

SERFF Tracking Number: UNUM-126648276 State: Arkansas
Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 46367
Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Group Medical Bridge 1.0
Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

Filing at a Glance

Company: Colonial Life & Accident Insurance Company

Product Name: Group Medical Bridge 1.0 SERFF Tr Num: UNUM-126648276 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 46367
Closed

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: GROUP MEDICAL State Status: Approved-Closed
BRIDGE 1.0

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Cathy Brooks, Donna
Mazloom, Angela Parker, Lauren
Sease, Annette Smith, Tyra
Marshall, Jessica Reece

Disposition Date: 08/11/2010

Date Submitted: 07/30/2010

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Group Medical Bridge 1.0

Status of Filing in Domicile: Pending

Project Number: Group Medical Bridge 1.0

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association

Filing Status Changed: 08/11/2010

Explanation for Other Group Market Type:

State Status Changed: 08/11/2010

Deemer Date:

Created By: Annette Smith

Submitted By: Annette Smith

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your consideration and approval are the following new group hospital confinement indemnity forms.

Form Number Description Flesch Score

GMB1.0-P-AR Group Hospital Confinement Indemnity Master Policy 50.1

GMB1.0-C-AR Group Hospital Confinement Indemnity Certificate 50.5

SERFF Tracking Number: UNUM-126648276 State: Arkansas
Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 46367
Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Group Medical Bridge 1.0
Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

GMB App Policyholder Application
GMB Enroll Enrollment Form

The forms do not replace any forms currently on file with your department. The forms contain no unusual benefits or provisions. The readability scores for these forms are listed above. The text of the forms is uniform and no less than ten (10) point font size.

These forms will be offered and marketed as supplemental insurance and not as a substitute for hospital or medical expense insurance or major medical insurance. Benefits provided are not intended to cover all medical expenses. There is no coordination of benefits. Please note all benefits are indemnity based. The level of benefits is not based on the amount of expenses incurred.

Coverage will be marketed in the employer/employee and association or union groups by licensed Colonial Life & Accident Insurance Company agents and through relationships with insurance brokers. Premiums may be paid 100% by the employees or by full or partial contributions from the policyholder.

In order to meet the varying needs of our policyholders, optional benefits are available. The optional benefits are bracketed and include Second Day and Subsequent Day Hospital Confinement Benefit, Accident Only Emergency Room Visit Benefit, Diagnostic Procedure Benefit, Doctor Office Visit Benefit, Emergency Room Visit Benefit, Health Screening Benefit, Inpatient Surgical Procedure Benefit, and Outpatient Surgical Procedure Benefit.

Benefit payment ranges shown in the brackets are variable. A Statement of Variability is included with this filing and provides more detailed information regarding the plan variability.

Enrollment methods include agent-assisted situations, in person or via call centers, and self-enrolled situations, using paper or electronic enrollment processes, such as web-based. In some situations where the premium is fully policyholder-paid, enrollment may be by employee/member listing provided by the policyholder. Electronic enrollment processes may also be used in agent-assisted situations.

A filing fee of \$50.00 was submitted by SERFF/EFT.

The forms have been submitted to our domicile state, South Carolina.

Company and Contact

Filing Contact Information

Annette Smith, Contrat Analyst absmith@unum.com
1200 Colonial Life Boulevard 803-213-7272 [Phone]

SERFF Tracking Number: UNUM-126648276 State: Arkansas
 Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 46367
 Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: Group Medical Bridge 1.0
 Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

PO Box 1365
 Columbia, SC 29202

Filing Company Information

Colonial Life & Accident Insurance Company	CoCode: 62049	State of Domicile: South Carolina
1200 Colonial Life Boulevard	Group Code: 565	Company Type:
Post Office Box 1365	Group Name:	State ID Number:
Columbia, SC 29202	FEIN Number: 57-0144607	
(803) 798-7000 ext. [Phone]		

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Life & Accident Insurance Company	\$50.00	07/30/2010	38405930
Colonial Life & Accident Insurance Company	\$150.00	08/10/2010	38658520

SERFF Tracking Number: UNUM-126648276 State: Arkansas
 Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 46367
 Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: Group Medical Bridge 1.0
 Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/11/2010	08/11/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/09/2010	08/09/2010	Annette Smith	08/10/2010	08/10/2010

SERFF Tracking Number: UNUM-126648276 *State:* Arkansas
Filing Company: Colonial Life & Accident Insurance Company *State Tracking Number:* 46367
Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
TOI: H14G Group Health - Hospital Indemnity *Sub-TOI:* H14G.000 Health - Hospital Indemnity
Product Name: Group Medical Bridge 1.0
Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

