

SERFF Tracking Number: CMBD-126701361 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 46094
Company Tracking Number: 194046-610
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.002 Short Term - Unrelated to marketing
with employer or association groups
Product Name: Amendment Rider
Project Name/Number: Amendment Rider/194046-610

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Amendment Rider

SERFF Tr Num: CMBD-126701361 State: Arkansas

TOI: H111 Individual Health - Disability Income

SERFF Status: Closed-Approved-
Closed State Tr Num: 46094

Sub-TOI: H111.002 Short Term - Unrelated to
marketing with employer or association groups

Co Tr Num: 194046-610

State Status: Approved-Closed

Filing Type: Form

Author: Donna Marron

Reviewer(s): Rosalind Minor

Date Submitted: 06/30/2010

Disposition Date: 07/14/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Amendment Rider

Status of Filing in Domicile: Pending

Project Number: 194046-610

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Filed and pending
in our state of Domicile, Illinois

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/14/2010

Explanation for Other Group Market Type:

State Status Changed: 07/14/2010

Deemer Date:

Created By: Donna Marron

Submitted By: Donna Marron

Corresponding Filing Tracking Number:

Filing Description:

Gross Annual Premium Rider

Company and Contact

Filing Contact Information

Donna Marron, Senior Policy Analyst

Donna.Marron@combined.com

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Product Name: Amendment Rider
 Project Name/Number: Amendment Rider/194046-610

1000 Milwaukee Avenue 847-953-1538 [Phone]
 Glenview, IL 60025 847-953-1557 [FAX]

Filing Company Information

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois
 1000 Milwaukee Avenue Group Code: 626 Company Type:
 Glenview, IL 60025 Group Name: State ID Number:
 (847) 953-1531 ext. [Phone] FEIN Number: 36-2136262

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1form X \$50.00= \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$50.00	06/30/2010	37661285

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/14/2010	07/14/2010

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Product Name: Amendment Rider
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Disposition

Disposition Date: 07/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	naic universal transmittal	Approved-Closed	Yes
Supporting Document	cover letter	Approved-Closed	Yes
Supporting Document	AR Rule and Regulation 19	Approved-Closed	Yes
Form	Amendment Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 194046-610

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/14/2010	194046-610	Other	Amendment Rider	Initial		50.000	194046-610.pdf 194046-610-redline copy.pdf

COMBINED INSURANCE COMPANY OF AMERICA
[111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601]

AMENDMENT RIDER

This rider amends the policy to include the following:

Benefits paid under the policy are based on the Insured's Gross Annual Income stated in the application for the policy.

"Gross Annual Income" includes the full amount, before any payroll deductions, of wages and salaries. "Gross Annual Income" excludes: overtime pay; fees; tips; bonuses; interest income; dividend income; real property income; personal property income; retirement funds income; investment income; unemployment earnings; child support payments; alimony payments; or other compensation for personal services actually rendered.

Misstatement of Gross Annual Income. If the Insured's Gross Annual Income has been misstated, and if the amount payable exceeds what the Insured could have purchased at the correct Gross Annual Income, then the amount of the benefit will be reduced to the current income level of the Insured but not below that which the Insured would qualify for at time of issue.

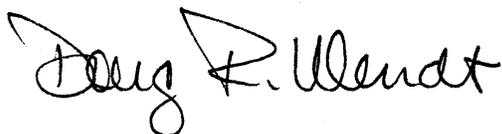
In Addition, Uniform Provision (2), Time Limit on Certain Defenses, is deleted in its entirety and replaced with the following:

(2) TIME LIMIT ON CERTAIN DEFENSES: (a) Misstatements in the Application: After two years from the date of issue of this policy no misstatements, except fraudulent misstatements, made by the applicant in the application for the policy shall be used to void the policy or to deny a claim for loss incurred or disability (as defined in the policy) commencing after the expiration of the two year period. (b) Pre-Existing Conditions: No claim for loss incurred or disability (as defined in the policy) commencing after two years from the date of issue of this policy will be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description on the date of loss had existed prior to the effective date of coverage of this policy.

Nothing contained herein shall vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy or any rider attached thereto except as stated herein.

This rider takes effect on [_____], and is part of Policy Form No. [19845] issued by COMBINED INSURANCE COMPANY OF AMERICA.

