

SERFF Tracking Number: ASWX-126469046 State: Arkansas  
 Filing Company: Union Security Insurance Company State Tracking Number: 44676  
 Company Tracking Number: GHAR01140U1F01  
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only  
 Product Name: Worksite  
 Project Name/Number: Worksite/GH AR01140U1F01

## Filing at a Glance

Company: Union Security Insurance Company

Product Name: Worksite

SERFF Tr Num: ASWX-126469046 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit

SERFF Status: Closed-Approved- Closed State Tr Num: 44676

Sub-TOI: H07G.002A Dread Disease - Cancer Only

Co Tr Num: GHAR01140U1F01 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: SPI

Disposition Date: 01/27/2010

AssurantHealthandEmployeeBenef

Date Submitted: 01/22/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 01/22/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: Worksite

Status of Filing in Domicile: Not Filed

Project Number: GH AR01140U1F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This form will be filed in Kansas, our domiciliary state.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Other

Filing Status Changed: 01/27/2010

Explanation for Other Group Market Type:

Other-ALL Eligible Groups Except Credit

State Status Changed: 01/27/2010

Deemer Date:

Created By: SPI

AssurantHealthandEmployeeBenef

Submitted By: SPI AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

Filing Description:

We enclose for filing the group insurance forms described below.

Form Number

Description

<i>SERFF Tracking Number:</i>	<i>ASWX-126469046</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>44676</i>
<i>Company Tracking Number:</i>	<i>GHAR01140U1F01</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Worksite</i>		
<i>Project Name/Number:</i>	<i>Worksite/GH AR01140U1F01</i>		

Schd CO rev 11/2009 Group Policy-Certificate insert form for use with Group Policy Form GP 09 and Group Certificate Form GC 09. This form replaces Form Schd CO rev, previously approved by your Department on 09/30/2009 to be used with GP 09 and GC 09.

This form has been revised to include language to not require proof of good health for any level of coverage for timely applicants. As a result, a third version of the Maximum Without of Proof of Good Health and Change in Family Status provisions has been added. The first version of these provisions will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage. The third version will appear if proof of good health is not required for any levels of coverage unless increasing the plan due to a change in family status.

The attached statement of variations documents have been updated to support the change to not require proof of good health for any level of coverage for timely applicants. The changes on these documents have been highlighted in yellow.

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.

These forms are being filed simultaneously in Kansas, our domiciliary state.

## Company and Contact

### Filing Contact Information

Lori Vazquez,	lori.vazquez@assurant.com
2323 Grand Blvd	816-881-8713 [Phone]
Kansas City, MO 64108	816-881-8755 [FAX]

### Filing Company Information

Union Security Insurance Company	CoCode: 70408	State of Domicile: Kansas
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	

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## Filing Fees

SERFF Tracking Number: ASWX-126469046 State: Arkansas  
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Project Name/Number: Worksite/GH AR01140U1F01

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	01/22/2010	33724400

SERFF Tracking Number: ASWX-126469046 State: Arkansas  
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Project Name/Number: Worksite/GH AR01140U1F01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/27/2010	01/27/2010

SERFF Tracking Number: ASWX-126469046 State: Arkansas  
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Product Name: Worksite  
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## Disposition

Disposition Date: 01/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASWX-126469046 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	CO BP rev - Statement of Variations, ETP CO - Statement of Variations, DETP CO - Statement of Variations, Schd CO rev 11/2009 - Statement of Variations	Approved-Closed	Yes
Form	Group Policy-Certificate Insert	Approved-Closed	Yes

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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 01/27/2010	Schd CO Rev 11/2009	Other	Group Policy-Certificate Insert	Initial		0.000	Schd CO Rev 11_2009.PDF

## SCHEDULE

1

2

**[Eligible Class:** For employee insurance – Each *full-time* employee of the *policyholder* or an *associated company*,

- who is at *active work*, and
- who is working in the United States of America, except any temporary or seasonal worker.]

[For dependent insurance - Each *eligible dependent* of a person eligible and insured for employee insurance.]

3

[A *participating employer* may, in its *participating employer's* application, designate that the *eligible classes* be other classifications of employees which are based on conditions pertaining to employment, subject to our approval and any underwriting requirements then in effect.]

4

**[Associated Companies:** None]

5

**[Present Service Requirement:** None

**Future Service Requirement:** None]

6

**[Entry Date:** An eligible person will become insured on the first of the month occurring on or after the day all eligibility requirements are met.]

7

**[Minimum Participation Requirements:]**

[Number: 5]

[Percentage: 20% for employee insurance  
20% for dependent insurance]

### Cancer Only Insurance

8

[At the time of enrollment, you may be eligible to select the level of coverage. If you are eligible to select a level of coverage, the level selected must be the same for both you and your *covered dependents*, if any.

Some of the benefits described in the *policy* may not apply depending on the level of coverage selected.

We will pay the benefits corresponding to the level you selected as shown below.

You may change your Plan Level according to the Plan Changes provision below.]

9

[Any limitation applies separately to you and each *covered dependent*.]

Please see the Cancer Only Insurance provisions for a complete description of benefits, limitations and exclusions.

**SCHEDULE (continued)**

10	<p><b>Maximum [Level] Without Proof of Good Health:</b></p> <p><i>Proof of good health</i> is required for all [levels of coverage].</p> <p>OR</p> <p><b>Maximum [Level] Without Proof of Good Health:</b></p> <p>Coverage under [Level I] is available without <i>proof of good health</i> for <i>timely applicants</i>. <i>Proof of good health</i> is always required for coverage under [Level II].</p> <p>OR</p> <p><b>Maximum [Level] Without Proof of Good Health:</b></p> <p>Coverage is available without <i>proof of good health</i> for <i>timely applicants</i>.</p>
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**Schedule Amount:**

11	<p><b>Cancer Screening:</b> Limited to [once per <i>benefit year</i>]</p>	<p><b>[Level I]</b> [\$50]</p>	<p><b>[Level II]</b> [\$75]</p>
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12	<p><b>Hospital Confinement:</b> Limited to [90 days per <i>period of hospital confinement</i>]</p>	<p><b>[Level I]</b> [\$200 per day]</p>	<p><b>[Level II]</b> [\$400 per day]</p>
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13	<p><b>Radiation and Chemotherapy:</b></p>	<p><b>[Level I]</b></p>	<p><b>[Level II]</b></p>
	<p><b>[Injected Cytotoxic Medications]</b></p>	<p>[\$300 per <i>week</i> not to exceed \$4,000 per <i>benefit year</i>]</p>	<p>[\$1,000 per <i>week</i> not to exceed \$12,000 per <i>benefit year</i>]</p>
	<p><b>[First Prescription Pump Dispensed Cytotoxic Medications]</b></p>	<p>[\$300 per prescription not to exceed \$4,000 per <i>benefit year</i>]</p>	<p>[\$1,000 per prescription not to exceed \$12,000 per <i>benefit year</i>]</p>
	<p><b>[Refill Pump Dispensed Cytotoxic Medications]</b></p>	<p>[\$300 per <i>week</i> not to exceed \$4,000 per <i>benefit year</i>]</p>	<p>[\$1,000 per <i>week</i> not to exceed \$12,000 per <i>benefit year</i>]</p>
	<p><b>[Oral Cytotoxic Medications]</b></p>	<p>[\$150 per prescription not to exceed \$450 per month]</p>	<p>[\$500 per prescription not to exceed \$1,500 per month]</p>
	<p><b>[Cytotoxic Medications Administration by Any Other Method]</b></p>	<p>[\$300 per <i>week</i> not to exceed \$4,000 per <i>benefit year</i>]</p>	<p>[\$1,000 per <i>week</i> not to exceed \$12,000 per <i>benefit year</i>]</p>
	<p><b>[External Radiation Therapy]</b></p>	<p>[\$400 per <i>week</i> not to exceed \$4,000 per <i>benefit year</i>]</p>	<p>[\$600 per <i>week</i> not to exceed \$12,000 per <i>benefit year</i>]</p>