Disposition

Disposition Date: 08/11/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-126648276 State: Arkansas
 Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 46367
 Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: Group Medical Bridge 1.0
 Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	No
Supporting Document	Application	Approved-Closed	No
Supporting Document	Submission Letter	Approved-Closed	No
Supporting Document	Compliance Certification	Approved-Closed	No
Supporting Document	Statements of Variability	Approved-Closed	No
Supporting Document	Response to 8-9-2010 Objection Letter	Approved-Closed	No
Form	Group Medical Bridge Policy	Approved-Closed	No
Form	Group Medical Bridge Certificate	Approved-Closed	No
Form	Group Medical Bridge Master Application	Approved-Closed	No
Form	Group Medical Bridge Enrollment Form	Approved-Closed	No

SERFF Tracking Number: UNUM-126648276 State: Arkansas
Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 46367
Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Group Medical Bridge 1.0
Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/09/2010

Submitted Date 08/09/2010

Respond By Date

Dear Annette Smith,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Medical Bridge Policy, GMB1.0-P-AR (Form)
- Group Medical Bridge Certificate, GMB1.0-C-AR (Form)
- Group Medical Bridge Master Application, GMBApp (Form)
- Group Medical Bridge Enrollment Form, GMBEnroll (Form)

Comment:

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

The fee for this submission is \$50.00 per form for a total of \$200.00. Please submit an additional \$150.00 for this submission.

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: UNUM-126648276 State: Arkansas
Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 46367
Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Group Medical Bridge 1.0
Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/10/2010
Submitted Date 08/10/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: This is in response to your Objection Letter dated 8-9-2010. Please see the attached letter in response to your 8-9-2010 Objection letter.

Related Objection 1

Applies To:

- Group Medical Bridge Policy, GMB1.0-P-AR (Form)
- Group Medical Bridge Certificate, GMB1.0-C-AR (Form)
- Group Medical Bridge Master Application, GMBApp (Form)
- Group Medical Bridge Enrollment Form, GMBEnroll (Form)

Comment:

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

The fee for this submission is \$50.00 per form for a total of \$200.00. Please submit an additional \$150.00 for this submission.

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

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response to 8-9-2010 Objection Letter

Comment:

No Form Schedule items changed.

SERFF Tracking Number: UNUM-126648276 *State:* Arkansas
Filing Company: Colonial Life & Accident Insurance Company *State Tracking Number:* 46367
Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
TOI: H14G Group Health - Hospital Indemnity *Sub-TOI:* H14G.000 Health - Hospital Indemnity
Product Name: Group Medical Bridge 1.0
Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

No Rate/Rule Schedule items changed.

Thanks for your review and approval.

Sincerely,

Angela Parker, Annette Smith, Cathy Brooks, Donna Mazloom, Jessica Reece, Lauren Sease, Tyra Marshall

SERFF Tracking Number: UNUM-126648276 State: Arkansas
 Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 46367
 Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: Group Medical Bridge 1.0
 Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/11/2010	GMB1.0-P-AR	Policy/Cont ract/Fratern al Certificate	Group Medical Bridge Policy	Initial		50.100	GMB1.0-P-AR - 74490.pdf
Approved-Closed 08/11/2010	GMB1.0-C-AR	Certificate	Group Medical Bridge Certificate	Initial		50.500	GMB1.0-C-AR - 74491.pdf
Approved-Closed 08/11/2010	GMBApp	Application/ Enrollment Form	Group Medical Bridge Master Application	Initial			Group Medical Bridge Master Application Regular John Doe.pdf
Approved-Closed 08/11/2010	GMBEnroll	Application/ Enrollment Form	Group Medical Bridge Enrollment Form	Initial			Group Medical Bridge enrollment form - regular without transfer John Doe .pdf

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

[1200 Colonial Life Boulevard, P. O. Box 1365, Columbia, South Carolina 29202

1.800.325.4368 coloniallife.com]

A Stock Company

GROUP HOSPITAL CONFINEMENT INDEMNITY INSURANCE POLICY

Please Read This Policy Carefully

This policy is a legal contract between the policyholder and us. To understand the coverage, this policy must be read as a whole.

In this policy, the word **policyholder** refers to the organization shown on the Policy Rate Schedule. The word **named insured** refers to those persons who are members of an eligible class as described on the Policy Rate Schedule, who hold a certificate of coverage and for whom the policyholder remits premium. The words **covered person** refer to any person covered under this policy as described on the Certificate Schedule. The words **we, us, our** or **company** refer to Colonial Life & Accident Insurance Company. The male pronoun includes the female whenever used.

[This policy is delivered in and is governed by the laws of the governing jurisdiction and, to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.]

This policy is issued in consideration of the application of the policyholder, a copy of which is attached to and made a part of this policy, and the payment of premium when due. This policy takes effect at 12:01 am Standard Time at the policyholder's address on the Policy Effective Date shown on the Policy Rate Schedule.

