

SERFF Tracking Number: CEUL-126835760 State: Arkansas
Filing Company: Central United Life Insurance Company State Tracking Number: 46931
Company Tracking Number: END-CVRSN3
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term
Product Name: Conversion Privilege Endorsement
Project Name/Number: /

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: Conversion Privilege Endorsement SERFF Tr Num: CEUL-126835760 State: Arkansas

TOI: H11G Group Health - Disability Income

SERFF Status: Closed-Approved-Closed State Tr Num: 46931

Sub-TOI: H11G.002 Short Term

Co Tr Num: END-CVRSN3

State Status: Approved-Closed

Filing Type: Form

Author: Scott Gadd

Reviewer(s): Rosalind Minor

Date Submitted: 09/30/2010

Disposition Date: 10/14/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: Resubmission

Previous Filing Number: CEUL-126783955

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 10/14/2010

Explanation for Other Group Market Type:

State Status Changed: 10/14/2010

Deemer Date:

Created By: Scott Gadd

Submitted By: Scott Gadd

Corresponding Filing Tracking Number:

Filing Description:

We are resubmitting endorsements (one for group Master Policy and one for Certificate of coverage) providing a conversion option allowing terminated employees to convert to an individual plan without evidence of insurability. These will be used with a previously approved Group Disability product. We have also updated the definitions of disability so as not to require that sickness/accident occur only off-the-job.

Company and Contact

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Filing Contact Information

Scott Gadd, Compliance Technician sgadd@manhattanlife.com
 10700 Northwest Freeway 713-529-0045 [Phone]
 Houston, TX 77092 713-821-6551 [FAX]

Filing Company Information

Central United Life Insurance Company CoCode: 61883 State of Domicile: Arkansas
 Wortham Tower Group Code: 117 Company Type:
 2727 Allen Parkway Group Name: State ID Number:
 Suite 500 FEIN Number: 42-0884060
 Houston, TX 77019-2100
 (713) 529-0045 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$50 per form filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	09/30/2010	40026012
Central United Life Insurance Company	\$50.00	10/13/2010	40672936

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/14/2010	10/14/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	10/08/2010	10/08/2010	Scott Gadd	10/13/2010	10/13/2010

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Disposition

Disposition Date: 10/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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
Form	Endorsement	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/08/2010

Submitted Date 10/08/2010

Respond By Date

Dear Scott Gadd,

This will acknowledge receipt of the captioned filing.

Objection 1

- Endorsement, END-CVRSN3 (Form)
- Endorsement, END-CVRMST3 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/13/2010
Submitted Date 10/13/2010

Dear Rosalind Minor,

Comments:

Thank you for your assistance in reviewing this filing.

Response 1

Comments: The additional \$50 has been submitted. I apologize for the lack of oversight.

Related Objection 1

Applies To:

- Endorsement, END-CVRSN3 (Form)
- Endorsement, END-CVRMST3 (Form)

Comment:

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The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Sincerely,
Scott Gadd

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Form Schedule

Lead Form Number: END-CVRSN3

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/14/2010	END-CVRSN3	Certificate	Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48.100	END-CVRSN3.pdf
Approved-Closed 10/14/2010	END-CVRMST3	Policy/Cont	Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		44.000	END-CVRMST3.pdf

CENTRAL UNITED LIFE INSURANCE COMPANY
[10700 Northwest Freeway, Houston, Texas 77092]

ENDORSEMENT
to Certificate Number «cert #»

This Endorsement becomes a part of the Certificate to which it is attached.

DEFINITIONS

The definitions of **PARTIAL DISABILITY, PARTIALLY DISABLED** and **TOTAL DISABILITY, TOTALLY DISABLED** in the Certificate are replaced by the following:

PARTIAL DISABILITY, PARTIALLY DISABLED means You, as the result of a Covered Injury or a Covered Sickness:

1. are able to perform one or more but not all of the material and substantial duties of Your occupation on a full-time or part-time basis; or
2. are able to perform some or all of the duties of another occupation other than from the Employer to whom the Group Policy was issued on a full-time or part-time basis.

TOTAL DISABILITY, TOTALLY DISABLED means You, as the result of a Covered Injury or a Covered Sickness:

1. are unable to engage in any employment or occupation for which You are qualified or for which You become qualified by reason of education, training or experience;
2. are not engaged in any employment or occupation for wage or for profit; and
3. are receiving care by a Physician which is appropriate for the condition causing Your Total Disability.