**SCHEDULE (continued)**

	<b>[Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium]</b>	[\$450 per week not to exceed \$4,000 per <i>benefit year</i> ]	[\$750 per week not to exceed \$12,000 per <i>benefit year</i> ]
	<b>[Oral or I.V. Radiation]</b>	[\$400 per week not to exceed \$4,000 per <i>benefit year</i> ]	[\$600 per week not to exceed \$12,000 per <i>benefit year</i> ]
14	<b>In-hospital Blood and Plasma:</b>	<b>[Level I]</b> [\$50]	<b>[Level II]</b> [\$50]
15	<b>Outpatient Blood and Plasma:</b>	<b>[Level I]</b> [\$50]	<b>[Level II]</b> [\$50]
16	<b>Extended-care Facility:</b> Limited to a maximum of [90 days per <i>benefit year</i> ]	<b>[Level I]</b> [\$200 per day]	<b>[Level II]</b> [\$200 per day]
17	<b>Hospice:</b> Limited to a maximum of [100 days per <i>lifetime</i> ]	<b>[Level I]</b> [\$100 per day]	<b>[Level II]</b> [\$100 per day]
18	<b>In-hospital Doctor Visits:</b> Limited to a maximum of [75 visits]	<b>[Level I]</b> [\$25 per daily visit]	<b>[Level II]</b> [\$25 per daily visit]
19	<b>Post-hospital Doctor Visits:</b> Limited to [once every 6 months] not to exceed [5 years after the <i>diagnosis</i> of cancer]	<b>[Level I]</b> [\$50 per visit]	<b>[Level II]</b> [\$50 per visit]
20	<b>Prosthesis:</b>	<b>[Level I]</b>	<b>[Level II]</b>
	<b>Surgically Implanted Devices</b>	[\$2,000 per device not to exceed a <i>lifetime</i> maximum of \$4,000]	[\$3,000 per device not to exceed a <i>lifetime</i> maximum of \$6,000]
	<b>Other Devices</b>	[\$200 per device not to exceed a <i>lifetime</i> maximum of \$400]	[\$300 per device not to exceed a <i>lifetime</i> maximum of \$600]
21	<b>Ambulance Benefit:</b> Limited to [2 one-way trips per <i>period of hospital confinement</i> ]	<b>[Level I]</b> [\$250]	<b>[Level II]</b> [\$250 Ground] [\$2,000 Air]

**SCHEDULE (continued)**

22	<b>Lodging:</b> Limited to [1 benefit per day] not to exceed a maximum of [90 days per <i>benefit year</i> ]	<u><b>[Level I]</b></u> [\$50 per day]	<u><b>[Level II]</b></u> [\$100 per day]
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23	<b>Second Surgical Opinion:</b> Limited to [once per surgical procedure]	<u><b>[Level I]</b></u> [\$200]	<u><b>[Level II]</b></u> [\$200]
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24	<b>Skin Cancer:</b>	<u><b>[Level I]</b></u>	<u><b>[Level II]</b></u>
	<b>Biopsy only</b>	[\$100]	[\$100]
	<b>Reconstructive surgery following previous excision of skin cancer</b>	[\$250]	[\$250]
	<b>Excision of skin cancer without flap or graft</b>	[\$375]	[\$375]
	<b>Excision of skin cancer with flap or graft</b>	[\$600]	[\$600]

25	<b>Surgery and General Anesthesia for Internal Cancer:</b>  Limited to a [combined] maximum of [\$2,000 for Level I] for [one operation] Limited to a [combined] maximum of [\$7,500 for Level II] for [one operation]		
		<u><b>[Level I &amp; II]</b></u>	<u><b>[Level I &amp; II]</b></u>
	<u><b>Procedure</b></u>	<u><b>General Anesthesia Benefit</b></u>	<u><b>Surgical Benefit</b></u>
	[Mandible- Mandibulectomy	\$760	\$2,300
	Misc- Pathological hip fracture	\$400	\$1,200
	Breast – Needle biopsy	\$50	\$150
	Breast – Excisional biopsy	\$50	\$150
	Breast - Lumpectomy	\$100	\$300
	Breast - Mastectomy partial	\$100	\$300
	Breast - Mastectomy simple	\$180	\$550
	Breast - Mastectomy radical	\$400	\$1,200
	Throat - Laryngectomy (without neck dissection)	\$365	\$1,100
	Throat - Laryngectomy (with neck dissection)	\$730	\$2,200
	Throat - Laryngoscopy	\$50	\$150
	Throat - Tracheostomy	\$50	\$150
	Chest - Bronchoscopy	\$70	\$200
	Chest - Thoracentesis	\$50	\$150
	Chest - Thoracostomy	\$50	\$150
	Chest - Thoracotomy	\$165	\$500

**SCHEDULE (continued)**

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<b>Surgery and General Anesthesia for Internal Cancer (continued)</b>	<b>[Level I &amp; II]</b>	<b>[Level I &amp; II]</b>
<b><u>Procedure</u></b>	<b><u>General Anesthesia Benefit</u></b>	<b><u>Surgical Benefit</u></b>
Chest - Pneumonectomy	\$400	\$1,200
Chest - Lobectomy	\$365	\$1,100
Chest - Wedge resection	\$250	\$750
Misc – Venous-catheters/venous port (chemo)	\$50	\$150]
[Misc – Bone marrow biopsy or aspiration	\$50	\$150
Lymphatic – Splenectomy	\$225	\$675
Lymphatic – Excision of lymph nodes	\$60	\$175
Lymphatic - Lymphadenectomy (bilateral)	\$255	\$775
Lymphatic - Lymphadenectomy (unilateral)	\$365	\$1,100
Lymphatic - Axillary node dissection	\$215	\$650
Chest - Mediastinoscopy	\$100	\$300
Mouth - Hemiglossectomy	\$115	\$350
Mouth - Glossectomy	\$430	\$1,300
Mouth – Resection of palate	\$200	\$600]
Salivary glands - Biopsy	\$50	\$150
Salivary glands - Parotidectomy	\$300	\$900
Salivary glands – Radical neck dissection	\$730	\$2,200
Mouth – Tonsil/Mucous membranes	\$290	\$875
Esophagus – Resection of esophagus	\$1,155	\$3,500
Esophagus – Esophagoscopy	\$50	\$150
Stomach – Gastroscopy	\$75	\$225
Intestines - ERCP	\$135	\$400
Esophagus – Esophagogastrectomy	\$305	\$925
Stomach - Gastrectomy (complete)	\$430	\$1,300
Stomach - Gastrectomy (partial)	\$325	\$975
Stomach - Gastrojejunostomy	\$265	\$800
Intestines - Resection of small intestine	\$305	\$925
Intestines - Colectomy	\$265	\$800
Intestines - Ileostomy	\$250	\$750
Intestines - Colostomy/or revision of	\$200	\$600
Intestines - Excisional on rectum for biopsy	\$70	\$200
Intestines - Abdominal-perineal resection	\$400	\$1,200
Intestines - Proctosigmoidoscopy	\$50	\$150
Intestines - Sigmoidoscopy	\$50	\$150
Intestines - Colonoscopy (does not include virtual or CT Colonography)	\$85	\$250
Liver - Needle biopsy	\$50	\$150
Liver - Wedge biopsy	\$175	\$525
Liver - Resection of liver	\$1,090	\$3,300
Abdomen - Cholecystectomy	\$250	\$750
Pancreas - Pancreatectomy	\$400	\$1,200