We agree to pay, in accordance with the terms of this policy, the benefit amounts of the policy to the named insureds. Details of the benefits are shown in the certificate.

Signed for Colonial Life & Accident Insurance Company:

[



Secretary



President and Chief Executive Officer]

THIS IS A LIMITED POLICY.

PLEASE READ IT CAREFULLY.

THE POLICY IS CANCELLABLE AT THE OPTION OF THE COMPANY.

PLEASE READ THE "TERMINATION OF THIS CONTRACT" PROVISION.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you should have any questions, need information about your coverage or assistance in resolving complaints, please contact your agent or Colonial Life at 1.800.325.4368. In the event that we fail to provide you with reasonable and adequate service, feel free to contact the Insurance Department.

Arkansas Insurance Department

Consumer Services Division

1200 West Third Street

Little Rock, AR 72201

501-371-2640

1-800-852-5494

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

POLICY RATE SCHEDULE

Policyholder: [ABC Employer] Policy Number: [987654321]
Policyholder Address: [123 Any Street] Billing Control Number: [E123456]
Policy Effective Date: [01/01/2011] Governing Jurisdiction: [Any State]

Description of Eligible Classes

[All employees who are working a minimum of [15] hours per week. An **Employee** is a person in active employment with the policyholder. Temporary and seasonal workers are excluded from coverage.]

[**Active Employment** means the named insured is working for the policyholder at the worksite for earnings that are paid regularly, and he is performing the material and substantial duties of his regular occupation. The named insured will not be considered in active employment if employment status is being continued under a severance or termination agreement. The worksite must be:

- the policyholder's usual place of business;
- an alternative work site at the direction of the policyholder; or
- a location to which the named insured's job requires him to travel.]

Eligibility Period: [31 days]

Initial Monthly Rates:

[Named Insured
\$[XX.XX]

Named Insured and Spouse
\$[XX.XX]

Named Insured and Dependents
\$[XX.XX]

Named Insured, Spouse and Dependents
\$[XX.XX]

[Named Insured

Issue Ages	Rates
17-49	\$[XX.XX]
50-59	\$[XX.XX]
60-64	\$[XX.XX]
65 and over	\$[XX.XX]

Named Insured and Spouse

Issue Ages	Rates
17-49	\$[XX.XX]
50-59	\$[XX.XX]
60-64	\$[XX.XX]
65 and over	\$[XX.XX]

Named Insured and Dependents

Issue Ages	Rates
17-49	\$[XX.XX]
50-59	\$[XX.XX]
60-64	\$[XX.XX]
65 and over	\$[XX.XX]

Named Insured, Spouse and Dependents

Issue Ages	Rates
17-49	\$[XX.XX]
50-59	\$[XX.XX]
60-64	\$[XX.XX]
65 and over	\$[XX.XX]

Rate Guarantee Period: A change in premium rate will not take effect before [one year] after the policy effective date.

POLICYHOLDER PROVISIONS

Ownership

The policyholder is the owner of this policy and may agree with us to change it without the consent of or notice to the covered persons or their assignees.

Entire Contract

The entire contract consists of:

1. this policy;
2. the application of the policyholder attached to this policy;
3. the named insureds' signed applications, including evidence of insurability forms, if applicable;
4. certificates issued under this policy; and
5. riders, endorsements or amendments to the policy or certificates.

Changes to the Contract

Riders, endorsements and amendments add provisions to or change the terms of the policy.

Any changes to this policy, other than a change in the premium we charge, must be in writing and evidenced by endorsement on this policy, or by amendment to this policy signed by the policyholder and one of our executive officers at our home office. No agent or anyone else can change this policy or waive any of its provisions.

Furnishing Certificates

The company will provide a certificate for each named insured. The certificate will provide a description of the insurance provided by this policy and will state:

- the benefits provided under the policy;
- to whom benefits are payable; and
- the limitations, exclusions and requirements that apply to coverage under the policy.

If there is any discrepancy between the provisions of any certificate and the provisions of this policy, the provisions of this policy govern.

Contestability

After two years from the Policy Effective Date, no misstatements made by the policyholder in the application, except for fraudulent misstatements, will be used to void this policy or to deny a claim for loss incurred or disability commencing after the expiration of the two-year period.

Conformity with State Statutes

Any provision of this policy that is in conflict with the applicable state laws of the state in which the named insured resides when he becomes insured is amended to conform to the minimum requirements of those laws.

Our Right to Change Premiums

We have the right to change the premium we charge after notifying the policyholder in writing at least [45] days in advance. A change in premium rate will not take effect before the end of the rate guarantee period shown on the Policy Rate Schedule except for reasons which affect the risk assumed, including, but not limited to those reasons shown below:

- a change occurs in this policy;
- a division, subsidiary, or affiliated company is added or deleted;
- the number of insureds changes by 25% or more; or
- a new law or a change in any existing law is enacted which applies to this policy.

