

SERFF Tracking Number: HUMA-126869290 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 47281
Company Tracking Number: AR-10-013
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: AR App Maint - HIC STIP
Project Name/Number: Apps Update/Clarity-PROOO24058

Filing at a Glance

Company: Humana Insurance Company
Product Name: AR App Maint - HIC STIP
TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other
Filing Type: Form

SERFF Tr Num: HUMA-126869290 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 47281
Closed

Co Tr Num: AR-10-013

State Status: Approved-Closed

Author: Wendy Jeffries

Reviewer(s): Rosalind Minor

Date Submitted: 11/09/2010

Disposition Date: 11/18/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Apps Update
Project Number: Clarity-PROOO24058
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/18/2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: na

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 11/18/2010

Created By: Wendy Jeffries

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Wendy Jeffries

PPACA: Not PPACA-Related

Filing Description:

This is a new filing; the attached forms do not replace or supersede any like forms previously filed. These forms are for use in the group market. These forms are being filed for general use with all approved policy series and may be offered in a printed, online, or digitized audio recorded format.

This application will be used to support our currently marketed products in your state. The changes in the application reflect cosmetic changes in format, design and language. These changes are intended to create a more consumer friendly application form for our future applicants to assist them in understanding the application process.

Included with this submission are the following documents:

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- Certificate of Readability; and
- Filing Fee of \$50 (\$50 per form).

To the best of our knowledge, we believe the attached forms satisfy the minimum requirements of applicable Arkansas statutes and regulations.

If you have any questions regarding this filing, please contact me by phone at (800) 664-4140, extension 1783 or by e-mail at wjeffries@humana.com.

Company and Contact

Filing Contact Information

Wendy Jeffries, Regional Contract Analyst wjeffries@humana.ocm
 321 W. Main Street 502-580-1783 [Phone]
 6th Floor, East Tower
 Louisville, KY 40202

Filing Company Information

Humana Insurance Company CoCode: 73288 State of Domicile: Wisconsin
 1100 Employers Boulevard Group Code: 119 Company Type: Life & Health
 Green Bay, WI 54344 Group Name: State ID Number:
 (800) 558-4444 ext. [Phone] FEIN Number: 39-1263473

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form at \$50 per form equals \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	11/09/2010	41711955

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/18/2010	11/18/2010

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Disposition

Disposition Date: 11/18/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Humana Employee Enrollment Application Short Term Income Protection (STIP)	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AR-71065 4/2010

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 11/18/2010	AR-71065 4/2010	Application/ Enrollment Form	Humana Employee Enrollment Application Short Term Income Protection (STIP)	Initial			HighlightedA R-71065- 0410.pdf

Last name: _____

First name: _____

Humana Employee Enrollment Application - Short-Term Income Protection (STIP) [Arkansas]

The offering company(ies) listed below, severally or collectively, as the content may require, are referred to in this application as "Humana".

Short-Term Income Protection plans insured or administered by Humana Insurance Company.

Please print clearly and fill in each applicable circle.

STIP	Group #:	Benefit #:	Class/Div:
Do you elect Short-Term Income Protection coverage? <input type="radio"/> N <input type="radio"/> Y (If no, complete waiver.)	Annual salary \$	Class (employer will provide if needed)	

Waiver (refusal of coverage) for STIP

I acknowledge that I have been given the opportunity to apply for group coverage available to me through my employer. I proclaim that I was not pressured or forced by my employer, the writing agent, or Humana into waiving (declining) coverage. If I have waived any coverage offered to me, my signature is evidence of this action.

I hereby waive coverage for (check all that apply):
 Short-Term Income Protection for: Myself

Employee or legal representative signature: _____ Date: _____

Name and relationship of legal representative: _____

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	11/18/2010
Comments: See attached		
Attachment: Catron-Certificate of Readability - AR-10-013.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	11/18/2010
Bypass Reason: Refer to the Form Schedule Tab for application that will be used.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	11/18/2010
Bypass Reason: n/a		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	11/18/2010
Bypass Reason: n/a		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	11/18/2010
Bypass Reason: n/a		
Comments:		

HUMANA INSURANCE COMPANY

CERTIFICATE OF READABILITY

Filing # AR-10-013

I hereby certify that these forms exceed the minimum reading ease score of 40 required by the State of Arkansas.

A handwritten signature in black ink, appearing to read "J. Gregory Catron". The signature is written in a cursive style with a horizontal line underneath it.

J. Gregory Catron
Vice President
Humana Insurance Company