**SCHEDULE (continued)**

25

<b>Surgery and General Anesthesia for Internal Cancer (continued)</b>	<b>[Level I &amp; II]</b>	<b>[Level I &amp; II]</b>
<b><u>Procedure</u></b>	<b><u>General Anesthesia Benefit</u></b>	<b><u>Surgical Benefit</u></b>
Pancreas - Whipple procedure	\$1,520	\$4,600
Pancreas - Jejunostomy	\$530	\$1,600
Abdomen – Exploratory laparotomy	\$175	\$525
Abdomen – Paracentesis	\$50	\$150
Kidney –Nephrectomy (simple)	\$300	\$900]
[Kidney - Nephrectomy (radical)	\$530	\$1,600
Bladder - Cystectomy (partial)	\$250	\$750
Bladder - Cystectomy (complete)	\$1,485	\$4,500
Bladder - Cystectomy (with ureteroileal conduit)	\$1,815	\$5,500
Prostate - Cystoscopy	\$50	\$150
Bladder – Cystoscopy	\$50	\$150
Bladder - (TUR) transurethral resection bladder tumors	\$135	\$400
Prostate – (TUR) transurethral resection prostate	\$265	\$800
Penis – amputation, partial	\$175	\$525
Penis – amputation, complete	\$265	\$800
Penis - amputation, radical	\$430	\$1,300
Testis - Orchiectomy (unilateral)	\$110	\$325
Testis - Orchiectomy (bilateral)	\$165	\$500
Prostate – Needle biopsy	\$50	\$150
Prostate – Radical prostatectomy	\$565	\$1,700
Vulva - Vulvectomy (partial)	\$190	\$575
Vulva - Vulvectomy (radical)	\$235	\$700
Female Reproductive - Colposcopy	\$50	\$150
Female Reproductive - D & C	\$60	\$175
Female Reproductive - Abdominal hysterectomy/uterus only	\$400	\$1,200
Female Reproductive - Uterus, tubes & ovaries with exenteration	\$1,650	\$5,000
Female Reproductive - Vaginal hysterectomy/uterus only	\$330	\$1,000
Female Reproductive - Oophorectomy	\$190	\$575
Female Reproductive - Uterus, tubes & ovaries	\$500	\$1,500
Thyroid - Thyroidectomy (partial: one lobe)	\$265	\$800
Thyroid - Thyroidectomy (total: both lobes)	\$430	\$1,300
Brain - Burr holes not followed by surgery	\$200	\$600
Brain - Exploratory craniotomy	\$695	\$2,100
Brain - Excision brain tumor	\$1,090	\$3,300
Brain - Ventriculoperitoneal shunt	\$530	\$1,600
Spine - Cordotomy	\$430	\$1,300
Spine - Laminectomy	\$1,090	\$3,300

**SCHEDULE (continued)**

25	<b>Surgery and General Anesthesia for Internal Cancer (continued)</b>	<u><b>[Level I &amp; II]</b></u>	<u><b>[Level I &amp; II]</b></u>
	<b>Procedure</b>	<b>General Anesthesia Benefit</b>	<b>Surgical Benefit</b>
	Eye - Enucleation	\$265	\$800
	Radium Implants - Insertion	\$365	\$1,100
	Radium Implants - Removal	\$200	\$600]
26	<b>First Occurrence:</b> Limited to [once per <i>lifetime</i> ] [A 30 day waiting period applies]	<u><b>[Level I]</b></u> [Not Covered]	<u><b>[Level II]</b></u> [\$5,000]
27	<b>Alternative Care:</b>  <b>Integrative Assessment and Education Benefit</b> Limited to a [one time benefit]  <b>Palliative Care Benefit</b> Limited to [20 visits per <i>benefit year</i> ] [ <i>Lifetime</i> ] maximum of [2 <i>benefit years</i> ]  <b>Lifestyle Benefit</b> Limited to [20 visits per <i>benefit year</i> ] [ <i>Lifetime</i> ] maximum of [2 <i>benefit years</i> ]	<u><b>[Level I]</b></u>  [Not Covered]  [Not Covered]  [Not Covered]	<u><b>[Level II]</b></u>  [\$150]  [\$50 per visit]  [\$50 per visit]
28	<b>Experimental Treatment:</b>  <b>Oral, Injected or Pump Dispensed Medications</b>	<u><b>[Level I]</b></u>  [Not Covered]	<u><b>[Level II]</b></u>  [\$150 per day] [\$1,050 per month]
29	<b>Medical Imaging:</b> Limited to [once per <i>benefit year</i> ]	<u><b>[Level I]</b></u> [Not Covered]	<u><b>[Level II]</b></u> [\$100]
30	<b>[National Cancer Institute] Evaluation/Consultation:</b> Limited to [once per <i>lifetime</i> ]	<u><b>[Level I]</b></u> [Not Covered]	<u><b>[Level II]</b></u> [\$500]
31	<b>Anti-nausea:</b>	<u><b>[Level I]</b></u> [Not Covered]	<u><b>[Level II]</b></u> [\$100 per month]
32	<b>Bone Marrow Transplant:</b> Limited to [once per <i>lifetime</i> *]	<u><b>[Level I]</b></u> [Not Covered]	<u><b>[Level II]</b></u> [\$10,000 for you or your <i>covered dependent</i> \$1,500 to the bone marrow donor]

**SCHEDULE (continued)**

<b>Stem Cell Transplant:</b> Limited to [once per <i>lifetime</i> *]	[Not Covered]	[\$2,500]
[*Benefits will only be paid once per <i>lifetime</i> for either a <i>bone marrow transplant</i> or <i>stem cell transplant</i> , not both.]		

33	<b>Immunotherapy:</b>	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$450 per month not to exceed a <i>lifetime</i> maximum of \$3,500]
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34	<b>Home Health Care:</b> Limited to a maximum of [10 visits after any <i>period of hospital confinement</i> ] not to exceed a maximum of [30 visits per <i>benefit year</i> ]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$50 per visit]
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35	<b>Nursing Services:</b> Limited to [30 days per <i>benefit year</i> ]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$125 per day]
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36	<b>Transportation:</b> Limited to [3 round trips per <i>benefit year</i> ]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$500 per round trip]
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37	<b>Reconstructive Surgery:</b>	<u>[Level I]</u>	<u>[Level II]</u>
	[Breast Symmetry (modification of the non-cancerous breast performed within 5 years of reconstructing the cancerous breast)]	[Not Covered]	[\$350]
	[Breast Reconstruction]	[Not Covered]	[\$700]
	[Facial Reconstruction]	[Not Covered]	[\$700]
	[Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap]	[Not Covered]	[\$2,500]
	In addition, we will pay [30%] of the amounts shown above for <i>general anesthesia</i> during these procedures.		