After the rate guarantee period we, can change premium rates at any time. A change may take effect on an earlier date when both we and the policyholder agree in writing.

New Entrants

Any member of an eligible class, as described on the Policy Rate Schedule, and the eligible dependents of those members will become insured when they satisfy the requirements set forth in the certificate of insurance.

Information to Be Furnished By the Policyholder

The policyholder must keep a record of the named insureds and the particulars of the insurance on each and their dependents, if applicable. As changes occur, the policyholder should provide us, on forms acceptable to us, information relative to any persons:

- who are eligible to enroll;
- who are insured by the coverage;
- whose status changes; and/or
- whose coverage terminates pursuant to the “Termination of a Named Insured’s Coverage” provision.

The policyholder should also provide us with any other information about the coverage that may be reasonably required, such as named insureds on leave of absence, including named insureds who are on leave under the Family and Medical Leave Act.

Policyholder records that have a bearing, in our opinion, on this policy will be available for review by us at any reasonable time. We may inspect these records at any time while this policy is in force and within one year after the termination of this policy.

All statements made in any application are considered representations and not warranties (absolute guarantees). No representation by the policyholder in applying for insurance under this policy will make it void unless the representation is contained in the application of the policyholder.

When and Where to Pay Premiums

The premiums for each certificate must be paid to us at our home office when they are due.

The premium due dates are based on:

- the coverage effective dates shown on the Certificate Schedules; and
- the premium frequency.

The premium frequency is how often the premiums are paid.

Grace Period (If Premiums Are Not Paid When Due)

After the first premium, if the premium is not paid when it is due, it can be paid during the next 31 days. These 31 days are called the grace period. During the grace period this coverage will stay in force. If the premium is not paid before the grace period ends, the coverage provided by this policy will terminate at the end of the grace period.

Termination of This Contract

This policy can be terminated:

- by the policyholder; or
- by us.

If the premium is not paid when it is due or during the grace period, this policy will terminate automatically at the end of the grace period. The policyholder will be liable to us for all unpaid premiums for any period, including the grace period, during which coverage under the policy was in force as to any covered person.

Except for nonpayment of the required premium or the failure to meet continued underwriting standards, we may not cancel the policy prior to the first anniversary date of the effective date of the policy as specified on the Policy Rate Schedule. After the first anniversary date, we may cancel this policy for any reason.

If we cancel this policy for reasons other than the policyholder’s failure to remit premium, a written notice will be delivered to the policyholder by certified mail at least 60 days prior to the cancellation date.

The policyholder may cancel this policy by written notice delivered to us at least 31 days prior to the cancellation date. This policy can be cancelled on an earlier date if we both agree. Coverage will end at 12:01 am Standard Time at the policyholder’s address on the cancellation date.

Workers’ Compensation

This policy is not in lieu of, and does not affect, any requirement for coverage by workers’ compensation insurance.

Certificate as part of this Policy

The certificate which follows is part of this policy. It specifies the coverage available to any covered person. It lists any limitations or exclusions on coverage and explains how to file a claim against the coverage.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

[1200 Colonial Life Boulevard, P. O. Box 1365, Columbia, South Carolina 29202

1.800.325.4368 coloniallylife.com]

A Stock Company

GROUP HOSPITAL CONFINEMENT INDEMNITY INSURANCE CERTIFICATE

**THIS CERTIFICATE EXPLAINS THE BENEFITS PROVIDED UNDER THE GROUP HOSPITAL
CONFINEMENT INDEMNITY INSURANCE POLICY.**

THIS IS A LIMITED BENEFIT CERTIFICATE.

Please Read This Certificate Carefully

This is your certificate of coverage as long as you are insured under the policy. You will want to read it carefully and keep it in a safe place.

In this certificate, the words **you** or **your** refer to the named insured shown on the Certificate Schedule who is a member of an eligible class as described on the Policy Rate Schedule, who holds a certificate of coverage and for whom premiums are remitted. The words **covered person** refer to any person covered under the policy as described on the Certificate Schedule. The words **we, us, our** or **company** refer to Colonial Life & Accident Insurance Company. **Policy** means the Group Hospital Confinement Indemnity Insurance contract owned by the policyholder and available for review by you. If the terms of your certificate of coverage and the policy differ, the policy will govern.

The policy and this certificate may be changed in whole or in part or cancelled as stated in the policy. Such an action may be taken without the consent of or notice to any covered person. Only an executive officer at our home office can approve a change. The approval must be in writing and evidenced by endorsement on the policy or certificate or an amendment signed by the policyholder and one of our executive officers at our home office. No other person, including an agent, may change the policy or certificate or waive any of its provisions. Premiums are subject to periodic changes. This Certificate replaces any and all Certificates previously issued for the eligible classes under the Policy.

