

SERFF Tracking Number: HUMA-126696352 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 46163
Company Tracking Number:
TOI: H06 Health - Conversion Sub-TOI: H06.000 Health - Conversion
Product Name: PGN-HCR INGF 5-2010 and PGN-HCR IGF 5-2010
Project Name/Number: /

Filing at a Glance

Company: Humana Insurance Company

Product Name: PGN-HCR INGF 5-2010 and PGN-HCR IGF 5-2010 SERFF Tr Num: HUMA-126696352 State: Arkansas

TOI: H06 Health - Conversion

SERFF Status: Closed-Approved- Closed State Tr Num: 46163

Sub-TOI: H06.000 Health - Conversion

Co Tr Num: State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Authors: Wendy Jeffries, Latunia Riley Disposition Date: 07/20/2010

Riley

Date Submitted: 07/08/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/20/2010

Explanation for Other Group Market Type:

State Status Changed: 07/20/2010

Deemer Date:

Created By: Latunia Riley

Submitted By: Latunia Riley

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

Filing Description:

Federal Healthcare Reform Riders

Company and Contact

Filing Contact Information

Latunia Riley, Contract Analyst

lriley2@humana.com

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Project Name/Number: /
 2 Riverwood Place 262-951-2617 [Phone]
 W24133 Riverwood Dr.
 Suite 250
 Waukesha, WI 53188

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	07/08/2010	37823472

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/20/2010	07/20/2010

SERFF Tracking Number: HUMA-126696352 *State:* Arkansas
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Disposition

Disposition Date: 07/20/2010

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	NAIC Transmittal Document	Approved-Closed	Yes
Form	PPACA	Approved-Closed	Yes
Form	PPACA	Approved-Closed	Yes

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Form Schedule

Lead Form Number: PGN-HCR INGF 5/2010 and PGN-HCR IGF 5/2010

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/20/2010	PGN-HCR INGF 5/2010	Policy/Cont ract/Fratern al	PPACA	Initial			PGN HCR Rider non-GF 5-2010 .pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 07/20/2010	PGN-HCR IGF 5/2010	Policy/Cont ract/Fratern al	PPACA	Initial			PGN HCR Rider Indiv GF 5-2010 (a).pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is made part of the policy/certificate to which it is attached.

All terms used in this rider have the same meaning given to them in the policy/certificate unless otherwise defined by the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act), also known as federal health care reform, or by future federal regulations. Except as modified below, all conditions and limitations of the policy/certificate apply. State laws continue to apply except to the extent that the state law prevents application of federal health care reform.

The following is a summary of the federal health care reform requirements. If your plan is effective prior to 09/23/2010, these requirements will apply to your current plan as of your plan renewal date on or after 09/23/2010. If your plan is effective 09/23/2010 or after, these requirements are applicable to your current plan as of your plan's effective date.

Lifetime maximum -

The lifetime maximum does not apply to essential health benefits.

Annual limits -

Annual dollar limits for essential health benefits are removed.

Rescission -

We will rescind coverage only due to fraud or an intentional misrepresentation of a material fact.

Dependent coverage -

If your health plan includes coverage for dependent children, your child is covered to age 26 regardless if the child is:

- Married;
- A tax dependent;
- A student;
- Employed;
- Eligible for other coverage through employment; or
- Residing with or receives financial support from you.

[Your child will continue to be covered from age 26 to age 31 if unmarried.] [Your child is eligible to apply for coverage if they are under age 26.]

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER (continued)

Pre-existing conditions -

The pre-existing condition limitation does not apply to a covered person who is under the age of 19.

Preventive care -

Preventive care is covered without cost sharing for services to detect or prevent sickness that have an A or B rating in the current recommendations of the U.S. Preventive Services Task Force (USPSTF). The current recommendations by the USPSTF for breast cancer screening, mammography and prevention shall be considered the most current except for the recommendations made in or around November 2009. The U.S. Department of Health and Human Services will specify the recommendations for preventive services that apply for your plan year.

Internal appeals and external review -

You have the right to an internal appeal and the right to request an external review of an adverse claim determination. If you have questions, you can call the Customer Care number on the back of your Humana ID card. We are available to help you Monday through Friday, 8 a.m. to 6 p.m.

Primary care physicians -

If your health plan requires you to select a primary care physician, a participating physician specializing in pediatrics is permitted to be selected as the primary care physician for a covered dependent child.

Gynecological and obstetrical services -

If a primary care physician referral is required by your health plan, a female covered person is permitted to receive services for obstetrical or gynecological care from a participating health care professional specializing in obstetrics or gynecology without a referral from her primary care physician. Services received from, or ordered by a participating health care professional for obstetrical or gynecological services, are considered authorization from the primary care physician.