38	<b>Outpatient Hospital Surgical</b> Limited to [3 days per procedure]	<u>[Level I]</u> [Not Covered]	<u>[Level II]</u> [\$250 per day]
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## SCHEDULE (continued)

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### Plan Changes

#### Plan Changes at Annual Enrollment

You may choose to change your plan of insurance, subject to any required *proof of good health*, from [January 1 through January 31] of each year, the annual enrollment period agreed upon by the [*policyholder*] and us. [You must submit *proof of good health* for any plan level increase.] [The amount of any increase, with or without *proof of good health*, is subject to the Pre-Existing Conditions provision in the Cancer Only Insurance provisions section of the *policy*. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]

The effective date of any change made during the annual enrollment period will be [the later of the *policy* anniversary or the first of the month occurring on or after the date of our correspondence notifying you of our approval of you or your *covered dependent's proof of good health*, if required]. [Please see Exception to Effective Date if you are not at *active work* on the day the change in insurance would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if your *covered dependent* is in a *hospital* or similar facility on the day the change in insurance would otherwise take effect.]

#### Change in Family Status

You may apply for insurance or change your plan of insurance, [within 31 days] of a change in family status. A "change in family status" means [your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, or the termination of employment of your spouse, or any other event specified in the *policyholder's* IRC Section 125 plan]. If you apply for insurance or increase your plan of insurance following a change in family status, you must submit *proof of good health* [for you or your *covered dependent*]. [Any amount or increase in insurance is subject to the Pre-Existing Conditions provision in the Cancer Only Insurance provisions section of the *policy*. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]

If you are first applying for insurance for yourself [or for your *eligible dependent*] [within 31 days] after a change in family status, insurance will take effect [on the first of the month occurring on or after the later of the date of the request or the date of our correspondence notifying you of our approval of you or your *eligible dependent's proof of good health*, if required].

If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be [the first of the month occurring on or after the later of the date of the request or the date of our correspondence notifying you of our approval of you or your *eligible dependent's proof of good health*, if required].

[Please see Exception to Effective Date if an eligible person is not at *active work* on the day insurance, or a change in insurance, would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if an *eligible dependent* is in a *hospital* or similar facility on the day insurance, or a change in insurance, would otherwise take effect.]

OR

**SCHEDULE (continued)**

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**Change in Family Status**

You may apply for insurance or change your plan of insurance, [within 31 days] of a change in family status. A “change in family status” means [your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, or the termination of employment of your spouse, or any other event specified in the *policyholder’s* IRC Section 125 plan]. If you apply for insurance under [Level II], or if you increase your plan of insurance following a change in family status, you must submit *proof of good health*. [Any amount or increase in insurance is subject to the Pre-Existing Conditions provision in the Cancer Only Insurance provisions section of the *policy*. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]

If you are first applying for insurance for yourself [or for your *eligible dependent*] [within 31 days] after a change in family status, insurance will take effect [on the first of the month occurring on or after the date of the application] unless *proof of good health* is required. If *proof of good health* is required, insurance will take effect [on the first of the month occurring on or after the later of the date of the application or the date of our correspondence notifying you of our approval of your or your *eligible dependent’s proof of good health*].

If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be [the first of the month occurring on or after the date of the change request unless *proof of good health* is required. If *proof of good health* is required, insurance will take effect [on the first of the month occurring on or after the later of the date of the change request or the date of our correspondence notifying you of your or your *eligible dependent’s proof of good health*].

[Please see Exception to Effective Date if an eligible person is not at *active work* on the day insurance, or a change in insurance, would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if an *eligible dependent* is in a *hospital* or similar facility on the day insurance, or a change in insurance, would otherwise take effect.]

OR

**Change in Family Status**

You may apply for insurance or change your plan of insurance, [within 31 days] of a change in family status. A “change in family status” means [your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, or the termination of employment of your spouse, or any other event specified in the *policyholder’s* IRC Section 125 plan]. If you increase your plan of insurance following a change in family status, you must submit *proof of good health*. [Any amount or increase in insurance is subject to the Pre-Existing Conditions provision in the Cancer Only Insurance provisions section of the policy. A pre-existing condition will be considered to have occurred in relation to the effective date of the change, not the original effective date of your coverage.]

If you are first applying for insurance for yourself [or for your *eligible dependent*] [within 31 days] after a change in family status, insurance will take effect [on the first of the month occurring on or after the date of the application] unless *proof of good health* is required. If *proof of good health* is required, insurance will take effect [on the first of the month occurring on or after the later of the date of the application or the date of our correspondence notifying you of our approval of your or your *eligible dependent’s proof of good health*].

**SCHEDULE (continued)**

If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be [the first of the month occurring on or after the date of the change request unless *proof of good health* is required. If *proof of good health* is required, insurance will take effect [on the first of the month occurring on or after the later of the date of the change request or the date of our correspondence notifying you of your or your *eligible dependent's proof of good health*].

[Please see Exception to Effective Date if an eligible person is not at *active work* on the day insurance, or a change in insurance, would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if an *eligible dependent* is in a *hospital* or similar facility on the day insurance, or a change in insurance, would otherwise take effect.]

SERFF Tracking Number: ASWX-126469046 State: Arkansas  
 Filing Company: Union Security Insurance Company State Tracking Number: 44676  
 Company Tracking Number: GHAR01140U1F01  
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only  
 Product Name: Worksite  
 Project Name/Number: Worksite/GH AR01140U1F01

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	01/27/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	01/27/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	01/27/2010
<b>Comments:</b>	Cover Letter		
<b>Attachment:</b>	Cover Letter.PDF		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	CO BP rev - Statement of Variations, ETP CO - Statement of Variations, DETP CO - Statement of Variations, Schd CO rev 11/2009 - Statement of Variations	Approved-Closed	01/27/2010
<b>Comments:</b>	Statement of Variations		
<b>Attachments:</b>	ETP CO - Statement of Variations.PDF DETP CO - Statement of Variations.PDF		





**ASSURANT**  
Employee  
Benefits

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

January 22, 2010

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.

<b>Form Number</b>	<b>Description</b>
Schd CO rev 11/2009	Group Policy-Certificate insert form for use with Group Policy Form GP-09 and Group Certificate Form GC-09. This form replaces Form Schd CO rev, previously approved by your Department on 09/30/2009 to be used with GP-09 and GC-09.

This form has been revised to include language to not require proof of good health for any level of coverage for timely applicants. As a result, a third version of the Maximum Without of Proof of Good Health and Change in Family Status provisions has been added. The first version of these provisions will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage.

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The third version will appear if proof of good health is not required for any levels of coverage unless increasing the plan due to a change in family status.

The attached statement of variations documents have been updated to support the change to not require proof of good health for any level of coverage for timely applicants. The changes on these documents have been highlighted in yellow.

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.

These forms are being filed simultaneously in Kansas, our domiciliary state.

The \$50 filing fee is being sent via EFT.

