

SERFF Tracking Number: ASWX-126551282 State: Arkansas
 Filing Company: Union Security Insurance Company State Tracking Number: 45221
 Company Tracking Number: VISGHAR01180U1F01
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: Group Vision
 Project Name/Number: Group Vision/GH AR01180U1F01

Filing at a Glance

Company: Union Security Insurance Company

Product Name: Group Vision

TOI: H20G Group Health - Vision

Sub-TOI: H20G.000 Health - Vision

Filing Type: Form

SERFF Tr Num: ASWX-126551282 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 45221

Co Tr Num: VISGHAR01180U1F01 State Status: Approved-Closed

Author: SPI Reviewer(s): Rosalind Minor

AssurantHealthandEmployeeBenef

Date Submitted: 03/20/2010 Disposition Date: 03/31/2010
 Disposition Status: Approved-Closed

Implementation Date Requested: 07/01/2010

State Filing Description:

Implementation Date:

General Information

Project Name: Group Vision

Project Number: GH AR01180U1F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/31/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Other

Explanation for Other Group Market Type:

Other-ALL Eligible Groups Except Credit

State Status Changed: 03/31/2010

Created By: SPI

AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AssurantHealthandEmployeeBenef

Filing Description:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

Form Number and Description

GP-10 Vis Group policy form to be issued to all groups to which group accident and health insurance may be

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issued in your jurisdiction, except creditor groups.

GC-10 Vis Group certificate form to be used with policy form GP-10.

The enclosed policy and certificate forms will provide for group Vision Insurance and will be issued to the eligible group policyholder as a separate insurance policy. Each employee or member of the policyholder will receive a separate certificate of insurance.

The policy and certificate forms are being filed as insert pages. The insert pages will be combined to provide a complete policy and certificate. A complete policy with appropriate insert forms will be referred to as GP-10 Vis. A complete certificate with appropriate insert forms will be referred to as GC-10 Vis. The following policy /certificate insert pages will be included in GP-10 Vis and GC-10 Vis as follows:

Policy form GP-10 Vis will always include the following core insert forms:

Form Number and Description

PFP	Policy face page (used in the policy only)
TOC Vis	Table of Contents
Def Gen Vis	General Definitions
Def Vis	Definitions for Vision Insurance
Sum Vis	Summary of Group Vision Insurance
Schd Vis	Schedule
ETP Vis	Eligibility and Termination Provisions for Vision Insurance
DETP Vis	Dependent Eligibility and Termination Provisions for Vision Insurance (used only if dependent coverage is elected under the policy)
DCont Vis	Special Dependent Insurance Continuance Provisions (used only if dependent coverage is elected under the policy)
COBRA Vis	Special Federal Continuance Provisions
Vis BP	Vision Insurance
Clm Pro Vis	Claim Provisions for Vision Insurance
Gen Pro Vis	General Provisions
PGen Pro Vis	Policy General Provisions (used in the policy only)
Premium Vis	Premiums (used in the policy only)
App Pol Vis	Group Policy Application (used in policy only)

Optional core insert forms may be also be included with Policy form GP-10 Vis.

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<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>45221</i>
<i>Company Tracking Number:</i>	<i>VISGHAR01180UIF01</i>		
<i>TOI:</i>	<i>H20G Group Health - Vision</i>	<i>Sub-TOI:</i>	<i>H20G.000 Health - Vision</i>
<i>Product Name:</i>	<i>Group Vision</i>		
<i>Project Name/Number:</i>	<i>Group Vision/GH AR01180UIF01</i>		

Optional Insert pages for use with Policy form GP-10 Vis:

Form Number and Description

ETPT Vis	Participating Employer Eligibility and Termination Provisions for Vision Insurance (may be used in policy only)
Amd Vis	Policy Amendment form used to modify variable areas of the policy forms. (used in the policy only)
Amd DP Vis	Policy Amendment form used to allow coverage for domestic partners (used in the policy only)

Unless indicated above that a form is used only with policy GP-10 Vis, the above described insert pages will also be used to construct a separate certificate of insurance for each insured employee or member. The group policyholder will elect the insurance that will be offered to their eligible employees or members and the eligible persons may enroll in the coverage.

Group Certificate form GC-10 Vis will always include the following core insert forms:

Form Number and Description

CFP	Group Certificate Face Page (replaces policy form PFP)
TOC Vis	Table of Contents
Def Gen Vis	General Definitions
Def Vis	Definitions for Vision Insurance
CSum Vis	Summary of Group Vision Insurance (used in the certificate only)
Schd Vis	Schedule
ETP Vis	Eligibility and Termination Provisions for Vision Insurance
DETP Vis	Dependent Eligibility and Termination Provisions for Vision Insurance (used only if dependent coverage is elected under the policy)
DCont Vis	Special Dependent Insurance Continuance Provisions (used only if dependent coverage is elected under the policy)
COBRA Vis	Special Federal Continuance Provisions
Vis BP	Vision Insurance
Clm Pro Vis	Claim Provisions for Vision Insurance
Gen Pro Vis	General Provisions

Optional Insert pages for use with Certificate form GC-10 Vis:

Form Number and Description

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Ben Note Vis Benefit Notice (new optional form used only in the certificate to refer insured to form Ben Info Vis for information regarding their coverage)

Ben Info Vis Benefits Information (new optional form used only in the certificate to describe the type of coverage and effective date of coverage)

Cend Vis Optional Certificate Endorsement form used to modify variable areas of the certificate forms (used in place of policy form Amd Vis)

Cend DP Vis Certificate Endorsement form used to allow coverage for domestic partners (used in place of policy form Amd DP Vis)

Areas of variability within the enclosed forms are indicated by boxes and brackets.

Statements of Variations are included with the enclosed forms for your reference.

The words "you" and "your," and verbs following where necessary, may be changed throughout the forms to allow flexibility to change the style of the forms to third person (i.e., "covered person").

Any state required notices will be updated in the future to reflect changes in law or changes in contact information. Forms GAN AR (Arkansas Life and Health Insurance Guaranty Association notice) and Notice AR (policy and certificate Notice to Insureds) were approved 6/3/2009.

The \$50 filing fee is being sent via Electronic Funds Transfer.

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

Company and Contact

Filing Contact Information

Dixie Lawlor, Senior Contract Compliance Analyst
2323 Grand Blvd
Kansas City, MO 64108
dixie.lawlor@assurant.com
816-881-8747 [Phone]
816-881-8508 [FAX]

Filing Company Information

Union Security Insurance Company
2323 Grand Blvd
Kansas City, MO 64108
(800) 800-1212 ext. [Phone]
CoCode: 70408
Group Code: 19
Group Name:
FEIN Number: 810170040
State of Domicile: Kansas
Company Type:
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Talked to Stephanie Fowler 3/19/2010. Since this filing is 1 submission consisting of all the forms that make up a vision policy and certificate and the amendments/endorsements that modify those forms, she determined \$50 was the appropriate fee.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Security Insurance Company	\$50.00	03/20/2010	35038283

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/31/2010	03/31/2010

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Disposition

Disposition Date: 03/31/2010

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
Supporting Document	Cover letter	Approved-Closed	Yes
Supporting Document	Statements of Variations	Approved-Closed	Yes
Form	Group Policy Face Page	Approved-Closed	Yes
Form	Group Certificate Face Page	Approved-Closed	Yes
Form	Table of Contents	Approved-Closed	Yes
Form	Benefit Note	Approved-Closed	Yes
Form	Benefit Information	Approved-Closed	Yes
Form	Schedule for Vision Insurance	Approved-Closed	Yes
Form	Summary of Group Vision Insurance	Approved-Closed	Yes
Form	Summmary of Your Group Vision Insurance	Approved-Closed	Yes
Form	General Definitions	Approved-Closed	Yes
Form	Definitions for Vision Insurance	Approved-Closed	Yes
Form	Participating Employer Eligibility and Termination Provisions	Approved-Closed	Yes
Form	Eligibility and Termination Provisions for Vision Insurance	Approved-Closed	Yes
Form	Dependent Eligibility and Termination Provisions for Vision Insurance	Approved-Closed	Yes
Form	Special Dependent Insurance Continuance Provisions	Approved-Closed	Yes
Form	Special Federal Continuance Provisions Vision Insurance	Approved-Closed	Yes
Form	Claim Provisions for Vision Insurance	Approved-Closed	Yes
Form	General Provisions	Approved-Closed	Yes
Form	General Provisions (continued)	Approved-Closed	Yes
Form	Premiums	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Endorsement	Approved-Closed	Yes
Form	Policy Domestic Partner Amendment	Approved-Closed	Yes
Form	Certificate Domestic Partner Endorsement	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GP-10 Vis PFP

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/31/2010	GP-10 Vis PFP	Policy/Cont ract/Fraternal Certificate	Group Policy Face Page	Initial		59.640	GP-10 Vis PFP.PDF
Approved-Closed 03/31/2010	GC-10 Vis CFP	Certificate	Group Certificate Face Page	Initial		60.630	GC-10 Vis CFP.PDF
Approved-Closed 03/31/2010	TOC Vis	Other	Table of Contents	Initial		0.000	TOC Vis.PDF
Approved-Closed 03/31/2010	Ben Note Vis	Other	Benefit Note	Initial		71.130	Ben Note Vis.PDF
Approved-Closed 03/31/2010	Ben Info Vis	Other	Benefit Information	Initial		54.700	Ben Info Vis.PDF
Approved-Closed 03/31/2010	Schd Vis	Schedule Pages	Schedule for Vision Insurance	Initial		0.000	Schd Vis.PDF
Approved-Closed 03/31/2010	Sum Vis	Other	Summary of Group Vision Insurance	Initial		61.890	Sum Vis.PDF
Approved-Closed 03/31/2010	CSum Vis	Other	Summmary of Your Group Vision Insurance	Initial		66.880	CSum Vis.PDF
Approved-Closed 03/31/2010	Def Gen Vis	Other	General Definitions	Initial		60.960	Def Gen Vis.PDF
Approved-Closed 03/31/2010	Def Vis	Other	Definitions for Vision Insurance	Initial		53.710	Def Vis.PDF

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Approved- Closed 03/31/2010	ETPT Vis Other	Participating Employer Eligibility and Termination Provisions	Initial	57.920	ETPT Vis.PDF
Approved- Closed 03/31/2010	ETP Vis Other	Eligibility and Termination Provisions for Vision Insurance	Initial	57.180	ETP Vis.PDF
Approved- Closed 03/31/2010	DETP Vis Other	Dependent Eligibility and Termination Provisions for Vision Insurance	Initial	53.630	DETP Vis.PDF
Approved- Closed 03/31/2010	DCont Vis Other	Special Dependent Insurance Continuance Provisions	Initial	64.060	DCont Vis.PDF
Approved- Closed 03/31/2010	COBRA Vis Other	Special Federal Continuance Provisions	Initial	50.480	COBRA Vis.PDF
Approved- Closed 03/31/2010	Vis BP Other	Vision Insurance	Initial	59.220	Vis BP.PDF
Approved- Closed 03/31/2010	Clm Pro Vis Other	Claim Provisions for Vision Insurance	Initial	51.260	Clm Pro Vis.PDF
Approved- Closed 03/31/2010	Gen Pro Vis Other	General Provisions	Initial	50.730	Gen Pro Vis.PDF
Approved- Closed 03/31/2010	PGen Pro Vis Other	General Provisions (continued)	Initial	73.170	PGen Pro Vis.PDF
Approved- Closed 03/31/2010	Premium Vis Other	Premiums	Initial	69.170	Premium Vis.PDF
Approved- Closed 03/31/2010	Amd Vis Certificate Amendmen t, Insert Page,	Policy Amendment	Initial	65.940	Amd Vis.PDF

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<i>Product Name:</i>	Group Vision		
<i>Project Name/Number:</i>	Group Vision/GH AR01180U1F01		
	Endorseme nt or Rider		
Approved- Cend Vis Closed 03/31/2010	Certificate Certificate Amendmen Endorsement t, Insert Page, Endorseme nt or Rider	Initial	69.800 Cend Vis.PDF
Approved- Amd DP Closed Vis 03/31/2010	Certificate Policy Domestic Amendmen Partner Amendment t, Insert Page, Endorseme nt or Rider	Initial	60.440 Amd DP Vis.PDF
Approved- Cend DP Closed Vis 03/31/2010	Certificate Certificate Domestic Amendmen Partner Endorsement t, Insert Page, Endorseme nt or Rider	Initial	63.730 Cend DP Vis.PDF
Approved- App Pol Vis Closed 03/31/2010	Application/ Application Enrollment Form	Initial	74.160 App Pol Vis.PDF

Union Security Insurance Company agrees to provide the insurance described in this and the following pages of the *policy*, subject to payment of premiums.