The male pronoun includes the female whenever used.

[The policy and this certificate are delivered in and are governed by the laws of the governing jurisdiction shown on the Policy Rate Schedule and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. Any provision of this Certificate of Coverage that is in conflict with the applicable state laws of Arkansas is amended to conform to the minimum requirements of those laws.]

Signed for Colonial Life & Accident Insurance Company:

[



Secretary



President and Chief Executive Officer]

THE GROUP POLICY IS A LIMITED POLICY.

Please read this certificate carefully.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Guide To Health Insurance for People with Medicare available from the company.

SECTION 2 – CERTIFICATE GUIDE

SECTION 1	FACE PAGE
SECTION 2	CERTIFICATE GUIDE
SECTION 3	CERTIFICATE SCHEDULE
SECTION 4	GENERAL DEFINITIONS
SECTION 5	ELIGIBILITY AND EFFECTIVE DATE
SECTION 6	BENEFITS
SECTION 7	GENERAL EXCLUSIONS AND LIMITATIONS
SECTION 8	TERMINATION OF INSURANCE
[SECTION 9	PORTABILITY]
SECTION [10]	GENERAL PROVISIONS
SECTION [11]	CLAIMS PROVISIONS

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

CERTIFICATE SCHEDULE

Policyholder: [ABC Employer] Policy Number: [123456]
Named Insured: [John A. Doe] Coverage Type: [Named Insured, Spouse and Dependents]
Coverage Effective Date: [01/01/2011]
[Pre-existing Condition Limitation Period: 12 months]

BENEFITS

Hospital Confinement Benefit	[\$500-\$10,000, in \$500 increments] [Maximum of one per covered person per calendar year] [Maximum of one per covered person per confinement Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.]
[Second Day and Subsequent Day Hospital Confinement Benefit	[\$50-\$1,000, in \$50 increments] per day, for the second and subsequent days of hospital confinement Maximum of [10] days per covered person per [calendar year] [confinement]. [Re-confinement for the same or related condition within 90 days of discharge is considered a continuation of a previous confinement.]
[Accident Only Emergency Room Visit Benefit	[\$50-\$150 in \$50 increments] Maximum of [one] visit(s) per covered person per calendar year]
[Diagnostic Procedure Benefit	[\$250-\$1,000, in \$250 increments] Maximum of [one] diagnostic procedure(s) per covered person per calendar year]
[Doctor Office Visit Benefit	[\$25-\$150, in \$25 increments] per visit [Maximum of [three] visit(s) per calendar year][Maximum of [five] visit(s) per calendar year for all covered persons combined]]
[Emergency Room Visit Benefit	[\$50-\$150 in \$50 increments] Maximum of [one] visit(s) per covered person per calendar year]
[Health Screening Benefit	[\$25-\$100 in \$25 increments] per screening test Maximum of [one] screening test(s) per covered person per calendar year]
[Inpatient Surgical Procedure Benefit	[\$250-\$1,000 in \$250 increments] Maximum of [one] inpatient surgical procedure(s) per covered person per calendar year]
[Outpatient Surgical Procedure Benefit	Tier 1 Surgical Procedures \$[500] [750] [1,000] [1,500] Tier 2 Surgical Procedures \$[1,000] [1,500] [2,000] [3,000] Maximum of [\$1,500-\$10,000 in \$500 increments] per covered person per calendar year for all outpatient surgical procedures combined]

This page intentionally left blank.

SECTION 4 – GENERAL DEFINITIONS

Additional definitions may be contained in other certificate benefit provisions or any endorsement, amendment or rider.

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Calendar Year means the period beginning on the coverage effective date shown on the Certificate Schedule and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Certificate means a document that provides a description of the insurance provided by the policy and states:

- the benefits provided under the policy;
- to whom benefits are payable; and
- the limitations, exclusions and requirements that apply to coverage under the policy.

Complications of Pregnancy means any of the following:

- a condition whose diagnosis is distinct from pregnancy but that is adversely affected by or caused by pregnancy, such as acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar medical and surgical conditions of comparable severity; and
- a non-elective caesarean section; and
- termination of ectopic pregnancy; and
- spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.

Complications of pregnancy do not include: false labor, or occasional spotting; or morning sickness; or body aches; or body pains; or prescribed rest; or hyperemesis gravidarum; or pre-eclampsia; or premature births; or multiple births (twins, triplets, etc.); or any condition caused by the pregnancy that places the covered person or the pregnancy at risk.