We trust that you will find everything in order and look forward to your response. If you have any questions regarding this submission, please contact me at the e-mail address or phone number provided below.

Sincerely,

Lori Vazquez  
Contract Compliance Analyst  
T. 816.881.8713  
F. 816.881.8755  
E-mail address: [Lori.Vazquez@assurant.com](mailto:Lori.Vazquez@assurant.com)

**Union Security Insurance Company  
Statement of Variations  
Policy/Certificate Insert Form ETP CO**

The variable and illustrative material in Policy/Certificate Insert Form ETP CO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be deleted entirely.

1. This item may appear as shown, be deleted entirely or may be changed to:

- show the eligible classes and service requirement here instead of referring to the Schedule
- require "continuous full-time service" in the 2<sup>nd</sup> bullet or include continuous full-time service as a temporary employee
- add reference to participating employer if the policy is issued to a trust
- delete reference to one or more of the terms employer, policyholder or associated company, if not applicable
- delete proof of good health as a requirement for coverage
- state that the Present Service Requirement applies on the Effective Date of the participating employer's application or participation agreement, when a policy is issued to the trustee of a trust

2. This item may appear as shown, be deleted entirely or may be changed to:

- omit reference to either noncontributory or contributory insurance if only one is provided in the policy
- references to "in the policy" may be deleted in the phrase "shown in the Schedule in the policy" or may be changed to "in the certificate"
- the phrase "part or all of the premium" may be changed to "part of the premium" or "all of the premium"
- omit references to proof of good health **except for late applicants**
- change the period of time to range within 30 – 90 days
- indicate that insurance may take effect at different times including immediately, first of the month, policy anniversary, on the Entry Date, the date of the application, or date signed, the date we approve the proof of good health or the date of the approval notification, the date of the proof of good health document(s) or date signed, a billing period date, payroll deduction date or another specific date
- allow a person to enroll within a range of 30 - 90 days after coverage under another group policy ends
- third bullet may vary as follows:
  - change the time period to range within 30 – 90 days from the application date
  - insurance may take effect at different times including immediately, first of the month, policy anniversary, the Entry Date, the date of the application or date signed, the date we approve the proof of good health or date of the approval notification, the date of the proof of good health document(s) or date signed, a billing period date or payroll deduction date proof of good health or waiting periods

**Statement of Variations**  
**Policy/Certificate Insert Form ETP CO**

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- may be waived under certain circumstances, such as requiring the satisfaction of a pre-existing condition instead of requiring proof of good health or waiving the proof of good health requirements or waiting period if the person enrolls within a specified period of time ranging within 30 - 90 days; enrolling during the employer-specific annual enrollment period occurring after the person first becomes eligible; at the policyholder's request; because of the plan design that has been chosen by the policyholder
  - omit references to proof of good health
  - allow a person to enroll within a range of 30 – 90 days after coverage under another group policy ends
  - "policyholder" may be changed to "participating employer" or other appropriate terminology
  - There are 2 versions of the provision shown:
    - the first version will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage or if proof of good health is not required for any level for timely applicants
    - the variations listed above will apply to both versions.
    - the second version can also be changed to require proof of good health only for Level 2, remove references to Levels if only one level is offered, or remove references to proof of good health except for late applicants
3. This item may appear as shown or may be deleted for the whole group or certain classes when "active work" is not a condition of coverage.
4. This item may appear as shown or may be changed to:
- indicate another date for termination of insurance, such as premium due date, end of the month, the first of the following month or policy anniversary
  - references to "participating employer" and "participating employer's application" will be deleted if the policy is not issued to a trust or "participating employer" may be changed to other appropriate terminology
  - "participating employer's application" may be changed to "participation agreement" or other appropriate terminology
  - reference to "contribution" may be deleted if coverage is noncontributory
  - one or more of the reasons insurance will end may be omitted.
5. This item may appear as shown or may be deleted entirely.
6. This item may appear as shown, may be deleted entirely, or may be changed to:
- time periods shown may be changed by policyholder request, but will never exceed 24 months
  - reference to dependent insurance may be deleted
  - different reasons for not performing active work may be shown, such as medical, maternity or parental leave; personal leave; sabbatical leave
  - one or more of the bulleted items may be deleted
  - the statement about having the approval for leave in writing may be deleted or the portion about family and medical leave may be deleted
  - reference to "policyholder" may be changed to "employer" or "participating employer" or other appropriate entity

**Statement of Variations**  
**Policy/Certificate Insert Form ETP CO**  
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7. This item may be included as shown, may be deleted entirely, or may be changed as follows:
- the time period may be increased up to 24 months or decreased to 1 month
  - other provisions, such as proof of good health or pre-existing conditions, may not have to be satisfied again
  - the statement concerning the pre-existing provision may be deleted entirely

**Union Security Insurance Company**  
**Statement of Variations**  
**Policy/Certificate Insert Form DETP CO**

The variable and illustrative material in Policy/Certificate Insert Form DETP CO has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be deleted entirely.

1. This item may appear as shown or may be changed to:
  - delete reference to "students"
  - change the maximum ages, ranging from age 18 - 30
  - cover spouses only or children only
2. This item may appear as shown, be deleted entirely if children are not covered, or may be changed to:
  - delete reference to stepchildren or foster children or children for whom the insured is the legal guardian
  - expand the definition of child to include grandchildren who reside with you on a permanent basis and depend on you for support and maintenance
3. This item may appear as shown, or "will not" may be changed to "may" when an eligible dependent may include a person who is a member of an eligible class. "Not" will be deleted when an eligible dependent can be covered by more than one covered person.
4. This item may appear as shown or may be changed to:
  - omit reference to either noncontributory or contributory insurance if only one is provided in the policy
  - omit references to proof of good health **except for late applicants**
  - omit reference to "your share of" the premium
  - reference to "in the policy" may be deleted in the phrase "shown in the Schedule in the policy" or may be changed to "in the certificate."
  - change the period of time to range within 30 – 90 days
  - show different effective dates including immediately, first of the month, policy anniversary, Entry Date, date of application or date signed, a billing period date, payroll deduction date or another specific date
  - allow a person to enroll within a range of 30 - 90 days after coverage under another group policy ends
  - third bullet may be changed to:
    - refer to a different length of time for application, ranging from 30 - 60 days
    - indicate that the insurance takes effect at different times including immediately, first of the month, policy anniversary, the Entry Date, the date of the application or date signed, a billing period date, payroll deduction date or another specific date
    - proof of good health may be waived under certain circumstances, such as if the person enrolls within a specified period of time (ranging from 30 - 90 days) of becoming eligible, or enrolling during a specified open enrollment period, or

**Statement of Variations**  
**Policy/Certificate Insert Form DETP CO**

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- enrolling during the next annual enrollment period occurring after the person first becomes eligible, or at the policyholder's request, or because of the plan design that has been chosen by the policyholder
  - omit references to proof of good health
  - allow a person to enroll within 30 - 90 days after coverage under another group policy ends
  - require enrollees to wait until a time specified by the policyholder to apply for insurance
  - delete requirement that application must be made during an annual enrollment period
- There are 2 versions of the Dependent Effective Date provision shown:
    - The first version will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage.
    - the variations listed above will apply to both versions
    - the second version can also be changed to require proof of good health only for Level 2, remove references to Levels if only one level is offered or remove references to proof of good health **except for late applicants**
5. This item may appear as shown, may be deleted entirely, or reference to newborns may be deleted if coverage is for spouses only. The time period may be changed, ranging from 31-60 days.
6. This item may appear as shown or may be modified as follows:
- indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
  - references to "participating employer's application" and "participating employer" will be deleted if the policy is not issued to a trust or "participating employer" may be changed to other appropriate terminology
  - "participating employer's application" may be changed to "participation agreement", or other appropriate terminology
  - reference to required contribution may be deleted if the coverage is non-contributory
  - one or more of the reasons insurance will end may be omitted
7. This item may appear as shown or may be deleted entirely.