Policyholder: [ABC Company]

Policy Number: [G 0,000,000]

Delivered In: [State Name] and governed by its laws, unless otherwise preempted by federal law.

Effective Date: [July 1, 2010] - The date the *policy* takes effect which is also its date of issue.

Premium Due Dates: The first premium is due on the Effective Date. [Future premiums are due on the first day of each month after that.]

Policy Anniversary: [July 1, 2011], and each [July 1] after that.

Insurance Provided: [Group Vision Insurance – Contributory/Noncontributory
Group Vision Insurance for Dependents – Contributory/Noncontributory]

[signature]

[signature]

[Secretary]

[Executive Vice-President]

Union Security Insurance Company [2323 Grand Boulevard Kansas City
Missouri 64108-2670]

**CERTIFICATE OF
GROUP INSURANCE**

1

Union Security Insurance Company certifies that the insurance stated in this Certificate became effective on the Effective Date shown in your [Benefits Information form]. This Certificate is subject to the provisions of the below numbered *policy* issued by Union Security Insurance Company to the *policyholder*.

Policyholder:	[ABC Company]	2
[Participating Employer:	DEF Company]	3
Group Policy Number:	[G 0,000,000	4
[Participation Number:	001,001]	5
[Account Number:	00]	6
[Covered Person:	John Jones]	7
[Covered Person's Number:	0001]	8
Effective Date:	[07/01/2010]	9
Type of Insurance:	[Group Vision Insurance – Contributory/Noncontributory] [Group Vision Insurance for Dependents – Contributory/Noncontributory]	10

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, issued to you under the *policy*.

11 [signature]
[Executive Vice-President]

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The insurance in this Certificate is not in force unless accompanied by form Ben Info Vis which names you as the *covered person* and includes the Type of Coverage and Effective Date of Coverage. Any coverage not listed on form Ben Info Vis, even though described in this Certificate, does not apply to you.

The insurance in this Certificate is
not in force unless accompanied by form
Ben Info Vis.

Union Security Insurance Company

Benefit Information

[1] [Covered Person's Name: John Jones Covered Person's Number: 0001
Group Name: ABC Company [2] Group Policy Number: G 0,000,000] [3]

Type of Coverage	[Original] Effective Date of Coverage*	[Maximum Benefit]
[4] [Employee Vision	09/01/2010	**]
[Spouse Vision	09/01/2010	**]
[Child Vision	09/01/2010	**]

[5]

[2] *The effective date of the benefits shown in the Certificate obtained from [your employer or designated website] may be later than the [Original] Effective Date of Coverage shown above. The effective date of all benefits is subject to the terms of the *policy* and this Certificate. In no event will a benefit changed or added by amendment to the *policy* become effective before the effective date of such amendment.

**The amount of insurance and benefit determining factors for this coverage appear in the Certificate obtained from [your employer or designated website].

[5]

[6]

SCHEDULE

1

[Eligible Class: For employee insurance – Each *full-time* employee of the *policyholder* or an *associated company*,
 | who is at *active work*,
 | who is insured under the *policyholder's* dental insurance plan with us,
 and
 | who is working in the United States of America,
except any temporary or seasonal worker.]

2

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

[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.]

3

[Associated Companies: None]

4

[Present Service Requirement: None]

5

[Future Service Requirement: None]

[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.]

6

[Minimum Participation Requirements:]

[Number: 3]

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

7

SCHEDULE (continued)

VISION INSURANCE

8

[NETWORK PLAN 1]

a	<p>Well Vision Examination Available [one time] each <i>benefit period</i>.</p>	<p>Your Cost No Cost after [\$0, \$5.00, \$10.00 or \$25.00] <i>co-payment</i></p>	b
	<p>Contact Lens Services Charges for professional services (contact lens fitting & evaluation)</p>	<p>Your Cost (<i>discount off network provider's normal charge</i>) [15%] off contact lens services, excluding charges for <i>materials</i></p>	c
	<p>Lenses and Frames (glasses) <i>Discounts</i> for glasses (lenses and frame)</p>	<p>Your Cost (<i>discount off network provider's normal charge</i>) [20%] off complete pairs of prescription and non- prescription glasses, including sunglasses [20%] off all lens options <i>Discounts</i> are unlimited for [12] months following the covered eye exam.</p>	c c d
	<p>Laser Surgery Available one time per eye per lifetime. Includes <i>discounts</i> toward laser surgery, photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK), custom LASIK and education materials.</p>	<p>Your Cost (<i>discount off network provider's normal charge</i>) <i>Discounts</i> averaging [15%] off the <i>network provider's normal charge</i> for laser surgery or [5%] off any promotional price. ****</p>	c e

[OUT-OF-NETWORK PLAN 1]

9

a	<p>Examination Available [one time] each benefit period.</p>	<p>Allowance Reimbursed up to [\$52.00] allowance.</p>	b
	<p>Contact Lenses, Lenses and Frames</p>	<p>No <i>allowance</i>, you pay 100%</p>	

SCHEDULE (continued)

[NETWORK PLAN 2]

10

a

<p>Well Vision Examination Available [one time] each <i>benefit period</i>.</p>	<p>Your Cost No Cost after [\$10.00 or \$25.00] <i>co-payment</i></p>
<p>Contact Lens Services <i>Discounts</i> for professional services (contact lens fitting & evaluation)</p>	<p>Your Cost (<i>discount off network provider's normal charge</i>) [15%] off contact lens services, excluding charges for <i>materials</i></p>
<p>Lenses and Frames (glasses) <i>Discounts</i> for glasses (lenses and frame)</p>	<p>Your Cost (<i>discount off network provider's normal charge</i>) [20%] off complete pairs of prescription and non-prescription glasses, including sunglasses [20%] off all lens options <i>Discounts</i> are unlimited for [12 months] following the covered eye exam.</p>
<p>Laser Surgery Available one time per eye per lifetime. Includes <i>discounts</i> towards laser surgery, photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK), custom LASIK and education materials.</p>	<p>Your Cost (<i>discount off network provider's normal charge</i>) <i>Discounts</i> averaging [15%] off the <i>network provider's</i> normal charge for laser surgery or [5%] off any promotional price.****</p>
<p>Optional Buy-Up: In addition to the <i>discount</i> off normal charges shown above, the <i>covered person</i> may elect to purchase a buy-up option upon their eligibility date or during an annual enrollment period. The optional buy-up is for <i>materials</i> as shown below. <i>Materials</i> coverage allows for either glasses (lenses and frames) or contacts within each <i>benefit period</i>.</p>	
<p>Materials:</p>	
<p>Contact Lenses <i>Visually necessary*</i> Available [one time] each <i>benefit period</i>.</p>	<p>Your Cost <i>Visually necessary</i> contact lenses are covered in full when specific benefit criteria are satisfied and when prescribed by a <i>network provider</i> (includes professional fees and <i>materials</i>). [\$25.00] <i>co-payment</i> applies</p>
<p>Elective (not <i>visually necessary</i>)** Available [one time] each <i>benefit period</i>, in place of glasses (lenses and frames).</p>	<p>[15%] off elective contact lens services (fitting & evaluation), excluding charges for materials. A [\$130.00] <i>allowance</i> is applied toward the <i>materials</i> and discounted elective contact lens services (fitting & evaluation).</p>
<p>Frames*** Any frame available at a <i>network provider</i> location. Available [one time] <i>benefit period</i>.</p>	<p>Your Cost [\$10.00, \$25.00] <i>co-payment</i> (for lenses & frame) Covered in full up to the [\$130.00] <i>allowance</i> with a [20%] <i>discount</i> on any amount exceeding <i>allowance</i>.</p>

b

c

c

c

d

c

e

b

c

f

b

f

c

SCHEDULE (continued)

<p>Lenses*** Available [one time] each <i>benefit period</i>. Coverage includes prescription glass or plastic, single vision, lined bifocal, lined trifocal or lenticular lenses. Lens options are available at cost controlled pricing as described in the Limitations and General Exclusions section.</p>	<p>Your Cost (co-payment) No cost after [\$10.00, \$25.00] <i>co-payment</i> (for lenses & frame)</p>	<p>b</p>
<p>Additional Pairs of Glasses (lenses and frames)</p>	<p>[30%] off additional pairs of prescription and non-prescription glasses and sunglasses, including lens options, from the same <i>network provider</i> on the same day as the covered eye exam. Also, [20%] off additional pairs of prescription and non-prescription glasses and sunglasses from any <i>network provider</i> within [12] months of the covered eye exam.</p>	<p>g</p>
		<p>g</p>
		<p>d</p>

SCHEDULE (continued)

[NETWORK PLAN 3]

11

Materials:	
Well Vision Examination: Available [one time] each <i>benefit period</i> .	Your Cost No Cost after [\$10.00 or \$25.00 <i>co-payment</i>]
Contact Lenses <i>Visually necessary*</i> Available [one time] each <i>benefit period</i> .	Your Cost <i>Visually necessary</i> contact lenses are covered in full when specific benefit criteria are satisfied and when prescribed by a <i>network provider</i> (includes professional fees and <i>materials</i>). [\$10.00 or \$25.00] <i>co-payment</i> applies
Elective (not <i>visually necessary</i>)** Available [one time] each <i>benefit period</i> , in place of glasses (lenses and frames).	[15%] off elective contact lens services (fitting & evaluation), excluding charges for materials. A [\$130.00] <i>allowance</i> is applied toward the <i>materials</i> and discounted elective contact lens services (fitting & evaluation).
Frames*** Any frame available at a <i>network provider</i> location. Available [one time] each <i>benefit period</i> .	Your Cost [\$10.00, \$25.00] <i>co-payment</i> (for lenses & frame) Covered in full up to the [\$130.00] <i>allowance</i> with a [20%] <i>discount</i> on any amount exceeding <i>allowance</i> .
Lenses*** Available [one time] each <i>benefit period</i> . Coverage includes prescription glass or plastic, single vision, lined bifocal, lined trifocal or lenticular lenses. Lens options are available at cost controlled pricing as described in the Limitations and General Exclusions section.	Your Cost (co-payment) No Cost after [\$10.00, \$25.00] <i>co-payment</i> (lenses & frame)
Additional Pairs of Glasses (lenses and frames)	[30%] off additional pairs of prescription and non-prescription glasses and sunglasses, including lens options, from the same <i>network provider</i> on the same day as the covered eye exam. Also, [20%] off additional pairs of prescription and non-prescription glasses and sunglasses from any <i>network provider</i> within [12] months of the covered eye exam.
Laser Surgery Available one time per eye per lifetime. Includes <i>discounts</i> towards laser surgery, photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK), custom LASIK and education materials.	Your Cost (discount off network provider's normal charge) <i>Discounts</i> averaging [15%] off the <i>network provider's</i> normal charge for laser surgery or [5%] off any promotional price.****

b

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SCHEDULE (continued)

11

**Visually necessary* contact lenses are a plan benefit when specific benefit criteria are satisfied and when prescribed by a *network provider* or *out-of-network provider*. Prior review and approval by *network plan manager* are not required to be eligible for *visually necessary* contact lenses.

Visually necessary contact lenses or elective contact lenses are provided in lieu of all other lens and frame benefits described in the Schedule.

***Network providers* will provide [15%] *discount* to their normal professional fees for the evaluation and fitting of elective contact lenses.

***Benefits for lenses are per complete set, not per lens.

Benefits for lenses and frames include reimbursement for the following *visually necessary* professional services:

1. Prescribing and ordering proper lenses;
2. Assisting in frame selection;
3. Verifying accuracy of finished lenses;
4. Proper fitting and adjustments of frames;
5. Subsequent adjustments to frames to maintain comfort and efficiency;
6. Progress or follow-up work as necessary.

Frame allowance may be applied towards non-prescription sunglasses for post PRK, LASIK, or custom LASIK patients.

