daytime Phone Number	Fax Number
E-mail Address	Agent's Signature

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Please see the attached Flesch Certification for this filing. <b>Attachment:</b> 8.4.09 - Flesch Certification (STM App - AR - 06.09).pdf	Approved-Closed	08/14/2009

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> This filing is the Application that was amended to comply with ACA 23-79-750 (c)(2). Once approved, this Application will be used with our Discretionary Group Trust Short Term Major Medical Plan, STMM-07-AR.	Approved-Closed	08/14/2009



# UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638  
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

## FLESCH CERTIFICATION

This is to certify that the attached Short Term Medical Application (STM App – AR – 06/09) that is being filed for review and approval and is to be used with Discretionary Group Trust Short Term Major Medical Plan, STMM-07-AR, received a Flesch Reading Ease Score of 55.1. This Application is in compliance with the requirements of A.C.A. 23-80-206.

Peter Harmon  
Senior Vice President

8/4/09  
Date