Confined or Confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or, for the purposes of the hospital confinement benefit only, confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

Covered Accident means an accident which:

- occurs on or after the coverage effective date shown on the Certificate Schedule;
- occurs while this certificate is in force; and
- is not excluded by name or specific description in this certificate.

Covered Sickness means a sickness which:

- occurs on or after the coverage effective date shown on the Certificate Schedule;
- occurs while this certificate is in force; and
- is not excluded by name or specific description in this certificate.

Covered sickness also includes care for a covered newborn child in a hospital nursery following the birth of the child.

Dependent Children means any natural children, step-children, legally adopted children, children under your charge, care and control for whom you have filed a petition to adopt or children for whom you are ordered by a court to provide coverage who are:

- unmarried;
- chiefly dependent on you or your spouse for support; and
- under 26 years of age.

Doctor or Physician means a person who:

- is licensed by the state to practice a healing art; and
- performs services for a covered person which are allowed by his license.

For purposes of this definition, Doctor or Physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

Emergency Room means a specified area within a hospital which is designated for the emergency care of accidental injuries or sicknesses. This area must:

- be staffed and equipped to handle trauma;
- be supervised and provide treatment by physicians; and
- provide care seven days per week, 24 hours per day.

Hospital means a place that:

- is run according to law on a full-time basis;
- provides overnight care of injured and sick people;
- is supervised by a doctor;
- has full-time nurses supervised by a registered nurse; and
- has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not:

- a nursing home;
- an extended care facility;
- a skilled nursing facility;
- a rest home or home for the aged;
- a rehabilitation center;
- a place for alcoholics or drug addicts; or
- an assisted living facility.

Observation Unit means a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor and which:

- is under the direct supervision of a doctor or registered nurse;
- is staffed by nurses assigned specifically to that unit; and
- provides care seven days per week, 24 hours per day.

[Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.]

Sickness means an illness, infection, disease or any other abnormal physical condition not caused by an accident. Sickness includes complications of pregnancy.

Spouse means a person who is married to you on the day we issue your certificate.

[Surgical Procedure means the cutting into the skin or other organ to accomplish any of the following goals:

- further explore the condition for the purpose of diagnosis;
- take a biopsy of a suspicious lump;
- remove diseased tissues or organs;
- remove an obstruction;
- reposition structures to their normal position;
- redirect channels;
- transplant tissue or whole organs;
- implant mechanical or electronic devices;
- repair an area that has been injured or affected by trauma, overuse, or disease; or
- restore proper function.

The following will not be considered a surgical procedure for the purposes of this certificate:

- Venipuncture (drawing blood);
- Lumbar puncture;
- Epidural steroid injections;
- Removal of skin tags; or
- Foreign body removal from the eye.]

Temporary Layoff or Leave of Absence means the named insured is temporarily absent from active employment for a period of time that has been agreed to in advance in writing by the employer. Normal vacation time or any period of disability is not considered a temporary layoff or leave of absence.

SECTION 5 – ELIGIBILITY AND EFFECTIVE DATE

Coverage Effective Date

Your coverage under the policy will start at 12:01 am Standard Time in the time zone where you live on the coverage effective date shown on your Certificate Schedule.

Enrollment

An individual who is a member of an eligible class may enroll in coverage during the eligibility period, as shown on the Policy Rate Schedule, that follows the later of:

- the policy effective date as shown on the Policy Rate Schedule;
- the date the individual first becomes a member of an eligible class;
- the date the individual completes the policyholder probationary period shown on the application of the policyholder, if applicable;
- the date the individual meets evidence of insurability requirements, if any.

An individual who fails to enroll during the eligibility period may enroll only during an open enrollment period. Evidence of insurability may be required. The policyholder and the company will determine when an open enrollment period begins and ends.

After the coverage effective date, the named insured cannot make any changes to the coverage type under the certificate until an open enrollment period, unless the named insured has a qualifying event. A qualifying event, for the purposes of this provision, means:

- birth or adoption of a child;
- issuance of a court order requiring coverage of a child;
- marriage;
- divorce; or
- death of a covered person.

The named insured will have 31 days from the date of occurrence of a qualifying event in which to:

- notify us he wishes to make a change;
- complete any required enrollment form; and
- pay any additional premium, if applicable.

Delayed Coverage Effective Date

The effective date of any named insured's coverage will be delayed for any named insured if he is not a member of an eligible class on the coverage effective date shown on the Certificate Schedule. The coverage will be effective on the date that the named insured returns to status as a member of an eligible class. If this is named insured and spouse coverage, named insured and dependents or named insured, spouse and dependents coverage, coverage on the spouse and/or dependent children will be effective on the date that the named insured returns to status as a member of an eligible class.