**** If the *network provider* is offering a price reduction for laser surgery, you [or your *covered dependent*] will receive an additional [5%] off the promotional price. Check with the *network provider* for specific *discounts* available.

c

g

[OUT-OF-NETWORK PLAN] [2] [3]

a	Examination: Available [one time] each benefit period.	Allowance Reimbursed up to [\$52.00] <i>allowance</i> .	b
Materials:			
a	Contact Lenses (includes fit, follow-up, professional services and materials) Available [one time] each <i>benefit period</i> .	Allowance	
a	<i>Visually necessary</i> Available [one time] each <i>benefit period</i> .	Reimbursed up to the [\$210.00] <i>allowance</i> .	c
a	Elective (not <i>visually necessary</i>) Available [one time] <i>benefit period</i> .	Reimbursed up to the [\$105.00] <i>allowance</i> .	d
Frames			
a	Any frame available at <i>provider</i> location Available [one time] each <i>benefit period</i> .	Reimbursed up to the [\$57.00] <i>allowance</i> .	e

SCHEDULE (continued)

[OUT-OF-NETWORK PLAN] [2] [3]

12

Lenses	Allowance
Available [one time] each benefit period.	
Single Vision	Reimbursed up to the [\$55.00] allowance.
Lined Bifocal	Reimbursed up to the [\$75.00] allowance.
Lined Trifocal	Reimbursed up to the [\$95.00] allowance.
Lenticular	Reimbursed up to the [\$125.00] allowance.

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- f
- g

BENEFIT PERIODS (IN NETWORK AND OUT-OF-NETWORK PLANS)

13

[Examination:	12 Months]
[Frames:	12 Months]
[Lenses or Contact Lenses:	12 Months]

- a
- b
- b

NOTE:

Discounts do not apply for benefits provided by *other group vision expense coverage*.

14

Each *allowance* shown above can be applied [only one time] during a *benefit period*. There is no remaining balance available for the current *benefit period* or to carry over to the next *benefit period*.

a

ADDITIONAL DISCOUNTS

15

You [and each *covered dependent*] shall be entitled to receive a *discount* of [30%] toward the purchase of additional complete pairs of prescription and non-prescription glasses (lenses, lens options and frames) from a *network provider* on the same day as your *covered eye examination*. You [and each *covered dependent*] shall be entitled to receive a *discount* of [20%] toward the purchase of additional complete pairs of prescription and non-prescription glasses (lenses, lens options, and frames) from a *network provider* within [12 months] of the last *covered eye examination*. Additional pair means any complete pair of prescription and non- prescription glasses purchased beyond the benefit frequency allowed under this *policy*.

- a
- b
- c

Additionally, you [and your *covered dependents*] shall be entitled to receive a *discount* of [15%] off *network provider* professional fees for elective contact lens evaluations and fittings. *Discounts* are applied to the *network provider's* normal fees for such services and are available within [12 months] of the *covered eye examination* from any *network provider*. Contact lens materials are provided at the *network provider's* normal charges. Additional *discounts* noted on this Schedule are subject to change as deemed appropriate by the *network provider* with prior notification to *policyholder*.

- b
- c

NOTE: *Discounts* do not apply to vision care benefits obtained from *out-of-network providers*.

LOW VISION BENEFIT

The Low Vision Benefit is a plan benefit when specific criteria are satisfied and when prescribed by your [or your *covered dependent's*] *network provider* or *out-of-network provider*.

	Network Provider Benefit	Out-of-Network Provider Benefit
Supplementary Testing	Covered in Full	Allowance up to [\$125.00]

a

Complete low vision analysis/diagnosis, which includes a comprehensive examination of visual functions, including the prescription of corrective eyewear or vision aids where indicated.

Supplemental Care Aids	[75%] of Cost	[75%] of Cost
-------------------------------	---------------	---------------

b

Subsequent low vision aids as *visually necessary* or appropriate.
Co-payment for Supplemental Aids: [25%] payable by you [or your *covered dependent*].

c

The maximum benefit available for supplemental care aids is [\$1,000.00] (excluding co-payment) in any [24-month period].

d

Out-of-Network Provider Low Vision Benefit

e

Except for supplementary testing as noted above, low vision benefits secured from an *out-of-network provider* are subject to the same time limits and *co-payment* arrangements as described above for a *network provider*. You [or your *covered dependent*] should pay the *out-of-network provider* his full fee. You [or your *covered dependent*] will be reimbursed in accordance with an amount not to exceed what *network plan* would pay a *network provider* in similar circumstances. NOTE: There is no assurance that this amount will be within the [25%] *co-payment* feature.

c

Plan Changes

Plan Changes at Annual Enrollment

You may choose to change your [plan of insurance] from [January 1 through January 31 of each year], the annual enrollment period agreed upon by the [*policyholder*] and us.

The effective date of a change made during the annual enrollment period will be the policy anniversary. 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

b

g

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 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 request].

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 request].

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.]

a

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f

SUMMARY OF GROUP INSURANCE

This summary is intended to help understand the group insurance policy. It does not change any of its provisions.

Vision Insurance

The *policy* provides benefits for a *covered person* [or *covered dependent*] for covered vision expenses subject to any [*co-payment, discount or allowance*] shown in the Schedule. Any [*co-payment, discount or allowance*] may vary according to the *examination* performed [and *materials* purchased]. The *policy* explains which vision expenses receive limited or no benefits and which may be subject to the *benefit periods* shown in the Schedule.

1

2

If a *covered person* [or *covered dependent*] has more than one vision expense plan, benefits under the *policy* may be coordinated so that all benefits received are not more than the actual expenses.

In the following pages, the provisions that describe a particular coverage were designed to be used in both the *policy* and the certificate. Therefore the terms “you” and “your” are used to refer to the *covered person*.

**Please read
the insurance
policy carefully**

SUMMARY OF GROUP VISION INSURANCE

This summary is intended to help understand your group insurance. It does not change any of its provisions.

Vision Insurance

The *policy* provides benefits for you [or *covered dependent*] for covered vision expenses subject to any [*co-payment, discount or allowance*] shown in the Schedule. Any [*co-payment, discount or allowance*] may vary according to the *examination* performed [and *materials purchased*]. The *policy* explains which vision expenses receive limited or no benefits and which may be subject to the *benefit periods* shown in the Schedule.

If you [or a *covered dependent*] have more than one vision expense plan, benefits under the *policy* may be coordinated so that all benefits received are not more than the actual expenses.

In the following pages, the provisions that describe a particular coverage were designed to be used in both the *policy* and the certificate. Therefore the terms “you” and “your” are used to refer to the *covered person*.

**Please read
your certificate
carefully.**

GENERAL DEFINITIONS

These terms have the meanings shown here when *italicized*. The pronouns "we", "us", "our", "you", and "your" are not *italicized*.

[*Active work* means the expenditure of time and energy for the *policyholder* or an *associated company*, or *participating employer* at your usual place of business on a *full-time* basis.]

1

[*Associated company* means any company shown in the *policy* which is owned by or affiliated with the *policyholder* or *participating employer*.]

2

[*Contributory* means you pay part or all of the premium.]

3

4

[*Covered dependent* means an *eligible dependent* who is insured under the *policy*.]

5

Covered person means an eligible [employee or member] of the [*policyholder*, *associated company*, *participating employer*, *plan sponsor* or *sponsoring association*] who has become insured for a coverage.

[*Doctor* means a person acting within the scope of his or her license to practice medicine, prescribe drugs or perform surgery. Also, a person whom we are required to recognize as a *doctor* by the laws or regulations of the governing jurisdiction, or a person who is legally licensed to practice psychiatry, psychology or psychotherapy and whose primary work activities involve the care of patients, is a *doctor*. However, neither you nor a *family member* will be considered a *doctor*.]

6

Eligible class means a class of persons eligible for insurance under the *policy*. This class is based on [employment or membership in a group].

7

[*Family member* means a person who is a parent, spouse, child, sibling, domestic partner, grandparent or grandchild of the *covered person*.]

8

[*Full-time* means working at least 20 hours per week, unless indicated otherwise in the *policy*.]

9

Home office means [our office in Kansas City, Missouri].

10

[*Noncontributory* means the *policyholder* pays the premium.]

11

12

[*Part-time* means working at least 15 hours per week, unless indicated otherwise in the *policy*.]

13

[*Participant* means a person or entity that agrees in writing to be bound by the trust agreement and the *policy*.]

[*Participating employer* means an employer who has met all the eligibility requirements.]

14

[*Plan sponsor* means an entity that agrees in writing, on a form acceptable to us, to offer the group insurance or policies to its employees or members and are issued to the trustee, according to the trust agreement.]

15

Policy means the group policy issued by us to the *policyholder* that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the *policy* is issued.

GENERAL DEFINITIONS (continued)

[*Sponsoring association* means an association that agrees in writing, on a form acceptable to us, to offer the group insurance or policies to its employees or members and are issued to the trustee, according to the trust agreement.]

14

[*This trust* means the ABC Trust.]

15

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible [employee or member] of the [*policyholder, associated company, participating employer, plan sponsor or sponsoring association*] who has become insured for a coverage.

5

DEFINITIONS FOR VISION INSURANCE

Allowance means the dollar amount provided under the plan, as shown in the Schedule. Under the *network plan*, you [or your *covered dependent*] must pay any amount over the *allowance*. Under the *out-of-network plan*, you [or your *covered dependent*] must pay the entire amount, after which the *allowance* will be reimbursed as described in the Filing a Claim section of the Claim Provisions.

Benefit authorization means authorization from the *network plan* identifying you as a *covered person* [or your dependent as a *covered dependent*] under the *vision insurance policy* and identifying the benefits for which you [or your *covered dependent*] are eligible.

Benefit period means the number of consecutive months shown in the Schedule, during which benefits are payable under the *policy*. A *benefit period* begins on the later of the date you become insured under the *policy* or the last date you incurred covered vision expenses. [There may be separate *benefit periods* for an *examination* and for *materials*].

1

Co-payment means any dollar amount shown in the Schedule, which is required to be paid by you [or your *covered dependent*] at the time services are rendered or *materials* are provided. [A separate *co-payment* will be applied to each covered vision expense during a *benefit period*.]

1

Discount means any percentage off professional services or *materials* shown in the Schedule, which are required to be paid by you [or your *covered dependent*]. [A separate *discount* may be applied to each covered vision expense during a *benefit period*.]

1

Examination means a vision test, including a determination as to the need and method for correction of *visual acuity* that is performed by a *provider*. An *examination* may include but not be limited to the following procedures:

- case history, including
 - chief complaint or reason for visit,
 - patient medical/eye health history, and
 - record of current medications;
- record of *visual acuity* with and without present correction, if applicable;
- dilation, if necessary;
- pupil responses;
- external exam findings;
- internal exam findings;
- screening of visual fields perception;
- appraise present prescription;
- retinoscopy (when applicable);
- subjective refraction at far and near point;
- binocular and ocular mobility testing;
- test of accommodation or near point refraction;
- tonometry;

DEFINITIONS FOR VISION INSURANCE (continued)

- diagnosis/prognosis; and
- specific recommendations.

Experimental nature means a procedure or lens that is not used universally or accepted by the vision care profession.

Materials means:

- low vision aids [(only if the Low Vision Benefit is listed in the Schedule)];
- corrective, prescription or contact lenses; or
- frames.

1

Multifocal lenses means lenses with more than one optical center (i.e., a bifocal, a trifocal, or *progressive lenses*).

Network provider means an *ophthalmologist*, *optician*, *optometrist*, vision center or any vision-care *provider* who is a participant in our *network plan*.

Network plan means the vision-care delivery system established by the *network plan* manager in which *network providers* participate and under which we provide certain vision benefits.

Ophthalmologist means a *doctor* specializing in the eye who is trained to examine, diagnose, treat and manage diseases of the visual system, including all types of surgical procedures.

Optician means a professional trained to fit and adjust eyewear based on the specifications provided by an *optometrist* or *ophthalmologist*.

Optometrist means a primary health care professional who can diagnose, manage and treat conditions and diseases of the human eye and visual system, as required by state law.

Orthoptics means the teaching and training process for the improvement of visual perception and coordination of the two eyes for efficient and comfortable binocular vision.

Other group vision expense coverage means:

- any other group policy providing benefits for vision expenses; or
- any plan providing vision expense benefits (whether through a vision services organization or other party providing prepaid health or related services) which is arranged through any employer or through direct contact with persons eligible for that plan.

Out-of-network plan means the plan under which we provide certain vision benefits for services and materials received from an *out-of-network provider*.

Out-of-network provider means an *ophthalmologist*, *optician*, *optometrist*, vision center or any vision-care *provider* who is not a participant in our *network plan* at the time covered vision services are provided.

Plano lenses means lenses which have less than a +/- .50 diopter power.

Progressive lenses means *multifocal lenses* with no visible lines.

DEFINITIONS FOR VISION INSURANCE (continued)

Provider means a qualified *ophthalmologist* or *optometrist* who is operating within the scope of his or her license or a dispensing *optician*.

Vision insurance means the group vision insurance under the *policy* issued by us to the *policyholder*.

Visual acuity means the sharpness of vision, the ability of the eye to distinguish detail.

Visually necessary means an *examination* and *materials* necessary to restore or maintain *visual acuity* and health.