**Union Security Insurance Company**  
**Statement of Variations**  
**Policy/Certificate Insert Form CO BP rev**

The variable and illustrative material in Policy/Certificate Insert Form CO BP rev has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout this form, any reference to level may be changed to another term such as plan, tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be omitted entirely if only one plan, level, tier, etc. is offered.

1. This item may be included as shown or omitted entirely if there is only one level of benefits.
2. This item may be included as shown or omitted entirely if portability is not included.
3. This item may be included as shown or omitted entirely if the benefits do not require a charge in order to be paid.
4. This item may be included as shown or omitted entirely if proof of good health is required **or is not required** for all benefit levels. If included, "Level I" and "Level II" may be changed to other terms such as "plan" , "tier" or another marketing name.
5. This item may be included as shown or omitted entirely if the Cancer Screening benefit is not included. If included, it may be modified as follows:
  - add, remove or change the name of the tests to reflect current medical terminology
  - once per benefit year may be increased to 2-3 times per benefit year
6. This item may be included as shown and modified as follows:
  - the 90 day time frame may be changed, ranging from 30-365 days
7. This item may be included as shown or omitted entirely if the Radiation and Chemotherapy benefit is not included. If included, it may be modified as follows:
  - the injected medication paragraph may be included as shown or omitted entirely if injected medications are not included
  - the terms "FDA" and "NCI-listed" may be included as shown or modified to change the name of the organization
  - the medications dispersed by pump paragraph may be included as shown or omitted entirely if pump medications are not included.
  - the medications administered orally paragraph may be included as shown or omitted entirely if oral medications are not included
  - the external radiation paragraph may be included as shown or omitted entirely if external radiation is not included
  - the insertion of interstitial or intracavity administration of radioisotopes or radium paragraph may be included as shown or omitted entirely if it's not included.
  - the medications administered by any other method or radiation administered orally or intravenously paragraph may be included as shown or omitted entirely if other administration methods are not included

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**Policy/Certificate Insert Form CO BP rev**  
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- the benefit not paid for sentence may be included as shown, omitted entirely or changed to add, remove or change the name of the services
  - the Experimental Treatment paragraph may be included as shown or omitted entirely if the Experimental Treatment benefit is not included.
  - the maximums per week may be changed to per day, month, benefit year or prescription
  - the maximums per prescription may be changed to per day, week, month, or benefit year
  - the maximums per benefit year may be changed to per day, week, month or prescription
8. This item may be included as shown or omitted entirely if the Extended-care Facility benefit is not included. If included, it may be modified as follows:
- the 30 day time frame for hospital confinement may be changed, ranging from 10-60 days
  - the maximum period of 90 days time frame may be changed, ranging from 30-120 days
  - the no later than 30 days time frame may be changed, ranging from 10-60 days
9. This item may be included as shown. If included, it may be modified as follows:
- the 100 days time frame may be changed, ranging from 30 - 365 days
  - the reference to the Extended-care Facility and/or Home Health Care benefits may be included as shown or omitted entirely if the Extended-care Facility benefit and/or the Home Health Care benefit are not included
10. This item may be included as shown or omitted entirely if the In-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
- the maximum of 75 visits may be changed, ranging from 10-225 visits
11. This item may be included as shown or omitted entirely if the Post-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
- once every 6 months may be increased to 2-3 doctor visits every 3-12 months
  - 5 years may be changed, ranging from 1-10 years
12. This item may be included as shown or omitted entirely if the Prosthesis benefit is not included. If included, it may be modified as follows:
- lifetime may be included as shown or omitted entirely
  - non-implantable prosthetic devices may be changed to add, remove or change the name of the prosthetic devices.
  - each non-implantable device may be increased to 2-3 non-implantable devices
  - the reference to the Reconstructive Surgery benefit may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included.
13. This item may be included as shown or omitted entirely if the Ambulance benefit is not included. If included, it may be modified as follows:
- two one-way trips may be changed to 1-4 one-way trips or one-way may be changed to round trips
14. This item may be included as shown or omitted entirely if the Lodging benefit is not included. If included, it may be modified as follows:

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**Policy/Certificate Insert Form CO BP rev**

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- "or your covered dependent or his/her adult family companion stays" may be deleted if dependents are not insured for a particular group
  - 100 miles may be changed, ranging from 50-250 miles
  - "1 benefit per day" may be increased to 2-3 benefits per day
  - "90 days per benefit year" may be changed, ranging from 30-120 days per benefit year
  - "more than 24 hours" may be changed, ranging from 12-48 hours
15. This item may be included as shown or omitted entirely if the Second Surgical Opinion benefit is not included. If included, it may be modified as follows:
- only once may be increased to 2-3 times per surgical procedure
  - the reference to the National Cancer Institute Evaluation/Consultation benefit may be included as shown or omitted entirely if the National Cancer Institute Evaluation/Consultation benefit is not included
16. This item may be included as shown or omitted entirely if the Surgery and General Anesthesia for Internal Cancer benefit is not included. If included, it may be modified as follows:
- total combined may be included as shown or omitted entirely if not limited to a combined total
  - one operation may be increased to 2-3 operations
  - the reference to Reconstructive Surgery benefit may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included.
17. This item may be included as shown or omitted entirely if the First Occurrence benefit is not included. If included, it may be modified as follows:
- the 30 day waiting period may be changed, ranging from 15-45 days
  - the reference to Clark's Levels I and II, or a Breslow level less than 1.5 mm may be included as shown or modified
  - only once per lifetime may be changed to 2-3 times per lifetime
18. This item may be included as shown or omitted entirely if the Alternative Care benefit is not included. If included, it may be modified as follows:
- The Integrative Assessment and Education benefit may be included as shown or omitted entirely if the Integrative Assessment and Education benefit is not included. Also, one-time benefit may be increased to 2-3 time benefit.
  - The Palliative Care benefit may be included as shown or omitted entirely if the Palliative Care benefit is not included. The 20 visits per benefit year may be changed, ranging from 10-40 visits per benefit year. The lifetime maximum of 2 benefit years may be changed, ranging from 1-4 benefit years. The list of services may be included as shown or changed to add, remove or change the name of the service.
  - The Lifestyle benefit may be included as shown or omitted entirely if the Lifestyle benefit is not included. The 20 visits per benefit year may be changed, ranging from 10-40 visits per benefit year. The lifetime maximum of 2 benefit years may be changed, ranging from 1-4 benefit years. The types of services may be included as shown or changed to add, remove or change the name of the services.
19. This item may be included as shown or omitted entirely if the Experimental Treatment benefit is not included. If included, it may be modified as follows:
- "NCI-listed" may be included as shown or changed to another appropriate term
  - the benefits not paid for sentence may be included as shown or changed to add, remove or change the name of the procedures listed