[



Chairman and
Chief Executive Officer



Secretary

]

COMBINED INSURANCE COMPANY OF AMERICA
[111 East Wacker Drive • Suite 700 • Chicago, IL 60601]

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"Gross Annual Income" includes the full amount, before any payroll deductions, of wages and salaries. ~~"Gross Annual Income" excludes excluding overtime pay, fees, tips, bonuses, commissions, fees, tips and reported on 1099-MISC; bonuses, interest or dividend income, dividend income; real or personal property income; personal property income; retirement funds income; or investment income; unemployment earnings; child support or alimony payments; alimony payments; or other compensation for personal services actually rendered, and not earnings from self-employment for the taxable year.~~

Misstatement of Gross Annual Income. If the Insured's Gross Annual Income has been misstated, and if the amount payable exceeds what the Insured could have purchased at the correct Gross Annual Income, then the amount of the benefit will be reduced to the current income level of the Insured but not below that which the Insured would qualify for at time of issue.

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Nothing contained herein shall vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy or any rider attached thereto except as stated herein.

This rider takes effect on [_____], and is part of Policy Form No. [19845] issued by COMBINED INSURANCE COMPANY OF AMERICA.



Chairman and
Chief Executive Officer



Secretary

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Comments:

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	07/14/2010
Bypass Reason: We are filing a rider only for review and approval.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: naic universal transmittal	Approved-Closed	07/14/2010
Comments: Attached please find the naic universal transmittal.		
Attachment: LH137WA_021307[1].pdf		

	Item Status:	Status Date:
Satisfied - Item: cover letter	Approved-Closed	07/14/2010
Comments: Attached please find our cover letter.		
Attachment: 194046-610coverltr.pdf		

	Item Status:	Status Date:
Satisfied - Item: AR Rule and Regulation 19	Approved-Closed	07/14/2010
Comments: Attached please find Rule and Regulation 19.		
Attachment: AR_AR Certif of Compliance with Rule 19.pdf		



June 23, 2010

READABILITY CERTIFICATION

Re: 194046-610 - Amendment Rider

The above captioned form has a Flesch Index Score of 50 as stated in 6B Minimum Policy Language & Simplification Model Act and meet the minimum reading ease requirements.

A handwritten signature in black ink that reads "Michael J. Hollar".

Michael J. Hollar
Assistant Secretary

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Combined Insurance Co of America 111 East Wacker Drive Suite 700 Chicago, ILlinois 60601	IL	Life,Health	626	62146	36-2136262	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Donna Marron 1000 Milwaukee Avenue, 6 th Floor Glenview, Illinois 60025	847-953-1538	847-953-1557	Donna_Marron@combined.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	194046-610					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	Disability Income					
10.	Product Coding Matrix Filing Code	H111.002					
11.	Submitted Documents	<input type="checkbox"/> Forms <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits X Other: <u>Amendatory Rider</u> <input type="checkbox"/> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum					

		<input type="checkbox"/> Other _____
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12.	Filing Submission Date	06-30-10
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	

15.	Filing Description:
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Amendment Rider revising the definition of Gross Annual Income.

16. Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Illinois.

Print Name Michael J. Hollar Title Assistant Secretary

Signature 

Date: 06-25-2010

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		194046-610
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Amendatory Rider	194046-610	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	194046 USPH-6M2R5E316
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1



June 30, 2010

Mr. Dan Honey
Director, Compliance – Life – Health
Arkansas Insurance Division
1200 W Third St.
Little Rock, Arkansas 72201-1904

Re: Combined Insurance Company of America
FEIN Number 36-2136262
NAIC Number 626-62146
Form No. 194046 – 610 Gross Annual Premium Rider
INDIVIDUAL A&H
Serff Tracking No. CMBD-126701361

Dear Mr. Honey:

Attached for your review are the following:

1. Above mentioned form
2. Readability Certification
3. General Transmittal

This is a new filing. Form 194046-610 is an Amendment Rider that will replace Form 194046. The AR Department of Insurance approved Form 194046 on 2-21-06 under SERFF Tracking Number USPH . 6M2R5E316. Form 194046-610, will be used with our Disability Income Policy, Form 19845-AR, previously approved on 12/22/99. We filed rider 194046-610 in our state of Domicile, Illinois on June 25, 2010.

The definition of gross annual income was revised. A redlined copy showing the changes is attached under Supporting Documents. No other changes were made to this Amendatory Rider.

Thank you for your review and hopefully approval. Please feel free to contact us via phone or e-mail for any further questions.

Sincerely,

Donna Marron
Senior Policy Analyst
Government Relations
Enc.

Donna Marron – Senior Policy Analyst – Policy Filings/Government Relations
Toll Free # 888.449.3623 Direct # 847.953.1538 Fax # 847.953.1557 Email: Donna.Marron@combined.com

1000 N. Milwaukee Avenue • Glenview, Illinois 60025 • www.combinedinsurance.com
The ACE Group of Companies

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Combined Insurance Company of America

Form Number(s): 194046-610

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

Michael J. Hollar

Signature of Company Officer

Michael J. Hollar
Name

Assistant Secretary
Title

June 30, 2010
Date