[PARTICIPATING EMPLOYER] ELIGIBILITY AND TERMINATION PROVISIONS

Eligible [Participating Employers]

A [participating employer] will be eligible for insurance coverage for its [employees] if it satisfies the Eligibility and Participation Requirements below.

Eligibility Requirements

An employer must[:

- participate under *this trust*;
- be located in a state from which we will accept an application for insurance;
- be approved by us for coverage according to our underwriting rules in effect on the date of the application; and
- have at least 3 employees eligible for coverage].

1

Participation Requirements

A [participating employer] must have the following number of [employees and dependents insured:

- For any *noncontributory* insurance, all of its employees and their dependents who are eligible for insurance must become insured.
- For any *contributory* insurance:
 - if a *participating employer* has less than 4 employees eligible for insurance, all of its employees and their eligible dependents must become insured.
 - if a *participating employer* has at least 4 but less than 8 employees eligible for insurance, all but 1 employee and his or her eligible dependents must become insured.
 - if a *participating employer* has 8 or more employees eligible for insurance, 75% of its employees and their eligible dependents must become insured.]

2

[Employees who have similar coverage as a dependent and dependents who have similar coverage as an employee will not be included to determine the above Participation Requirements.]

3

4

When a [Participating Employer's] Insurance Ends

The insurance coverage(s) for a [participating employer] and its [employees] will end [for the reasons stated below].

- If a [participating employer] gives us advance written notice that insurance will end, the termination will occur on the later of the date stated in the notice or the date we receive it. In no event will the insurance continue after the grace period ends.
- If any premium is not paid before the grace period ends, insurance will terminate when that period ends.

[PARTICIPATING EMPLOYER] ELIGIBILITY AND TERMINATION PROVISIONS (continued)

- If the *[participating employer]* fails to meet the Eligibility Requirements, the insurance will end immediately.

- If the *[participating employer]*:

 i fails to meet the Participation Requirements; [or

 i has less than 2 employees insured;]

we will notify the *[participating employer]* that the insurance will end. The insurance will end on the date stated in the notice. Notice will be given at least [31 days] before termination. We consider that notice is given when delivered or mailed to the last known address of the *[participating employer]*.

6

- [If we give the *participating employer* 31 days advance written notice that insurance will end, the termination will occur on the date stated in the notice.]

7

If the date insurance ends is not the same as the date to which premiums have been paid, the difference in premium:

- must be paid to us, if underpaid; or
- will be refunded by us, if overpaid.

[As used in this provision, the grace period is 31 days from any premium due date.]

8

[The *participating employer's* insurance will not terminate if its *sponsoring association* ends its sponsorship in the Plans of Insurance.]

4

ELIGIBILITY AND TERMINATION PROVISIONS FOR VISION INSURANCE

1

Eligible Persons

To be eligible for insurance, [a person must:

- be a member of an *eligible class*; and
- complete any Service Requirement shown in the Schedule by continuous service with the employer, the *policyholder*, or an *associated company*.

The Present Service Requirement applies to persons in an *eligible class* on the Effective Date of the *policy*. The Future Service Requirement applies to persons who become members of an *eligible class* after that.]

2

[Any *noncontributory* insurance will take effect on the Entry Date shown in the Schedule in the *policy*.]

3

[For any *contributory* insurance, a person must apply for insurance on a form acceptable to us, and agree to pay part or all of the premium.]

4

- [If a person applies before becoming eligible, insurance will take effect on the Entry Date shown in the Schedule in the *policy*.]

5

- [If the application is made on the date the person becomes eligible, or within [31 days] after that, insurance will take effect on the Entry Date occurring on or after the date of the application.]

6

- [If application is made more than 31 days after the day the person becomes eligible, or after insurance ended because the premium was not paid, then application must be made during an annual enrollment period. Insurance will then take effect on the policy anniversary occurring on or after the date of the application.]

7

In no event will a person's insurance take effect before the [*policyholder's*] effective date.

8

Exception to Effective Date

If an eligible person is not at *active work* on the day insurance would otherwise take effect, insurance will not take effect until the person returns to *active work*. If the day insurance would normally take effect is not a regular work day for a person, insurance will take effect on that day if the person is able to do his or her regular job.

9

When a Person's Insurance Ends

A *covered person's* insurance will end [on the earliest of the following dates:

- the *policy* or *participating employer's* application ends;]

ELIGIBILITY AND TERMINATION PROVISIONS FOR VISION INSURANCE (continued)

- 9
- [the *policy* or *participating employer's* application is changed to end the insurance for a person's *eligible class*;
 - a person is no longer in an *eligible class*;
 - a person stops *active work*;
 - a required contribution was not paid; or
 - a person's employer is no longer a *participating employer*.]

Continuance of Insurance

10

If a person is unable to perform *active work* for a reason shown below, the [*policyholder*] may continue the person's insurance [and the person's dependent insurance, if any,] on a premium-paying basis provided the person remains in other respects a member of the *eligible class*. The continuance cannot be more than the maximum continuance shown below. Continuance must be based on a uniform policy, and not individual selection.

The maximum continuance for *vision insurance* is the longest applicable period described below:

- [12 months* for *injury*, sickness, or pregnancy;
- 3 months* for lay-off, leave of absence (other than a family or medical leave of absence described below), or change to part-time; or
- the end of the period the *policyholder* is required to allow* for a family or medical leave of absence under:
 - the federal Family and Medical Leave Act; or
 - any similar state law.

* after the last day of *active work*.]

[Any leave of absence, including a family or medical leave of absence described above, must be approved in advance in writing by the *policyholder* if the person's insurance is to be continued.]

Reinstatement

11

If a person re-enters an Eligible Class [within 12 months] after insurance ends, the person will not have to [complete the Service Requirement again]. All other provisions of the *policy* will apply as if the person were newly eligible.

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR VISION INSURANCE

Eligible Dependents

Your *eligible dependents* are[:

1

- your lawful spouse, and
- your unmarried children who are less than age 19, or less than age 24 if a full-time student].

2

[“Children” include any adopted children. A child will be considered adopted on the date the petition for adoption is filed. Stepchildren and foster children are also included if they depend on you for support and maintenance. “Children” also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.]

3

[An *eligible dependent* will not include any person who is a member of an *eligible class*. If you and your spouse are both members of an *eligible class*, one of you may request to be an *eligible dependent* of the other. An *eligible dependent* may not be covered by more than 1 *covered person*.]

4

Dependent Effective Date

[Any *noncontributory* dependent insurance will take effect on the day the dependent becomes an *eligible dependent*, or, if later, on the Entry Date shown in the Schedule in the *policy*.

[For any *contributory* dependent insurance, you must apply for dependent insurance on a form acceptable to us. You must also agree to pay your share of the premium.]

- [If you apply before the dependent becomes eligible, dependent insurance will take effect on the Entry Date shown in the Schedule in the *policy*.]
- [If you apply on the date the dependent becomes eligible, or within [31 days] after that, dependent insurance will take effect on the Entry Date occurring on or after the date of your application.]
- [If you apply more than 31 days] after the date the dependent becomes eligible or after dependent insurance ended because the premium was not paid, then application must be made during an annual enrollment period. Dependent insurance will take effect on the policy anniversary occurring on or after the date of application.]

Exception to Dependent Effective Date

Dependent insurance will not take effect until your insurance for the same coverage under the *policy* takes effect.

5

[If an *eligible dependent* is in a hospital or similar facility on the day insurance would otherwise take effect, it will not take effect until the day after the *eligible dependent* leaves the hospital or similar facility. This exception does not apply to a child born while dependent insurance is in effect. Dependent insurance for a newborn dependent child, including an adopted newborn dependent child, will automatically take effect at birth. Insurance will continue for 31 days. If you want insurance to continue for a newborn beyond 31 days, you must notify us (if you do not already have dependent child insurance) and make the required premium payment within the 31-day period.]

**DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR VISION INSURANCE
(continued)**

When Dependent Insurance Ends

A dependent's insurance will end [on the date:

- the *policy* or *participating employer's* application ends;
- the *policy* or *participating employer's* application is changed to end dependent insurance;
- that dependent is no longer eligible;
- your insurance for the same coverage under the *policy* ends or *participating employer's* application; or
- a required contribution for dependent insurance was not paid; or
- a person's employer is no longer a *participating employer*].

6

SPECIAL DEPENDENT INSURANCE CONTINUANCE PROVISIONS

As specified below, dependent *vision insurance* may continue, subject to the provisions that describe when insurance ends, and all other terms and conditions of the *policy*. Premiums are required for any coverage continued.

Physically or Mentally Handicapped Dependent Children

Dependent *vision insurance* for an *eligible dependent* child will continue beyond the date a child attains an age limit, if, on that date, he or she:

- is unable to earn a living because of physical or mental handicap; and
- is chiefly dependent upon you for support and maintenance.

1

[We must receive notice of the above within 120 days after the child attains the age limit.] There will be no increase in premium for this continued coverage.

Dependent *vision insurance* will end when the child is able to earn a living or is no longer dependent on you for support and maintenance.

Students

Dependent *vision insurance* for an *eligible dependent* child will continue beyond the date the child is no longer a student until [the earliest of:

2

- the end of the 3rd calendar month following the month in which the child is no longer a student;
- the child's 24th birthday; and
- the date the child becomes eligible for *other group vision expense coverage*].

SPECIAL FEDERAL CONTINUANCE PROVISIONS

1

Under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you [and your *covered dependents*] may have the right to continue *vision insurance* coverage beyond the date insurance would otherwise terminate. You should contact [the *policyholder*] concerning your right to continue coverage.

2

VISION INSURANCE

Insurance Provided

We will provide benefits for covered vision expenses when incurred by you [or a *covered dependent*] while insured under the *policy*, subject to all the terms and conditions of the *policy*. Benefits will be payable after you [or a *covered dependent*] have paid any *co-payment* required during the *benefit period*. Benefits for certain covered vision expenses may be provided in the form of an *allowance* or *discount*.

The amount of any [*co-payment, allowance* or *discount* shown in the Schedule will apply to you and each *covered dependent* separately and can be applied only one time during a *benefit period*.]

1

We will provide the benefits of the *network plan* shown in the Schedule for covered vision expenses incurred by you [or a *covered dependent*] if the *examination* is provided by [or *materials* are purchased from] a *network provider*.

2

Benefit authorization must be obtained prior to you [or a *covered dependent*] obtaining benefits for covered vision expenses from a *network provider*. When you [or a *covered dependent*] seek benefits from a *network provider*, you [or the *covered dependent*] must schedule an appointment and identify yourself as a member of the *network plan*, so the *network provider* can obtain a *benefit authorization* from the *network plan* manager. The *network plan* manager shall provide a *benefit authorization* to the *network provider* to authorize the provision of plan benefits to you [or your *covered dependent*]. Each *benefit authorization* will contain an expiration date, stating a specific time period for you [or your *covered dependent*] to obtain plan benefits.

The *network plan* manager shall issue *benefit authorizations* in accordance with the latest eligibility information furnished by the *policyholder* and you [or your *covered dependent*] regarding past service utilization, if any. Any *benefit authorization* issued by the *network plan* manager shall constitute a certification to the *network provider* that payment will be made, irrespective of a later loss of eligibility of you [or your *covered dependent*], provided plan benefits are received prior to the *benefit authorization* expiration date.

We will provide the benefits of the *out-of-network plan* shown in the Schedule for covered vision expenses incurred by you [or a *covered dependent*] if the *examination* is provided by [or *materials* are purchased from] an *out-of-network provider*.

2

Covered Vision Expenses

2

Covered vision expenses include expenses for *examinations* [and *materials*] shown in the Schedule. You [and each *covered dependent*] are eligible for [one *examination(s)*] in each *benefit period*.

3

If the *examination* covered by this *policy* indicates that corrective *materials* are necessary for your [or a *covered dependent's*] visual health and welfare, benefits will be available for:

- Lenses - Up to two lenses provided [one time] in each *benefit period*, as shown in the Schedule.
- Frames – One frame(s) provided [one time] in each *benefit period*, as shown in the Schedule.
- Contact Lenses – Up to two contact lenses provided instead of regular lenses and frame, [one time] in each *benefit period*, as shown in the Schedule.

4

VISION INSURANCE (continued)

Services related to *examinations* [and *materials*] include [but are not limited to:

2

-]Prescribing [and ordering] proper lenses[;
- Assisting in the selection of a frame;
- Verifying the accuracy of the finished lenses;
- Proper fitting and adjustment of the frame or lenses; and
- Subsequent adjustments to frames to maintain comfort and efficiency; and
- Progress or follow-up work as necessary].