**Statement of Variations**  
**Policy/Certificate Insert Form CO BP rev**

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- The reference to Radiation and Chemotherapy benefits may be included as shown or omitted entirely if the Radiation and Chemotherapy benefit is not included
20. This item may be included as shown or omitted entirely if the Medical Imaging benefit is not included. If included, it may be modified as follows:
- once per benefit year may be increased to 2-3 times per benefit year
21. This item may be included as shown or omitted entirely if the National Cancer Institute Evaluation/Consultation benefit is not included. If included, it may be modified as follows:
- "National Cancer Institute" may be included as shown or modified to change the name of the organization
  - "NCI-designated" may be included as shown, omitted entirely, or modified to change the name of the organization
  - once may be increased to 2-3 times
  - the reference to Second Surgical Opinion benefits may be included as shown or omitted entirely if the Second Surgical Opinion benefit is not included
  - the reference to Transportation and Lodging benefits may be included as shown or omitted entirely if the Transportation and Lodging benefits are not included
22. This item may be included as shown or omitted entirely if the Anti-nausea benefit is not included. If included, it may be modified as follows:
- each month may be changed to each day
23. This item may be included as shown or omitted entirely if the Bone Marrow or Stem Cell Transplant benefit is not included. If included, it may be modified as follows:
- the reference to paying a benefit to a bone marrow donor may be included as shown or omitted entirely
  - only once may be increased to only 2-3 times
24. This item may be included as shown or omitted entirely if the Immunotherapy benefit is not included. If included, it may be modified as follows:
- the reference to Radiation and Chemotherapy benefits and/or Experimental Treatment may be included as shown or omitted entirely if the Radiation and Chemotherapy benefits and/or the Experimental Treatment benefit is not included
25. This item may be included as shown or omitted entirely if the Home Health Care benefit is not included. If included, it may be modified as follows:
- "within 7 days" may be changed, ranging from 1-14 days
  - "10 visits" may be changed, ranging from 1-20 visits
  - "30 visits per benefit year" may be changed, ranging from 10-60 visits per benefit year
26. This item may be included as shown or omitted entirely if the Nursing Services benefit is not included. If included, it may be modified as follows:
- "30 days per benefit year" may be changed, ranging from 10-60 days per benefit year
27. This item may be included as shown or omitted entirely if the Transportation benefit is not included. If included, it may be modified as follows:

**Statement of Variations**  
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- "100 miles" may be changed, ranging from 50-250 miles
  - the reference to commercial travel for a parent or guardian may be included as shown or deleted entirely if dependents are not covered for a particular group
  - "3 round trips per benefit year may be changed, ranging from 1-6 round trips per benefit year
28. This item may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included. If included, it may be modified as follows:
- The types of reconstructive surgeries may be included as shown or changed to add, remove or change the name of the surgery
  - "30%" may be changed, ranging from 10-60%
29. This item may be included as shown or omitted entirely if the Outpatient Hospital Surgical benefit is not included. If included, it may be modified as follows:
- "3 days per procedure" may be changed, ranging from 1-6 days per procedure
30. This item may be included as shown or omitted entirely if the Pre-Existing Conditions provision is not included. If included, it may be modified as follows:
- the time periods may be changed, ranging from 3 months up to 24 months, or as allowed by the state
  - the treatment free requirement after the effective date may be deleted if allowed by the state
  - the time insured requirement may be deleted if allowed by the state
31. This item may appear as shown or may be deleted entirely if a state does not permit an exclusion for assault.
32. This item may appear as shown or sane and/or insane may be deleted if not permitted in a state.
33. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- reference to porting dependent insurance may be deleted if a particular group does not insure dependents
  - any 31 day time frame may be changed, ranging from 31 – 60 days
  - the time period insured under the group portability policy may be changed to age 65 – 70 or 3 – 10 years; 12 months may be deleted or changed, ranging from 12 – 36 months
  - one or both of the last two sentences in the 5th paragraph may be deleted
  - the 6 consecutive months time frame may be modified, ranging from 6 – 24 months
34. This item may appear as shown or may be changed to read "You cannot."

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The variable and illustrative material in Policy/Certificate Insert Form Schd CO rev 11/2009 has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout this form, any reference to level may be changed to another term such as plan, tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be omitted entirely if only one plan, level, tier, etc. is offered.

1. The items within the box may be included in the Policy and may be included or deleted in the Certificate.
2. The Eligible Class(es) will appear in the Policy and may appear or be deleted in a Certificate. The Eligible Classes may vary depending on the policyholder's specifications, but will be based on factors pertaining to employment or membership in a group (e.g., an association of doctors). "Policyholder may be changed to participating employer or other appropriate entity; "or an associated company may be deleted. Dependent insurance may be included or deleted. If included, it may be changed to specify only a certain class or classes of employees are eligible for dependent insurance.
3. This item may appear as shown in a trust policy or may be omitted entirely. Reference to an application may be changed to other terminology such as participation agreement.
4. This item may appear as shown or the specific associated companies of the policyholder, participating employer or other appropriate entity may be included, or we can state the companies will be as reported to us by the policyholder, or this may be deleted if there are no associated companies. This may be deleted in the Certificate.
5. The Present Service Requirement and Future Service Requirement may appear as shown or may be modified, ranging from None to 24 months and may vary by class. Dates may be used, showing the policy's or participating employer's effective date for Present Service Requirement and dates after that for Future Service Requirement. When a Policy or Certificate is reissued, we may just show the future service requirement. This may be deleted in the Certificate.
6. The Entry Date may be immediate, policy anniversary, 1st of the month or another day of the month, 1st of the second month, quarterly, semi-annually or another specific date. It may also vary by class. This may be deleted in the Certificate.
7. The Minimum Participation Requirements will be included in the Policy, may be deleted in the Certificate, and may be modified as follows:
  - the Number may be included or deleted and may range from 1 – 500 lives, depending on the size of the group and the type of group such as employer, association or a trust
  - the Percentage may be included or deleted and may range from 10% - 100%, depending on whether the insurance is contributory or noncontributory or an elective plan
8. This item may appear as shown or may be omitted entirely if there are no plan options to select. Reference to plan level may be changed to another term such as tier.