Who is Covered By This Certificate

If this is named insured coverage as shown on the Certificate Schedule, we insure you, the named insured.

If this is named insured and spouse coverage as shown on the Certificate Schedule, we insure you and your spouse.

If this is named insured and dependents coverage as shown on the Certificate Schedule, we insure you and your dependent children.

If this is named insured, spouse and dependents coverage as shown on the Certificate Schedule, we insure you, your spouse and your dependent children.

Coverage on newborn children begins from the moment of live birth. If the coverage is named insured coverage or named insured and spouse coverage, the coverage on the newborn will end on the later of 90 days from the date of birth or the next premium due date following the date of birth. Coverage for adopted children begins with the earlier of the date you have filed a petition to adopt or from the moment of birth if the petition for adoption is filed within 60 days after the birth of the child. If the coverage is named insured coverage or named insured and spouse coverage, the coverage on the adopted child will end 60 days from the date of the filing of the petition for adoption or from the date of birth of the child if you do not request a change in coverage type as provided in the Enrollment provision above. If the coverage is named insured coverage or named insured and spouse coverage, the coverage on the newborn or newly adopted child will end 90 days later if you do not request a change in coverage type as provided in the Enrollment provision above.

SECTION 6 – BENEFITS

Hospital Confinement Benefit

We will pay this benefit if any covered person incurs charges for and is confined to a hospital due to a covered accident or covered sickness. The confinement to a hospital must begin while the coverage is in force.

We will pay the amount shown on the Certificate Schedule for the first day of confinement.

[We will pay this benefit a maximum of once per covered person per calendar year.] [We will pay this benefit once per confinement. If a covered person is confined and is discharged and confined again for the same or related condition within 90 days of discharge, we will treat this later confinement as a continuation of the previous confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this later confinement as a new and separate confinement.]

We will not pay this benefit for emergency room treatment, outpatient treatment, or confinement of less than 20 hours in an observation unit.

[We will not pay the Hospital Confinement Benefit and the Second Day and Subsequent Day Hospital Confinement Benefit for the same days of confinement.]

[Second Day and Subsequent Day Hospital Confinement Benefit

We will pay this benefit if any covered person incurs charges for and is confined to a hospital for more than one day due to a covered accident or covered sickness. The confinement to a hospital must begin while the certificate is in force.

We will pay the Second Day and Subsequent Day Hospital Confinement Benefit in the amount shown on the Certificate Schedule for each day the covered person is confined to a hospital following the first day of confinement, up to the maximum benefit period shown on the Certificate Schedule. We will not pay this benefit for emergency room treatment or outpatient treatment.

[If a covered person is confined and is discharged and confined again for the same or related condition within 90 days of discharge, we will treat this later confinement as a continuation of the previous confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this later confinement as a new and separate confinement.]

We will not pay the Hospital Confinement Benefit and the Second Day and Subsequent Day Hospital Confinement Benefit for the same days of confinement.]

[Accident Only Emergency Room Visit Benefit

We will pay this benefit when any covered person incurs charges for and requires examination and treatment by a doctor in an emergency room due to a covered accident. Treatment due to a covered accident must be received within 72 hours following

the accident and while this certificate is in force. We will pay the amount shown on the Certificate Schedule. We will pay a maximum of [one] Accident Only Emergency Room Visit Benefit per calendar year per covered person.]

[Diagnostic Procedure Benefit

We will pay this benefit when any covered person incurs charges for and has one of the following diagnostic procedures while this certificate is in force. The procedure must be required due to a covered accident or covered sickness.

<p>Breast Biopsy (incisional, needle, sterotactic)</p> <p>Cardiac Angiogram Arteriogram Thallium Stress Test Transesophageal Echocardiogram (TEE)</p> <p>Digestive Barium Enema/Lower GI series Barium Swallow/Upper GI series Esophagogastroduodenoscopy (EGD)</p> <p>Ear/Nose/Throat/Mouth Laryngoscopy</p> <p>Gynecological Amniocentesis Cervical biopsy Cone biopsy</p>	<p>Gynecological continued Endometrial biopsy Hysteroscopy Loop Electrosurgical Excisional Procedure (LEEP)</p> <p>Liver Biopsy</p> <p>Lymphatic Biopsy</p> <p>Diagnostic Radiology Computerized Tomography Scan (CT Scan) Electroencephalogram (EEG) Magnetic Resonance Imaging (MRI) Myelogram Nuclear medicine test Positron Emission Tomography Scan (PET Scan)</p>	<p>Miscellaneous Bone marrow aspiration/biopsy</p> <p>Renal Biopsy</p> <p>Respiratory Biopsy Bronchoscopy Pulmonary Function Test (PFT)</p> <p>Skin Biopsy Excision of lesion</p> <p>Thyroid Biopsy</p> <p>Urinary Cystoscopy</p>
---	---	---

We will pay the amount shown on the Certificate Schedule. This benefit is payable for [one] procedure per covered person per calendar year.