Maximum *benefit periods*[, *co-payments*, *discounts*, *allowances*,] and other limits for certain services are shown in the Schedule and under the Limitations and General Exclusions provisions. Services performed outside these limits are not covered vision expenses and are your responsibility. Benefits, [*co-payments*, *discounts* and *allowances*] may differ based on whether you [or a *covered dependent*] use a *network provider* or an *out-of-network provider*.

5

Limitations

In no event will coverage exceed the lesser of:

- the actual cost of the *examination* [or *materials*], or
- the limits of coverage shown in the Schedule.

2

The *allowance* for lenses shown in the Schedule is for two lenses. If only one lens is needed, coverage will be 50% of the *allowance* shown for two lenses.

Benefits will not be payable for replacement of lost or broken *materials* until the next eligible *benefit period*.

The *policy* is designed to cover *visually necessary* materials rather than cosmetic materials. When you [or a *covered dependent*] select any of the following extras, the *policy* will pay the basic cost of the allowed lenses, and you or the *covered dependent* will pay the additional costs for the options.

2

- Optional cosmetic processes.
- Anti-reflective coating.
- Color coating.
- Mirror coating.
- Scratch coating.
- Blended lenses.
- Cosmetic lenses.
- Laminated lenses.
- Oversize lenses.
- *Progressive multifocal lenses*.
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2.
- UV (ultraviolet) protected lenses.
- Certain limitations on low vision care. (Low vision care provided only if the Low Vision Benefit is listed in the Schedule.)
- A frame that costs more than the plan *allowance*.
- Contact lenses (except as noted in the Schedule).

VISION INSURANCE (continued)

General Exclusions

Covered vision expenses do not include, and we will not pay benefits for, the following:

- *Orthoptic* or vision training and any associated supplemental testing.
- *Plano lenses*.
- Two or more pairs of glasses (lenses and frames), in lieu of bifocals or trifocals.
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Schedule.
- *Materials*, services or options not shown in the Schedule.
- Treatment or *materials* of an experimental nature.

Coordination of Benefits

We will consider ourselves primary and benefits under this *policy* will be determined first when you [or a *covered dependent*] are:

- insured under this *policy* and
- covered under another vision plan.

However, if you [or a *covered dependent*] are covered under two group vision policies with us, the *policy* under which the person is the employee will be considered primary.

When a *covered dependent* is a dependent child who is not covered as an employee, the benefits of the plan of the parent whose birthday falls earlier in the year is primary. If both parents have the same birthday, the benefits of the plan that covered the parent for a longer period is primary.

6

If this *policy* is not considered primary, benefits under the *policy* may be reduced so that all benefits received are not more than the actual expenses.

VISION INSURANCE (continued)

Effect of Prior Plan

This provision applies only to *covered persons* [and their *covered dependents*] who become insured on the Effective Date of [this *policy*] unless otherwise specified below

7

Definitions

Prior plan means the [*policyholder's*] plan of group vision insurance that was replaced by the *policy*.

Continuity of Coverage for You

We will provide continuity of coverage if you were covered under the *prior plan* on the day before coverage was replaced by the *policy*.

If you

- are at *active work* on the [Effective Date of the *policy*] and
- apply for insurance before or within [31 days] of the [Effective Date of the *policy*],

you will be insured under this *policy*.

If you are not at *active work* on the [Effective Date of the *policy*], you will be insured by us and will be provided the benefits of the *policy* until the earliest of:

- the end of any period of continuance of the *prior plan*;
- the date a required contribution, if any, was not paid; or
- the date coverage ends, according to the provisions of the *policy*.

Continuity of Coverage for Your Dependents

We will provide continuity of coverage for your *eligible dependents*, if any, who were covered under the *prior plan* on the day before coverage was replaced by the *policy*.

If

- the dependent is not in a hospital or similar facility on the [Effective Date of the *policy*], and
- you apply for dependent insurance before or within [31 days] of the [Effective Date of the *policy*],

the dependent will be insured under the *policy*.

If the dependent is in a hospital or similar facility on the [Effective Date of the *policy*], the dependent will be insured by us and will be provided the benefits of the *policy* until the earliest of:

- the end of any period of continuance of the *prior plan*; or
- the date a required contribution, if any, was not paid; or
- the date coverage ends, according to the provisions of the *policy*.

8

CLAIM PROVISIONS

Payment of Benefits

We will pay benefits when we receive all the required proof of covered loss.

To Whom Payable

If you receive services from a *network provider*, we will pay benefits for covered vision expenses directly to the *provider* of an *examination* or *materials*. If you receive services from an *out-of-network provider*, we will reimburse you for covered vision expenses payable under the *policy* which have been paid by you. After your death, we have the option to pay any benefits due to your spouse, to the *provider*, or to your estate.

Authority

The *policyholder* delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the *policy*. All determinations and interpretations made by us are conclusive and binding on all parties.

1

Filing a Claim

If you select a *network provider*, at the time the *provider* performs the *examination* or provides *materials*, pay your *co-payment* and any other charges not covered at the time of service. No paperwork is required.

If you select an *out-of-network provider*, you do not receive the preferred pricing available through a *network provider*. You must provide full payment to the *out-of-network provider* at the time of service. You must submit the original invoice including an itemized statement of charges and your prescription to [the address obtained by calling toll-free 1-800-877-7195.]

2

We must have written notice of any covered service within [180 days] after it occurs. You can send the notice to [the address obtained by calling toll-free 1-800-877-7195]. We need enough information to identify you [or your dependent] as a *covered person* [or *covered dependent*]. Failure to submit a claim within this time period, however, shall not invalidate or reduce the claim if it was not reasonably possible to submit the claim within such time period, provided the claim was submitted as soon as reasonably possible and in no event, except in absence of legal capacity, later than one year from the required date of [180 days] after the date of service.

2

3

We will ask you to authorize the sources of vision services to release your medical information. If you do not furnish any required information or authorize its release, we will not reimburse you for benefits.

If it is not reasonably possible to give proof on time, we will not deny or reduce your claim if you give us proof as soon as reasonably possible.

Complaints and Grievances

You shall report any complaints and/or grievances to us or the *network plan* manager at [the address obtained by calling the toll-free 1-800-877-7195]. Complaints and grievances are disagreements regarding access to care, quality of care, treatment or service. Complaints and grievances may be submitted to us verbally or in writing. You may submit written comments or supporting documentation concerning your complaint or grievance to assist in our review. We will resolve the complaint or grievance within [30 days] after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but not later than [120 days] after our receipt of the complaint or grievance. If we determine that resolution cannot be achieved within [30 days], we will notify you of the expected resolution date. Upon final resolution, we will notify you of the outcome in writing.

2

3

CLAIM PROVISIONS (continued)

Claim Denial Appeals

If, under the terms of this *policy*, a claim is denied in whole or in part, a request may be submitted to us by you, or your authorized representative, for a full review of the denial. You may designate any person, including your *provider*, as your authorized representative. References in this section to “you” include your authorized representative, where applicable.

Initial Appeal

The request must be made within [180 days] following denial of a claim and should contain sufficient information to identify the person for whom the claim was denied, including:

3

- your [or your *covered dependent's*] name;
- your [or your *covered dependent's*] identification number and date of birth;
- the provider of services; and
- the claim number.

You [or your *covered dependent*] may review, during normal working hours, any documents held by us pertinent to the denial. You [or your *covered dependent*] may also submit written comments or supporting documentation concerning the claim to assist in our review. Our response to the initial appeal, including specific reasons for the decision, shall be provided and communicated to you [or your *covered dependent*] as follows:

Denied Claims for Services Rendered: within [30 calendar days] after receipt of a request for an appeal from you [or your *covered dependent*].

Second Level Appeal

If you disagree with the response to the initial appeal of the claim, you have a right to a second level appeal. Within [60 calendar days] after receipt of our response to the initial appeal, you may submit a second appeal to us along with any pertinent documentation. We shall communicate our final determination to you in compliance with all applicable state and federal laws and regulations and shall include the specific reasons for the determination.

3

Other Remedies

When you have completed the appeals process described above, additional voluntary alternative dispute resolution options may be available, including mediation or arbitration. The *policyholder* should advise you to contact the U.S. Department of Labor or the state insurance regulatory agency for details. Additionally, under the provisions of ERISA [(Section 502(a)(1)(B)) 29 U.S.C. 1132(a)(1)(B)], you have the right to bring a civil action when all available levels of review of denied claims, including the appeals process, have been completed, the claims were not approved in whole or in part, and you disagree with the outcome.

4

Limit on Legal Action

No action at law or in equity may be brought against the *policy* until at least [60 days] after you file proof of loss. No action can be brought after the statute of limitations in your state has expired, but, in any case, not after [3 years] from the date of loss.

5

CLAIM PROVISIONS (continued)

Incontestability

The validity of the *policy* cannot be contested after it has been in force for [2 years], except if premiums are not paid.

5

In the absence of fraud, any statement made by the *policyholder*, a *covered person* [or a *covered dependent*] will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the *covered person* or a *covered dependent*.

No statement, except fraudulent misstatement, made by a *covered person* [or a *covered dependent*] about insurability will be used to deny a claim for a loss incurred after coverage has been in effect for [2 years].

5

No claim for loss starting [2 or more years] after the *covered person's* [or *covered dependent's*] effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

5

Overpayment

If a benefit is paid under the *policy* and it is later shown that a lesser amount should have been paid, we will be entitled to a refund of the excess amount from the *provider* or you.

GENERAL PROVISIONS

Entire Contract

1

The *policy* and the [*policyholder's*] application attached to it are the entire contract. Any statement made by you[, the *participating employer*] or the *policyholder* is considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to you.

2

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about a person or the [*policyholder's*] plan is misstated or altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

1

Certificates

We will send certificates to the [*policyholder*] to give to each *covered person*. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the *policy*.

1

Workers' Compensation

The *policy* is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

Agency

Neither the *policyholder*[, any employer, any *associated company*,] nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

3

Fraud

It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the *policy* and recovery of any amounts we have paid.

GENERAL PROVISIONS (continued)

Changing the Policy

The *policyholder* owns the *policy*. The *policy* may be changed at any time by an amendment agreed upon by the *policyholder* and us. [The *policy* may also be changed in whole or in part when there is any change in laws or regulations which affect our obligations under the *policy* or when we are required to change the *policy*.] A change must be approved by one of our executive officers. No agent can change the *policy* or waive any of its provisions.

Required Data

The [*policyholder*] must give us all data needed to administer the insurance and determine premiums. The [*policyholder*] must also give us any other information we require. We may inspect the [*policyholder's*] records relating to the insurance provided by the *policy*.

Policyholder's Assignment

The *policyholder* may assign the *policy*. This will not affect the rights of any *covered person* [or *covered dependent*]. We will not be responsible for the validity of any assignment. We must receive written notice of an assignment at our *home office*.

When the Policy Ends

The *policy* will end on [the earliest of the following dates]:

- [the date] the grace period ends, if the premium has not been paid; or
- [the date we cancel the *policy*, after giving the *policyholder* 31 days written notice; or]
- [the date] we receive written notice from the *policyholder*, or the date shown in the notice, whichever is later.

The *policy* will also end [if the number or percentage of persons covered under the *policy* does not meet the Minimum Participation Requirements shown in the Schedule].

If the Participation Requirements are not met, we will notify the *policyholder* [31 days] in advance that insurance will end. We consider that notice is given when delivered or mailed to the last known address of the *policyholder*.

If the date the *policy* ends is not the same as the date to which premiums have been paid, the difference in premium:

- must be paid to us, if underpaid; or
- will be refunded by us, if overpaid.

PREMIUMS

Premium Payments

1

2

The *policyholder* must pay all premiums [in advance] at our *home office* or to one of our agents [or administrators]. The *policyholder* may request on any policy anniversary that the frequency of premium payment be changed to any frequency we offer for such *policy*.

Grace Period

3

If any premium is not paid when due, the *policy* will be in default on that date. The *policyholder* has a grace period of [31 days] after that date to pay the premium. In any case, the *policyholder* must pay the premium for coverage in force during the grace period.

Calculation of Premiums

The first premium is due on the effective date. Future premiums are due on each premium due date. The premium is based on the premium rate and the amount of insurance. We will furnish premium rates to the *policyholder* with an explanation of how to apply them.

Our Right to Change Premium Rates

We may change the premium rate:

- after [the first policy anniversary]; or
- when our risk changes.

4

Unless our risk changes:

- we will not change the rates more than once in any period of [12 consecutive months]; and
- we will give the [*policyholder* 31 days] advance written notice of an increase in rates.