The following Conversion Privilege provision is hereby added.

CONVERSION PRIVILEGE: If Your coverage ends under the Group Policy because You are no longer an Employee of the Employer or because the Group Policy is terminated or discontinued, You may convert to an individual Disability Income policy then being offered by Us, provided:

1. You are under the age of 65; and
2. You apply for the individual plan within 30 days from the date coverage ceases for You under the Group Policy.

The following rules will apply to the conversion policy.

1. Benefits, amounts, and provisions will be as provided by the new policy.
2. The effective date of the new policy will be the date of conversion.
3. The premium for the conversion policy will be at the same rates as your current policy.
4. Evidence of insurability will not be required for You under the new policy.

5. Riders may be added to the new policy if any are available at Your age under the new policy, on the date of conversion. Evidence of insurability must be furnished for riders not similar to a rider attached to this Group Policy.
6. This conversion privilege shall not apply while the policy premiums are being waived under any rider for waiver of premium.

All other provisions remain unchanged.

IN WITNESS WHEREOF, Central United Life Insurance Company has caused this Endorsement to be signed by its President and Secretary at its Office in Houston, Texas and issued as of the "Effective Date" shown in the Policy Schedule.

[*Mary Lou Rainey*]

Secretary

[*Dan Geoy*]

President

CENTRAL UNITED LIFE INSURANCE COMPANY
[10700 Northwest Freeway, Houston, Texas 77092]

ENDORSEMENT

This Endorsement becomes a part of the Group Policy to which it is attached.

DEFINITIONS

The definitions of **PARTIAL DISABILITY, PARTIALLY DISABLED** and **TOTAL DISABILITY, TOTALLY DISABLED** in the Policy are replaced by the following:

PARTIAL DISABILITY, PARTIALLY DISABLED means You, as the result of a Covered Injury or a Covered Sickness:

1. are able to perform one or more but not all of the material and substantial duties of Your occupation on a full-time or part-time basis; or
2. are able to perform some or all of the duties of another occupation other than from the Employer to whom the Group Policy was issued on a full-time or part-time basis.

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1. are unable to engage in any employment or occupation for which You are qualified or for which You become qualified by reason of education, training or experience;
2. are not engaged in any employment or occupation for wage or for profit; and
3. are receiving care by a Physician which is appropriate for the condition causing Your Total Disability.

The following Conversion Privilege provision is hereby added.

CONVERSION PRIVILEGE: If an Employee's coverage ends under the Group Policy because they are no longer an Employee of the Employer or because the Group Policy is terminated or discontinued, the Employee may convert to an individual Disability Income policy then being offered by Us, provided:

1. Employee is under the age of 65; and
2. Terminated Employee applies for the individual plan within 30 days from the date coverage ceases under the Group Policy.

The following rules will apply to the conversion policy.

1. Benefits, amounts, and provisions will be as provided by the new policy.
2. The effective date of the new policy will be the date of conversion.
3. The premium for the conversion policy will be at the same rates as your current policy.
4. Evidence of insurability will not be required for former Employee under the new policy.

5. Riders may be added to the new policy if any are available at former Employee's age under the new policy, on the date of conversion. Evidence of insurability must be furnished for riders not similar to a rider attached to this Group Policy.
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[*Mary Lou Rainey*

Secretary

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/14/2010
Comments:			
Attachment:			
	Flesch score CUL.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/14/2010
Bypass Reason:	n/a - endorsement filing only.		
Comments:			

CENTRAL UNITED LIFE

CERTIFICATION

I, Mary Lou Rainey, Secretary for Central United Life Insurance Company, hereby certify that the following form(s) has the following readability score as calculated by the Flesch Reading Ease Test set forth by your state, and meets the minimum reading ease requirements set forth by the state of Oklahoma.

<u>FORM NUMBER</u>	<u>FORM NAME</u>	<u>READABILITY SCORE</u>
END-CVRMST3	Endorsement	44.0
END-CVRSN3	Endorsement to certificate	48.1

DATE: July 14, 2010

Mary Lou Rainey

Mary Lou Rainey, Secretary

Central United Life Insurance Company
10700 Northwest Freeway
Houston, Texas 77092

Phone: 713-529-0045
Toll Free: 800-669-9030
Fax: 713-821-6551