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9. This item may appear as shown or may be omitted entirely if a particular group does not insure dependents.
10. There are **three** versions of the provision shown. The first version will appear if proof of good health is required for all levels of coverage. The second version will appear if proof of good health is only required for certain levels of coverage. **The third version will appear if proof of good health is not required for any levels of coverage.** Each version may appear as shown or may be omitted entirely. If included each version may be modified as follows:
  - The first **and third versions** may be modified to remove reference to levels if only one level is offered.
  - The second version may be changed to require proof of good health only for Level 2 or remove references to levels if only one level is offered.
11. This item may be included as shown or omitted entirely if the Cancer Screening benefit is not included. If included, it may be modified as follows:
  - once per benefit year may be increased to 2-3 times per benefit year
  - the benefit amount may be changed, ranging from Not Covered or \$0 - \$200
12. This item may be included as shown or modified as follows:
  - the 90 day time frame may be changed, ranging from 30-365 days
  - the benefit amount may be changed, ranging from \$0 - \$800
13. This item may be included as shown or omitted entirely if the Radiation and Chemotherapy benefit is not included. If included, it may be modified as follows:
  - Injected Cytotoxic Medications may be included as shown or omitted entirely if injected medications are not included
  - First Prescription and Refill Pump Dispensed Cytotoxic Medications may be included as shown or omitted entirely if pump dispensed medication are not included
  - Oral Cytotoxic Medications may be included as shown or omitted entirely if oral medications are not included
  - Cytotoxic Medications Administration by Any Other Method may be included as shown or omitted entirely if other administration methods are not included
  - External Radiation Therapy may be included as shown or omitted entirely if external radiation therapy is not included
  - Insertion of Interstitial or Intracavity Administration of Radioisotopes or Radium may be included as shown or omitted entirely if not included.
  - Oral or I.V. Radiation may be included as shown or omitted entirely if oral and I.V. radiation is not included
  - the maximums per week may be changed to per day, month, benefit year or prescription
  - the maximums per prescription may be changed to per day, week, month, or benefit year
  - the maximums per benefit year may be changed to per day, week, month or prescription
  - the benefit and maximum amounts may be changed, ranging from Not Covered or \$0 - \$50,000
14. This item may be included as shown or modified as follows:
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200

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15. This item may be included as shown or modified as follows:
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
16. This item may be included as shown or omitted entirely if the Extended-care Facility benefit is not included. If included, it may be modified as follows:
  - the 90 days time frame may be changed, ranging from 30-120 days
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$400
17. This item may be included as shown. If included, it may be modified as follows:
  - the 100 days time frame may be changed, ranging from 30 - 365 days
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
18. This item may be included as shown or omitted entirely if the In-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
  - the 75 visits may be changed, ranging from 10-225 visits
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
19. This item may be included as shown or omitted entirely if the Post-hospital Doctor Visits benefit is not included. If included, it may be modified as follows:
  - once every 6 months may be increased to 2-3 doctor visits every 3-12 months
  - 5 years may be changed, ranging from 1-10 years
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
20. This item may be included as shown or omitted entirely if the Prosthesis benefit is not included. If included, it may be modified as follows:
  - lifetime may be deleted
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$12,000
21. This item may be included as shown or omitted entirely if the Ambulance benefit is not included. If included, it may be modified as follows:
  - 2 one-way trips may be changed to 1-4 one-way trips or one-way may be changed to round trips
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$4,000
22. This item may be included as shown or omitted entirely if the Lodging benefit is not included. If included, it may be modified as follows:
  - 1 benefit per day may be increased to 2-3 benefits per day
  - 90 days may be changed, ranging from 30-120 days
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
23. This item may be included as shown or omitted entirely if the Second Surgical Opinion benefit is not included. If included, it may be modified as follows:
  - once may be increased to 2-3 times
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$400

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24. This item may be included as shown or modified as follows:
- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$1,200
25. This item may be included as shown or omitted entirely if the Surgery and General Anesthesia for Internal Cancer benefit is not included. If included, it may be modified as follows:
- combined may be deleted if not limited to a combined total
  - one operation may be increased to 2-3 operations
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$12,000
  - each procedure may be included as shown, deleted, changed to add a procedure, or the name of the procedure is changed due to current medical terminology
26. This item may be included as shown or omitted entirely if the First Occurrence benefit is not included. If included, it may be modified as follows:
- the 30 day waiting period may be changed, ranging from 15-45 days
  - once may be changed to 2-3 times
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$10,000
27. This item may be included as shown or omitted entirely if the Alternative Care benefit is not included. If included, it may be modified as follows:
- one may be increased to 2-3 times
  - 20 visits may be changed, ranging from 10-40 visits
  - 2 benefit years may be changed, ranging from 1-4
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$400
28. This item may be included as shown or omitted entirely if the Experimental Treatment benefit is not included. If included, it may be modified as follows:
- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$3,000
29. This item may be included as shown or omitted entirely if the Medical Imaging benefit is not included. If included, it may be modified as follows:
- once per benefit year may be increased to 2-3 times per benefit year
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
30. This item may be included as shown or omitted entirely if the National Cancer Institute Evaluation/Consultation benefit is not included. If included, it may be modified as follows:
- National Cancer Institute may be included as shown or modified to change the name of the organization
  - once per lifetime may be increased to 2-3 times per lifetime
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$1,500
31. This item may be included as shown or omitted entirely if the Anti-nausea benefit is not included. If included, it may be modified as follows:
- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
32. This item may be included as shown or omitted entirely if the Bone Marrow or Stem Cell Transplant benefit is not included. If included, it may be modified as follows:

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- once per lifetime may be increased to 2-3 times per lifetime
  - the reference to a bone marrow donor benefit may be deleted if a bone marrow donor benefit is not included
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$20,000
33. This item may be included as shown or omitted entirely if the Immunotherapy benefit is not included. If included, it may be modified as follows:
- the benefit amounts may be changed, ranging from Not Covered or \$0 - \$7,200
34. This item may be included as shown or omitted entirely if the Home Health Care benefit is not included. If included, it may be modified as follows:
- 10 visits may be changed, ranging from 1-20
  - 30 visits may be changed, ranging from 10-60
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$200
35. This item may be included as shown or omitted entirely if the Nursing Services benefit is not included. If included, it may be modified as follows:
- 30 days may be changed, ranging from 10-60 days
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$300
36. This item may be included as shown or omitted entirely if the Transportation benefit is not included. If included, it may be modified as follows:
- 3 round trips may be changed, ranging from 1-6 round trips
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$1,500
37. This item may be included as shown or omitted entirely if the Reconstructive Surgery benefit is not included. If included, it may be modified as follows:
- the types of reconstructive surgeries may be included as shown, omitted entirely, or changed to add a type of surgery or change the name of the surgery
  - 30% may be changed, ranging from 10-60%
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$5,000
38. This item may be included as shown or omitted entirely if the Outpatient Hospital Surgical benefit is not included. If included, it may be modified as follows:
- 3 days may be changed, ranging from 1-6 days
  - the benefit amounts may be changed, ranging from Not Covered or \$0 - \$750
39. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- Plan Changes at Annual Enrollment may be omitted entirely if not applicable and references to Levels may be removed if only one level is offered
  - the dates of the annual enrollment period will reflect the policyholder's annual enrollment period
  - policyholder may be changed to participating employer or other appropriate entity
  - references to Pre-existing Conditions provision and pre-existing condition may be omitted entirely

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- the effective date may be policy anniversary, first of the month, first of the second month, date of request, a specific date or any other date agreed upon between the policyholder and us
- reference to Exception to Effective Date and/or Exception to Dependent Effective Date may be included as shown or omitted entirely
- the 31 day time period may be changed, ranging from 7 – 90 days
- the change in family status definition may be modified to delete reference to the policyholder's IRC Section 125 plan, if not applicable; one or more items may be deleted or reference to other items may be added upon policyholder request
- There are 3 versions of the Changes in Family Status provision shown. The first version will appear as shown if proof of good health is required for all levels of coverage. The second version will appear as shown if proof of good health is only required for certain levels of coverage. The third version will appear if proof of good health is not required for any levels of coverage unless increasing the plan due to a change in family status.
- The variations listed above will apply to all versions.
- The second version can also be changed to require proof of good health only for Level 2 or remove references to Levels if only one level is offered.