5

6

AMENDMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Amendment form. This Amendment is to be attached to and made a part of the *policy* listed below. No other changes are made by this Amendment to the *policy* listed below.

Policy Number: [G 0,000,000] 1

Policyholder: [ABC Company] 2

[Participation Number: 0] 3

[Participating Employer: DEF Company] 4

Insurance Provided: [Group Vision Insurance – Contributory] 5
[Group Vision Insurance for Dependents – Contributory]

Effective Date: [July 1, 2010] 6

[signature] 7

[Secretary] [Executive Vice-President]

8

[If this Amendment is unacceptable,] [p]lease sign below and return this form to Union Security Insurance Company, [2323 Grand Blvd., Kansas City, MO 64108] [, within 90 days of July 1, 2010].

11

[IF THIS AMENDMENT IS ACCEPTABLE, NO ACTION IS REQUIRED BY YOU. YOUR LACK OF RESPONSE CONSTITUTES ACCEPTANCE.]

13

By our signature below, we [decline] [accept] this Amendment: 12

[Policyholder] _____

By _____
Title

Date _____

9

Union Security Insurance Company [2323 Grand Boulevard Kansas City, MO 64108-2670]

9

10

AMENDMENT (continued)

[Effective July 1, 2010, the *policy* is amended as follows:]

14

ENDORSEMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Endorsement form. This Endorsement is to be attached to and made a part of the Certificate you received under the *policy* issued to the *policyholder* listed below. No other changes are made by this Endorsement to the Certificate.

Policy Number: [G 0,000,000]
Policyholder: [ABC Company]
[Participation Number: 001,001
[Participating Employer: DEF Company]
Insurance Provided: [Group Vision Insurance – Contributory]
[Group Vision Insurance for Dependents – Contributory]
Effective Date: [July 1, 2010]

[This Should be Distributed to Current Persons Fitting This Class Description:]
[All employees]

**PLEASE KEEP THIS ENDORSEMENT
WITH YOUR CERTIFICATE INFORMATION**

[signature]
[Assistant Secretary]
Union Security Insurance Company
[2323 Grand Boulevard Kansas City, MO 64108-2670]

ENDORSEMENT (continued)

[This Endorsement is part of the Certificate you received under the *policy* issued to the *policyholder* by Union Security Insurance Company.]

10

[Effective July 1, 2010, the Certificate is endorsed as follows:]

11

AMENDMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Amendment form. This Amendment is to be attached to and made a part of the *policy* listed below. No other changes are made by this Amendment to the *policy* listed below.

Policy Number: [G 0,000,000]
Policyholder: [ABC Company]
[Participation Number: 001,001]
[Participating Employer: DEF Company]
Insurance Provided: [Group Vision Insurance – Contributory]
[Group Vision Insurance for Dependents – Contributory]
Effective Date: [July 1, 2010]
[signature] [signature]
[Secretary] [Executive Vice-President]

[If this Amendment is unacceptable,] [p]lease sign below and return this form to Union Security Insurance Company, [2323 Grand Blvd., Kansas City, MO 64108] [, within 90 days of July 1, 2010].

[IF THIS AMENDMENT IS ACCEPTABLE, NO ACTION IS REQUIRED BY YOU. YOUR LACK OF RESPONSE CONSTITUTES ACCEPTANCE.]

By our signature below, we [decline] [accept] this Amendment:

[Policyholder] _____

By _____
Title

Date _____

Union Security Insurance Company [2323 Grand Boulevard Kansas City, MO 64108-2670]

AMENDMENT (continued)

[Effective July 1, 2010, the *policy* is amended as follows:]

14

15

[At the request of the *policyholder*,] the term "spouse" shall also mean a [domestic partner]. A ["domestic partner"] is defined [in the *policyholder's* Declaration of Domestic Partnership agreement].

16

17

ENDORSEMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Endorsement form. This Endorsement is to be attached to and made a part of the Certificate you received under the *policy* issued to the *policyholder* listed below. No other changes are made by this Endorsement to the Certificate.

Policy Number:

[G 0,000,000]

1

Policyholder:

[ABC Company]

2

[Participation Number:

001,001]

3

[Participating Employer:

DEF Company]

4

Insurance Provided:

[Group Vision Insurance – Contributory]

[Group Vision Insurance for Dependents – Contributory]

5

Effective Date:

[July 1, 2010]

[This Should be Distributed to Current Persons Fitting This Class Description:]

7

[All employees]

**PLEASE KEEP THIS ENDORSEMENT
WITH YOUR CERTIFICATE INFORMATION**

[signature]

[Assistant Secretary]

Union Security Insurance Company

[2323 Grand Boulevard Kansas City, MO 64108-2670]

8

9

ENDORSEMENT (continued)

[This Endorsement is part of the Certificate you received under the *policy* issued to the *policyholder* by Union Security Insurance Company.]

10

[Effective July 1, 2010, the Certificate is endorsed as follows:]

11

12

[At the request of the *policyholder*,] the term "spouse" shall also mean a [domestic partner]. A ["domestic partner"] is defined [in the *policyholder's* Declaration of Domestic Partnership agreement].

13

14

APPLICATION

to Union Security Insurance Company

by [ABC Company]

1

for group policy no. [G 0,000,000]

2

This application is executed in duplicate. One copy is to be attached to the *policy*. The other is to be returned to Union Security Insurance Company.

It is agreed that this Application replaces any prior application for the *policy*.

3

[10] or more lives must be insured on the Effective Date of the *policy*. [In addition, the number of lives to be insured on that date must be 20% of those eligible for insurance at that time.]

4

[ABC Company, Inc.]

1

(Full or Corporate Name of Applicant)

by _____

(Signature and Title)

Signed at _____

Date _____

Witness _____

(To be signed by Resident Agent where required by law)

[This copy is to remain attached to the *policy*.]

5

[This copy is to be returned to the *home office*.]

Union Security Insurance Company [2323 Grand Boulevard Kansas City
Missouri 64108-2670]

6

SERFF Tracking Number: ASWX-126551282 State: Arkansas
 Filing Company: Union Security Insurance Company State Tracking Number: 45221
 Company Tracking Number: VISGHAR01180U1F01
 TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
 Product Name: Group Vision
 Project Name/Number: Group Vision/GH AR01180U1F01

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	03/31/2010
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	03/31/2010
Comments:		
Form App Pol Vis, included in this filing		

	Item Status:	Status Date:
Satisfied - Item: Cover letter	Approved-Closed	03/31/2010
Comments:		
Cover letter		
Attachment:		
Cover letter.PDF		

	Item Status:	Status Date:
Satisfied - Item: Statements of Variations	Approved-Closed	03/31/2010
Comments:		
Statements of Variations		
Attachment:		
Statements of Variations.PDF		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Union Security Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GP-10 Vis PFP	59.64
GC-10 Vis CFP	60.63
TOC Vis	NA
Ben Note Vis	71.13
Ben Info Vis	54.7
Schd Vis	NA
Sum Vis	61.89
CSum Vis	66.88
Def Gen Vis	60.96
Def Vis	53.71
ETPT Vis	57.92
ETP Vis	57.18
DETP Vis	53.63
DCont Vis	64.06
COBRA Vis	50.48
Vis BP	59.22

STATE OF ARKANSAS
READABILITY CERTIFICATION

Form Number	Score
Clm Pro Vis	51.26
Gen Pro Vis	50.73
PGen Pro Vis	73.17
Premium Vis	69.17
Amd Vis	65.94
Cend Vis	69.8
Amd DP Vis	60.44
Cend DP Vis	63.73
App Pol Vis	74.16

Signed: *Elizabeth A. Herbert*
Name: Elizabeth Herbert
Title: Vice President, Compliance
Date: 3/20/2010



ASSURANT
Employee
Benefits

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

March 20, 2010

Hon. Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

NAIC No: 70408

Dear Commissioner Bradford:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

Form Number	Description
GP-10 Vis	Group policy form to be issued to all groups to which group accident and health insurance may be issued in your jurisdiction, except creditor groups.
GC-10 Vis	Group certificate form to be used with policy form GP-10.

The enclosed policy and certificate forms will provide for group Vision Insurance and will be issued to the eligible group policyholder as a separate insurance policy. Each employee or member of the policyholder will receive a separate certificate of insurance.

The policy and certificate forms are being filed as insert pages. The insert pages will be combined to provide a complete policy and certificate. A complete policy with appropriate insert forms will be referred to as GP-10 Vis. A complete certificate with appropriate insert forms will be referred to as GC-10 Vis. The following policy /certificate insert pages will be included in GP-10 Vis and GC-10 Vis as follows:

Policy form GP-10 Vis will always include the following core insert forms:

Form Number	Description
PFP	Policy face page (used in the policy only)

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.

TOC Vis	Table of Contents
Def Gen Vis	General Definitions
Def Vis	Definitions for Vision Insurance
Sum Vis	Summary of Group Vision Insurance
Schd Vis	Schedule
ETP Vis	Eligibility and Termination Provisions for Vision Insurance
DETP Vis	Dependent Eligibility and Termination Provisions for Vision Insurance (used only if dependent coverage is elected under the policy)
DCont Vis	Special Dependent Insurance Continuance Provisions (used only if dependent coverage is elected under the policy)
COBRA Vis	Special Federal Continuance Provisions
Vis BP	Vision Insurance
Clm Pro Vis	Claim Provisions for Vision Insurance
Gen Pro Vis	General Provisions
PGen Pro Vis	Policy General Provisions (used in the policy only)
Premium Vis	Premiums (used in the policy only)
App Pol Vis	Group Policy Application (used in policy only)

Optional core insert forms may also be included with Policy form GP-10 Vis.

Optional Insert pages for use with Policy form GP-10 Vis:

Form Number	Description
ETPT Vis	Participating Employer Eligibility and Termination Provisions for Vision Insurance (may be used in policy only)
Amd Vis	Policy Amendment form used to modify variable areas of the policy forms. (used in the policy only)
Amd DP Vis	Policy Amendment form used to allow coverage for domestic partners (used in the policy only)

Unless indicated above that a form is used only with policy GP-10 Vis, the above described insert pages will also be used to construct a separate certificate of insurance for each insured employee or member. The group policyholder will elect the insurance that will be offered to their eligible employees or members and the eligible persons may enroll in the coverage.

Group Certificate form GC-10 Vis will always include the following core insert forms:

Form Number	Description
CFP	Group Certificate Face Page (replaces policy form PFP)
TOC Vis	Table of Contents
Def Gen Vis	General Definitions
Def Vis	Definitions for Vision Insurance
CSum Vis	Summary of Group Vision Insurance (used in the certificate only)
Schd Vis	Schedule
ETP Vis	Eligibility and Termination Provisions for Vision Insurance
DETP Vis	Dependent Eligibility and Termination Provisions for Vision Insurance (used only if dependent coverage is elected under the policy)
DCont Vis	Special Dependent Insurance Continuance Provisions (used only if dependent coverage is elected under the policy)
COBRA Vis	Special Federal Continuance Provisions

Vis BP	Vision Insurance
Clm Pro Vis	Claim Provisions for Vision Insurance
Gen Pro Vis	General Provisions

Optional Insert pages for use with Certificate form GC-10 Vis:

Form Number	Description
Ben Note Vis	Benefit Notice (new optional form used only in the certificate to refer insured to form Ben Info Vis for information regarding their coverage)
Ben Info Vis	Benefits Information (new optional form used only in the certificate to describe the type of coverage and effective date of coverage)
Cend Vis	Optional Certificate Endorsement form used to modify variable areas of the certificate forms (used in place of policy form Amd Vis)
Cend DP Vis	Certificate Endorsement form used to allow coverage for domestic partners (used in place of policy form Amd DP Vis)

Areas of variability within the enclosed forms are indicated by boxes and brackets.

Statements of Variations are included with the enclosed forms for your reference.

The words "you" and "your," and verbs following where necessary, may be changed throughout the forms to allow flexibility to change the style of the forms to third person (i.e., "covered person").

Any state required notices will be updated in the future to reflect changes in law or changes in contact information. Forms GAN AR (Arkansas Life and Health Insurance Guaranty Association notice) and Notice AR (policy and certificate Notice to Insureds) were approved 6/3/2009.

The \$50 filing fee is being sent via Electronic Funds Transfer.

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

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,

Dixie Lawlor
Senior Contract Compliance Analyst
T. 816.881.8747
F. 816.881.8755
E-mail address: Dixie.Lawlor@assurant.com

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Union Security Insurance Company
Statement of Variations
Policy Form GP-10 Vis PFP

The variable and illustrative material in Policy Form GP-10 Vis PFP 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.