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER (continued)

Emergency care -

Coverage will be provided for an emergency medical condition in a hospital's emergency department:

- Without prior authorization;
- With the same restrictions on coverage for non-network providers as those applied for network providers;
- With the same cost-sharing requirements for non-network providers as those applied to network providers. In addition to the cost sharing requirements, you may be responsible for the difference between the allowed amount under your plan and what is billed by a non-network provider, as permitted by the Affordable Care Act;
- Without regard to any other terms or conditions of the policy other than exclusion; coordination of benefits, affiliation or waiting periods, or cost-sharing requirements.

Humana Insurance Company

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is made part of the policy/certificate to which it is attached.

All terms used in this rider have the same meaning given to them in the policy/certificate unless otherwise defined by the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act), also known as federal health care reform, or by future federal regulations. Except as modified below, all conditions and limitations of the policy/certificate apply. State laws continue to apply except to the extent that the state law prevents application of federal health care reform.

The following is a summary of the federal health care reform requirements which will apply to your current plan as of your plan renewal date on or after 09/30/2010.

Lifetime maximum -

The lifetime maximum does not apply to essential health benefits.

Rescission -

We will rescind coverage only due to fraud or an intentional misrepresentation of a material fact.

Dependent coverage -

If your health plan includes coverage for dependent children, your child is covered to age 26 regardless if the child is:

- Married;
- A tax dependent;
- A student;
- Employed;
- Eligible for other coverage through employment; or
- Residing with or receives financial support from you.

[Your child will continue to be covered from age 26 to age 31 if unmarried.] [Your child is eligible to apply for coverage if they are under age.]

Humana Insurance Company

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

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 Product Name: PGN-HCR INGF 5-2010 and PGN-HCR IGF 5-2010
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	07/20/2010
Comments:		
Attachment: Certificate of Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	07/20/2010
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	07/20/2010
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	07/20/2010
Bypass Reason: Not applicable		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	07/20/2010
Comments:		
Attachment: Final_PPACA_UniformComplianceSummaryClean.pdf		

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Project Name/Number: /

Item Status: Approved-Closed
Status Date: 07/20/2010
Satisfied - Item: Cover Letter
Comments:
Attachment:
PGN-HCR Filing Cover Letter.pdf

Item Status: Approved-Closed
Status Date: 07/20/2010
Satisfied - Item: NAIC Transmittal Document
Comments:
Attachment:
Arkansas NAIC Transmittal Document.pdf

CERTIFICATION

RE: PGN-HCR INGF 5/2010 and PGN-HCR IGF 5/2010

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Arkansas Insurance Code 23-80-206.

<u>Form Number(s)</u>	<u>Flesch Test Reading Ease Score</u>
PGN-HCR INGF 5/2010	44.6
PGN-HCR IGF 5/2010	44.6



Signed by: _____

Steve DeRaleau
Vice President

Date: July 8, 2010

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Appeals Process – Requires establishment of an internal claims appeal process and external review process.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2010, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child’s PCP if the provider is in-network.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	<p>Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

July 8, 2010

Life and Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

**RE: Humana Insurance Company
Individual Health Form Filing
Federal Health Care Reform Riders: PGN-HCR INGF 5/2010 and PGN-HCR IGF
5/2010
NAIC # 73288
FEIN # 39-1263473**

Via Electronic Submission (SERFF) - #HUMA-126696352

Dear Sir/Madam:

We are enclosing the above-referenced forms for your review and approval. These forms are new and will not replace any previously filed or approved forms. They are being filed for general use with all approved policy series.

These forms are being filed to comply with the insurance reforms in the federal healthcare reform laws, HR 3590, the Patient Protection and Affordable Care Act (PPACA) (a/k/a Federal Health Care Reform) and HR 4872, the Health Care and Educational Reconciliation Act.

Form PGN-HCR INGF 5/2010 includes those requirements applicable to non-grandfathered plans and form PGN-HCR IGF 5/2010 includes those requirements applicable to grandfathered plans as enacted in the Patient Protection and Affordable Care Act of 2010. Variable language is indicated by brackets.

Included with this submission are:

- Readability Certification;
- NAIC Transmittal Document; and
- PPACA Uniform Compliance Summary

If you have any questions regarding this filing, please contact me by phone at 1-800-289-0260, extension 2617, by fax at 920-632-0029 or by e-mail at lriley2@humana.com.

Sincerely,
HUMANA INSURANCE COMPANY

Latunia Riley

Latunia Riley
Contract Analyst

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address

5.	Requested Filing Mode	<input 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): _____
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6.	Company Tracking Number	
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7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<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	
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10.	Product Coding Matrix Filing Code	
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11.	Submitted Documents	<p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate										
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<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<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 type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
<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 type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	Filing Submission Date		
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:		

16.	Certification (If required)		
<p>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 _____.</p>			
Print Name _____		Title _____	
Signature _____		Date: _____	

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
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