1. This item will indicate the name of the specific policyholder.
2. This item will indicate the specific policy number that we assign for identification purposes.
3. This item will reflect the state in which the policy is issued.
4. This item will reflect the effective date of the policy for the specific group.
5. This item will reflect when premiums are due for the specific group.
6. This item will reflect the policy anniversary for the specific group.
7. This item will reflect the coverage(s) included in the policy.
8. This item will reflect the current company officers and their titles.
9. This may be changed because of an address change.

**Union Security Insurance Company
Statement of Variations
Certificate Form GC-10 Vis CFP**

The variable and illustrative material in Certificate Form GC-10 Vis CFP 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.

1. This item may be included as shown or may be changed to reference the Schedule.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the name of the specific participating employer or will be deleted if there is no participating employer.
4. This item will indicate the specific policy number that we assign for identification purposes.
5. This item will indicate the specific participation number that we assign for identification purposes or will be deleted.
6. This item will indicate the specific account number that we assign for identification purposes or will be deleted.
7. This item will indicate the specific name of the covered person or will be deleted.
8. This item will indicate the specific covered person's number that we assign for identification purposes or will be deleted.
9. This item will reflect the effective date of the certificate or may reference the Schedule or the Benefit Information page for the effective date.
10. This item will reflect the coverage(s) included in the certificate.
11. This item will reflect a current company officer's signature and title.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Ben Info Vis

The variable and illustrative material in Certificate Insert Form Ben Info Vis 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.

1. This item will indicate the specific information for a covered person, including the person's name, the specific policy number and person's number that we assign for identification purposes and the specific group's name. The person's number may be deleted if not used for a particular group. We may also add reference to a participating employer's name and participation number, if appropriate.
2. This item will appear as shown, may be deleted or may be changed to a different term such as "Current."
3. This item will appear as shown or may be changed to a different term such as "Benefit Amount" or "Benefit Level."
4. This item will reflect the coverage(s) included in the certificate, the effective date and maximum benefit. The maximum benefit may appear as shown, be changed to N/A or may include actual amounts or reference a level of coverage selected.
5. This item will appear as shown, either item may be deleted, or employer may be changed to another term such as policyholder or association.
6. This item may be included as shown, be deleted, or changed to show a different form number for internal identification purposes or to include a date.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Schd Vis

The variable and illustrative material in Policy/Certificate Insert Form Schd Vis 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 or eligible 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 In-Network / Out-of-Network Plan #s may be changed to another term and/or number, and may also be changed to reflect the applicable marketing name of the Plan offered. The policyholder may specify only a certain class or classes of employees are eligible for certain Plans or the employee may elect from one or more Plans offered by the policyholder. The References to Plan #s may also be deleted entirely if only one plan 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). Reference to 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 deleted 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 a 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 will usually range up to 500 lives (but be higher), depending on the size of the group and the type of group such as employer, association or a trust, subject to state law.
 - the Percentage may be included or deleted and may range from None - 100%, depending on whether the insurance is contributory or noncontributory.

Policy/Certificate Insert Form SCHD Vis

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8. This item may appear as shown, or may be omitted entirely, or may be modified as follows:
 - a. In this item, "one time" may appear as shown, or be changed to "two times" or "twice".
 - b. This item may range from \$0 to \$50, in \$5 increments.
 - c. This item may range from 10% to 25%; in 5% increments.
 - d. This item may appear as shown, or may be decreased to 6 months.
 - e. This item may range from 5% to 15%, in 5% increments..

9. This item may appear as shown, or may be omitted entirely for Exam Only Plan, or may be modified as follows:
 - a. In this item, "one time" may appear as shown, or be changed to "two times" or "twice".
 - b. This item may range from \$50 to \$100.

10. This item may appear as shown, or may be omitted entirely, or may be modified as follows:
 - a. In this item, "one time" may appear as shown, or be changed to "two times" or "twice".
 - b. This item may range from \$0 to \$50, in \$5 increments.
 - c. This item may range from 10% to 25%, in 5% increments.
 - d. This item may appear as shown, or may be decreased to 6 months.
 - e. This item may range from 5% to 15%, in 5% increments.
 - f. This item may range from \$100 to \$150.
 - g. This item may range from 10% to 30%, in 5% increments.

11. This item may appear as shown, or may be omitted entirely, or may be modified as follows:
 - a. In this item, "one time" may appear as shown, or be changed to "two times" or "twice".
 - b. This item may range from \$0 to \$50, in \$5 increments.
 - c. This item may range from 10% to 25%, in 5% increments.
 - d. This item may range from \$100 to \$150.
 - e. This item may range from 10% to 30%, in 5% increments.
 - f. This item may appear as shown, or may be decreased to 6 months.
 - g. This item may range from 5% to 15%, in 5% increments.

12. This item may appear as shown or may be modified as follows:
 - a. In this item, "one time" may appear as shown, or be changed to "two times" or "twice".
 - b. This item may range from \$50 to \$100.
 - c. This item may range from \$50 to \$250.
 - d. This item may range from \$50 to \$150.
 - e. This item may range from \$50 to \$75.
 - f. This item may range from \$70 to \$100.
 - g. This item may range from \$80 to \$120.
 - h. This item may range from \$115 to \$150.

13. This item may appear as shown or may be modified as follows:
 - a. This item may appear as shown, or may be increased to 24 months.
 - b. This item may appear as shown, or may be deleted entirely if Exam Only Plan is elected, or may be increased to 24 months.

14. This item may appear as shown, or may be modified as follows:
 - a. In this item, "one time" may appear as shown, or be changed to "two times" or "twice".

15. This item may appear as shown, or may be modified as follows:
 - a. This item may range from 10% to 30%, in 5% increments.
 - b. This item may range from 10% to 25%, in 5% increments.
 - c. This item may appear as shown, or may be decreased to 6 months.

16. This item may appear as shown, or may be omitted entirely if Low Vision Benefit is *not* elected, or may be modified as follows:
 - a. This item may range from \$50 to \$125.
 - b. This item may range from 50% to 90%, in 5% increments.
 - c. This item may range from 10% to 50%, in 5% increments.
 - d. This item may appear as shown, or be changed to \$500, \$750, \$1,000, \$1,250 or \$1,500.
 - e. This item may appear as shown, or may be decreased to 12 months or increased to 36 months.

17. This item may appear as shown, or may be omitted entirely, or may be modified as follows:
 - a. Plan Changes at Annual Enrollment may be deleted entirely if not applicable.
 - b. Any reference to a plan of insurance may be changed to the name of a specific plan.
 - c. The dates of the annual enrollment period will reflect the policyholder's annual enrollment period.
 - d. Policyholder may be changed to participating employer (or other appropriate entity).
 - e. 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.
 - f. Reference to Exception to Dependent Effective Date may be included or deleted, if dependent insurance is not included for a particular group.
 - g. The 31-day time period may be changed to 45, 60 or 90 days.
 - h. 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.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Sum Vis

The variable and illustrative material in Certificate Insert Form Sum Vis 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.

On this form, any reference to covered dependents may be deleted if a particular group does not insure dependents.

1. This item may appear as shown or changed to remove one or more references, if not applicable.
2. This item may appear as shown or omitted entirely if Exam Only is included.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form CSum Vis

The variable and illustrative material in Certificate Insert Form CSum Vis 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.

On this form, any reference to covered dependents may be deleted if a particular group does not insure dependents.

1. This item may appear as shown or changed to remove one or more references, if not applicable.
2. This item may appear as shown or omitted entirely if Exam Only is included.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Def Gen Vis

The variable and illustrative material in Policy/Certificate Insert Form Def Gen Vis 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.

1. This item may be included as shown, omitted entirely, or changed to delete reference to policyholder, associated company or participating employer, if not applicable for a particular group. Reference to "full-time basis" may be changed to "full-time or part-time basis." A sentence may be added to state active work does not apply to a particular class of insureds (such as retirees).
2. This item may be included as shown, omitted entirely, or changed to delete reference to policyholder or participating employer, if not applicable for a particular group.
3. This item may be included as shown, omitted entirely if coverage is noncontributory, or changed to delete "part" or "or all."
4. This item may be included as shown or omitted entirely if a group does not elect dependent coverage.
5. This item may be included as shown or reference to employee, member, policyholder, associated company, participating employer, plan sponsor or sponsoring association may be omitted if not applicable for a particular group.
6. This item may be included as shown or may be omitted entirely if the term "doctor" is not included in a particular coverage.
7. This item may be included as shown or either "employment" or "membership in a group" may be omitted if not applicable for a particular group.
8. This item may be included as shown or may be omitted entirely. Reference to one or more of the persons may be deleted.
9. This item may be included as shown or omitted entirely. The number of hours required for full-time work may range from 15 to 40 hours per week or other criteria such as a monthly or yearly equivalent or a prior time period. The number of hours may vary by class.
10. This item may be included as shown or may be revised to show another location.
11. This item may be included as shown or omitted entirely if coverage is contributory.
12. This item may be included as shown or omitted entirely. The number of hours required for part-time work may range from 10 to 30 hours per week or other criteria such as a monthly or yearly equivalent or a prior time period. The number of hours may vary by class.
13. This item may appear as shown or may be omitted entirely. It may be changed to indicate different entities or other appropriate terminology to reflect various arrangements among different blocks of business.
14. This item may appear as shown or may be omitted entirely. It may be changed to indicate different entities or other appropriate terminology to reflect various arrangements among different blocks of business. Reference to trustee/trust agreement may be deleted. Reference to employees or members may be deleted.
15. This item may be deleted when the policy is not issued to a trust, or changed to include the appropriate name of the trust.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Def Vis

The variable and illustrative material in Policy/Certificate Insert Form Def Vis 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.

1. This item may be included as shown or may be omitted entirely,

Union Security Insurance Company
Statement of Variations
Policy Insert Form ETPT Vis

The variable and illustrative material in Policy Insert Form ETPT Vis 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, the term "participating employer" may be changed to "plan sponsor" or "sponsoring association" when coverage is marketed on this basis; and the term "employees" may be changed to "participants" or "members" or other appropriate terminology.

1. This item may appear as shown, or may be changed as follows:
 - delete one or more of the requirements
 - show a different minimum number of eligible employees required, ranging from 1-10 employees or as approved by us
 - add requirements such as nature of business, length of time in business, or membership in a sponsoring association or other entity
2. This item may appear as shown or may be changed as follows:
 - delete reference to dependents if not covered under the policy
 - delete reference to noncontributory insurance when only contributory insurance is being provided under the policy
 - deleted reference to contributory insurance when only noncontributory insurance is being provided under the policy
 - change the minimum number of eligible employees required under each open bulleted item, ranging from 1 – 10 employees, or add a percentage under each open bulleted item, ranging from 10% - 100%
 - change the percentage under the third open bulleted item, ranging from 10% - 100%
 - require a minimum percentage for all employees for contributory insurance
3. This item may appear as shown, be omitted entirely, or be modified to delete reference to dependents.
4. This item may be included as shown or may be omitted entirely.
5. This item may appear as shown, may be omitted entirely or may be changed to indicate a different minimum number of employees, ranging from 1 – 10 employees.
6. This item may appear as shown, or the time period may be increased, with a range of 31 – 90 days.
7. This item may appear as shown or may be omitted entirely. The term "participating employer" may be changed to "plan sponsor" or "sponsoring association," or other appropriate terminology when coverage is marketed on a trust or association basis. The time period may be increased, with a range of 31 – 60 days.
8. This item may be included as shown or may be changed to increase the number of days, with a range of 31 – 90 days.

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

The variable and illustrative material in Policy/Certificate Insert Form ETP Vis 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.

1. This item may appear as shown, may be deleted in the Certificate 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 2nd 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
 - 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 or may be deleted if only contributory insurance is provided in the policy. It may be modified as follows:
 - 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"
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date or another specific date

3. This item may appear as shown or the section on contributory insurance may be deleted if only noncontributory insurance is provided in the policy. If only contributory insurance is provided in the policy, reference to "For any contributory insurance" may be deleted. The phrase "part or all of the premium" may be changed to "part of the premium" or "all of the premium."

4. This item may appear as shown or may be modified as follows:
 - 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"
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date or another specific date

5. This item may appear as shown or may be modified as follows:
 - the 31 day period may be modified, ranging from 30 – 90 days
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date or another specific date

6. This item may appear as shown or may be modified as follows:
 - the 31 day period may be modified, ranging from 30 – 90 days
 - allow a person to enroll within a range of 30 - 90 days after coverage under another group policy ends
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date or another specific date
 - delete requirement that application must be made during an annual enrollment period
7. This item may appear as shown or may be changed to “employer’s” or “participating employer’s” effective date, or other appropriate terminology.
8. The Exception to Effective Date may appear as shown or may be deleted for the whole group or certain classes when "active work" is not a condition of coverage.
9. This item may appear as shown or may be changed as follows:
 - a. indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary
 - b. 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
 - c. "participating employer's application" may be changed to “participation agreement” or other appropriate terminology
 - d. reference to "contribution" may be deleted if coverage is noncontributory
 - e. one or more of the reasons insurance will end may be omitted.
10. This item may appear as shown, be deleted entirely, or may be changed as follows:
 - reference to “policyholder” may be changed to “employer” or “participating employer” or other appropriate terminology
 - reference to dependent insurance may be deleted
 - time periods shown may be changed by policyholder request, but will never exceed 24 months
 - 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.
11. This item may be included as shown, omitted entirely, or be changed as follows:
 - the time period may be modified, ranging from 1 – 24 months
 - other applicable eligibility requirements may also be waived

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

The variable and illustrative material in Policy/Certificate Insert Form DETP Vis 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 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
 - 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

Policy/Certificate Insert Form DETP Vis

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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

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form DCont Vis

The variable and illustrative material in Policy/Certificate Insert Form DCont Vis 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.

1. This item may appear as shown. It may also be changed to delete the 120-day limit or change to 31-365 days.
2. This item may appear as shown, may be omitted entirely, or changed to:
 - delete “the earliest of”; change “the earliest of” to “earlier of”; or delete one or more of the bulleted items
 - show another time period ranging from 3rd calendar month to 6th calendar month or calendar year
 - change the child's age, ranging from 21st - 30th birthday or allow coverage to continue until the end of the calendar month or calendar year in which the child attains the specified age

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form COBRA Vis

The variable and illustrative material in Policy/Certificate Insert Form COBRA Vis 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.

1. This item may appear as shown or may be deleted entirely if dependents are not insured under the policy.
2. "Policyholder" may be changed to "participating employer" or other appropriate terminology.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Vis BP

The variable and illustrative material in Policy/Certificate Form Vis BP 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.

1. This item will appear as shown or one or more terms may be deleted, if not applicable to the plan elected by the policyholder. The phrase re “only one time” may be deleted or changed to “twice” or “two times”.
2. This item will appear as shown or be deleted entirely if an Exam Only plan is elected.
3. This item will appear as shown or “one” may be changed to “two”.
4. This item will appear as shown, or be deleted if an Exam Only plan is elected. The reference to “one time” may be changed to “twice” or “two times”. The reference to “one frame(s)” may be changed to “two frames”.
5. This item will appear as shown or one or more terms may be deleted, if not applicable to the plan elected by the policyholder.
6. This item will appear as shown or be deleted entirely if dependent vision insurance is not included.
7. This item will appear as shown or may be deleted entirely if the group did not have a previous vision insurance plan. This item may be changed as follows:
 - “policy” may be changed to “participating employer” if the policy is issued to a trust.
 - the Effective Date of “the policy” may be changed to “the participating employer’s application” if the policy is issued to a trust.
 - the 31-day period may be modified to range up to 60 days.
8. This item will appear as shown or may be deleted entirely if the group did not have a previous vision insurance plan or if dependent vision insurance is not included. This item may be changed as follows:
 - “policy” may be changed to “participating employer” if the policy is issued to a trust.
 - the Effective Date of “the policy” may be changed to “the participating employer’s application” if the policy is issued to a trust.
 - the 31-day period may be modified to range up to 60 days

**Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Clm Pro Vis**

The variable and illustrative material in Policy/Certificate Form Clm Pro Vis 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.

1. This item will appear as shown or may be deleted entirely.
2. This item may appear as shown or a specific address included or referenced, or the phone number changed, as necessary.
3. This item may appear as shown or the time frames may be changed to comply with any state or federal requirements.
4. This item may appear as shown or changed to comply with any federal requirements.
5. This item may appear as shown or the time frames may be changed to comply with any state requirements

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Gen Pro Vis

The variable and illustrative material in Policy/Certificate Insert Form Gen Pro Vis 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.

1. This item may appear as shown or may be changed to include reference to a participating employer (or other appropriate entity), or “policyholder” may be changed to “participating employer” (or other appropriate entity).
2. This item may appear as shown or may be omitted entirely or may be changed to add reference to other entities such as plan sponsor or sponsoring association.
3. This item may be included as shown or may be omitted entirely. If included, reference to an employer or associated company may be deleted, or reference to a participating employer or other appropriate entity may be added.

Union Security Insurance Company
Statement of Variations
Policy Insert Form PGen Pro Vis

The variable and illustrative material in Policy Insert Form PGen Pro Vis 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.

1. This item may be included as shown or may be deleted entirely.
2. This item may appear as shown or may be changed to read "policyholder or participating employer", or another appropriate entity or entities.
3. This item may appear as shown or may be deleted entirely.
4. This item may be included as shown or may be changed to read "the date."
5. This item may be included as shown or may be deleted entirely.
6. This item may appear as shown, may be deleted entirely, "the date" may be deleted entirely, or the time period may be increased to 45 or 60 days.
7. This item may appear as shown or may be changed to show the minimum participation requirements here instead of in the Schedule. Reference to number or percentage may be deleted if not applicable.
8. This item may be included as shown or the time period may be increased to 45 or 60 days.

Union Security Insurance Company
Statement of Variations
Policy Insert Form Premium Vis

The variable and illustrative material in Policy Insert Form Premium Vis 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.

1. This item may appear as shown or be changed to allow the policyholder to pay premiums in arrears.
2. This item may appear as shown or be deleted in its entirety.
3. This time period may be increased to a maximum of 90 days.
4. This item may appear as shown or be increased to the second or third policy anniversary; it may be changed to reflect 12, 24 or 36 consecutive months.
5. This item may appear as shown or may be changed to show a different period of time, ranging from 6 - 36 consecutive months.
6. This item may appear as shown; the time period may be increased up to a maximum of 90 days; or reference to policyholder may be changed to other appropriate terminology.

Union Security Insurance Company
Statement of Variations
Policy Amendment Form Amd Vis

The variable and illustrative material in Policy Amendment Form Amd Vis 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.

The two boxed sections on the first page may be included as shown or may be deleted entirely if the amendment is part of the initial policy at issue.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will indicate whether coverage is contributory, noncontributory or both. Coverage may or may not include Dependents.
6. This item will indicate the effective date of the amendment.
7. These items will reflect the current company officers and titles.
8. This item will be included as shown or may be deleted entirely. If deleted, the first letter of the next word will be capitalized.
9. This item may be changed because of an address change.
10. This item may be included or deleted. If included, it will indicate a time frame ranging from immediate to 180 days and may include a date which may be the effective date of the amendment or the date the amendment was prepared or mailed.
11. This item may be included as shown or may be deleted entirely. It may be changed to require a signed copy to be returned to the home office and a signed copy attached to the policy.
12. Either "decline" or "accept" will be included and the other omitted.
13. This item may be included as shown or may be changed to participating employer, or other appropriate terminology, if applicable.
14. If the amendment is part of the initial policy at issue, the lead-in will read "Effective on and after its effective date, the *policy* is amended as follows:" If the policy is amended after being issued, the lead-in will indicate the effective date of the amendment. This form will be used to make changes to items that are variable, such as changing a Schedule Amount or a Future Service Requirement.

Union Security Insurance Company
Statement of Variations
Certificate Endorsement Form Cend Vis

The variable and illustrative material in Certificate Endorsement Form Cend Vis 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.

The boxed section on the first page may be included as shown or may be deleted entirely if the endorsement is included within the certificate.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will indicate whether coverage is contributory, noncontributory or both. Coverage may or may not include Dependents.
6. This item will indicate the effective date of the endorsement.
7. These items may be included as shown or deleted entirely. The class description may be changed to a different class, such as employees with a certain job title or other description.
8. These items will reflect a current company officer and title.
9. This item may be changed because of an address change.
10. This item may be included as shown or deleted entirely if the endorsement is included within the certificate.
11. If the endorsement is included within the certificate, the lead-in will read "Effective on and after its effective date, the Certificate is endorsed as follows:" If an inforce Certificate is endorsed separately, the lead-in will indicate the effective date of the endorsement. This form will be used to make changes to items that are variable, such as changing a Schedule Amount or a Future Service Requirement.

**Union Security Insurance Company
Statement of Variations
Policy Amendment Form Amd DP Vis**

The variable and illustrative material in Policy Amendment Form Amd DP Vis 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.

The two boxed sections on the first page may be included as shown or may be deleted entirely if the amendment is part of the initial policy at issue.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will reflect the coverage(s) included in the policy and will indicate whether coverage is contributory, noncontributory or both. Coverage may or may not include Dependents, as follows:

Group Vision Insurance
Group Vision Insurance for Dependents
6. This item will indicate the effective date of the amendment.
7. These items will reflect the current company officers and titles.
8. This item will be included as shown or may be deleted entirely. If deleted, the first letter of the next word will be capitalized.
9. This item may be changed because of an address change.
10. This item may be included or deleted. If included, it will indicate a time frame ranging from immediate to 180 days and may include a date which may be the effective date of the amendment or the date the amendment was prepared or mailed.
11. This item may be included as shown or may be deleted entirely. It may be changed to require a signed copy to be returned to the home office and a signed copy attached to the policy.
12. Either "decline" or "accept" will be included and the other omitted.
13. This item may be included as shown or may be changed to participating employer, or other appropriate terminology, if applicable.
14. If the amendment is part of the initial policy at issue, the lead-in will read "Effective on and after its effective date, the *policy* is amended as follows:" If the policy is amended after being issued, the lead-in will indicate the effective date of the amendment and the lead-in may vary depending on the coverage being amended.

Policy Amendment Form Amd DP Vis

Page 2

15. This item may appear as shown, the term policyholder may be changed to the name of the employer or changed to participating employer or other appropriate entity, if applicable, or the phrase may be deleted entirely.
16. The term domestic partner may be changed to another similar term including but not limited to party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
17. This item may be included as shown, may be changed to include a different agreement name, or the term policyholder may be changed to the name of the employer or changed to participating employer or other appropriate entity, if applicable. If a state has defined the term, we may refer to state law for the definition. If a state has its own domestic partner or civil union law and, in addition, the employer has its own agreement, we may refer to both.

Union Security Insurance Company
Statement of Variations
Certificate Endorsement Form Cend DP Vis

The variable and illustrative material in Certificate Endorsement Form Cend DP Vis 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.

The boxed section on the first page may be included as shown or may be deleted entirely if the endorsement is included within the certificate.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will indicate whether coverage is contributory, noncontributory or both. Coverage may or may not include Dependents.
6. This item will indicate the effective date of the endorsement.
7. These items may be included as shown or deleted entirely. The class description may be changed to a different class, such as employees with a certain job title or other description.
8. These items will reflect a current company officer and title.
9. This item may be changed because of an address change.
10. This item may be included as shown or deleted entirely if the endorsement is included within the certificate.
11. If the endorsement is included within the certificate, the lead-in will read "Effective on and after its effective date, the Certificate is endorsed as follows:" If an inforce Certificate is endorsed separately, the lead-in will indicate the effective date of the endorsement and the lead-in may vary depending on the coverage being amended.
12. This item may appear as shown, the term policyholder may be changed to the name of the employer or changed to participating employer or other appropriate entity, if applicable, or the phrase may be deleted entirely.
13. The term domestic partner may be changed to another similar term including but not limited to party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
14. This item may be included as shown, may be changed to include a different agreement name, or the term policyholder may be changed to the name of the employer or changed to participating employer or other appropriate entity, if applicable. If a state has defined the term, we may refer to state law for the definition. If a state has its own domestic partner or civil union law and, in addition, the employer has its own agreement, we may refer to both.

Union Security Insurance Company
Statement of Variations
Policy Insert Form App Pol Vis

The variable and illustrative material in Policy Insert Form App Pol Vis 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.

1. This item will indicate the name of the specific policyholder.
2. This item will indicate the specific policy number that we assign for identification purposes.
3. This item will reflect the number of lives required for the policy to take effect, subject to state law. It will usually range up to 500 lives (but could be higher), depending on the size of the group and the type of group such as employer, association or a trust.
4. This item may be included as shown or deleted entirely. If included, it will reflect the participation of the group required for the policy to take effect, subject to state law. It can range from 10 to 100%.
5. There will be two copies of the Application page. One will include "This copy is to remain attached to the *policy*" and the other page will include "This copy is to be returned to the *home office*."
6. This item may be changed because of an address change.