[If any covered person has one of the covered Diagnostic Procedures which would be payable under the Outpatient Surgical Procedure Benefit, we will only pay the Diagnostic Procedure Benefit. However, if the covered person has been paid the maximum Diagnostic Procedure Benefit for the calendar year, we will pay the Outpatient Surgical Procedure Benefit, up to the calendar year maximum per covered person shown on the Certificate Schedule.]]

[Doctor Office Visit Benefit

We will pay this benefit if any covered person incurs charges for and has a doctor’s office visit while this certificate is in force.

This benefit is not payable for services rendered by a doctor while a covered person is confined to a hospital.

We will pay the amount shown on the Certificate Schedule, up to the maximum number of visits shown on the Certificate Schedule.]

[Emergency Room Visit Benefit

We will pay this benefit when any covered person incurs charges for and requires examination and treatment by a doctor in an emergency room due to a covered accident or covered sickness while this certificate is in force. Treatment due to a covered accident must be received within 72 hours following the accident. We will pay the amount shown on the Certificate Schedule. We will pay a maximum of [one] Emergency Room Visit Benefit per covered person per calendar year.]

[Health Screening Benefit

We will pay this benefit if any covered person incurs charges for and has one of the health screening tests listed below performed while this certificate is in force. We will pay the amount shown on the Certificate Schedule for one of the following screening tests:

Stress test on a bicycle or treadmill Fasting blood glucose test Blood test for triglycerides Serum Cholesterol test to determine level of HDL and LDL Bone marrow testing Carotid Doppler Electrocardiogram (EKG, ECG) Echocardiogram (ECHO)	Skin cancer biopsy Breast ultrasound CA 15-3 (blood test for breast cancer) CA 125 (blood test for ovarian cancer) CEA (blood test for colon cancer) Chest x-ray Colonoscopy Flexible sigmoidoscopy	Hemoccult stool analysis Mammography Pap smear PSA (blood test for prostate cancer) Serum protein electrophoresis(blood test for myeloma) Thermography ThinPrep pap test Virtual colonoscopy
--	--	---

We will pay the maximum of [one] per covered person per calendar year.]

[Inpatient Surgical Procedure Benefit

We will pay this benefit if any covered person incurs charges for and requires a surgical procedure due to a covered accident or covered sickness and is confined in a hospital at the time of the procedure (inpatient surgical procedure). The procedure must be performed by a doctor using general anesthesia. We will pay the amount shown on the Certificate Schedule per covered inpatient surgical procedure up to the calendar year maximum per covered person shown on the Certificate Schedule. We will pay this benefit for only one inpatient surgical procedure performed at the same time even if caused by more than one accident or sickness. The inpatient surgical procedure must occur while this certificate is in force.

General anesthesia means the induction of a balanced state of unconsciousness, accompanied by the absence of pain sensation and the paralysis of skeletal muscle over the entire body.

We will pay for only one surgical procedure for the same covered accident or covered sickness in a 90-day time period. If a covered person receives a subsequent surgical procedure for the same covered accident or same covered sickness, we will pay an additional benefit only if the subsequent procedure was performed more than 90 days after the last covered procedure was performed up to the calendar year maximum per covered person shown on the Certificate Schedule.]

[Outpatient Surgical Procedure Benefit

We will pay this benefit if any covered person incurs charges for and requires a surgical procedure due to a covered accident or covered sickness, and he is not confined in a hospital at the time of the procedure. The procedure must be performed by a doctor in a hospital or ambulatory surgical center.

Ambulatory Surgical Center means a place which:

- is equipped for surgical procedures performed by qualified physicians;
- provides anesthesia administered by a licensed anesthesiologist or licensed nurse anesthetist; and
- has written agreements with local hospitals to immediately accept patients who develop complications.

The definition of surgical procedure requires cutting into the skin or other organ; however, if the covered person requires a procedure listed in the examples for Tier 1 and Tier 2 Outpatient Surgical Procedures we will pay this benefit. We will not pay this benefit for a procedure that is not listed in the examples for Tier 1 and Tier 2 Outpatient Surgical Procedures unless it meets the definition of a surgical procedure, including the requirement for cutting into the skin or other organ.

We will pay the amount shown on the Certificate Schedule per covered outpatient surgical procedure up to the calendar year maximum per covered person shown on the Certificate Schedule. We will pay this benefit for only one outpatient surgical procedure performed at the same time even if caused by more than one accident or sickness. In that event, we will pay the benefit that has the highest dollar value. The Surgical Procedure must occur while this certificate is in force.

To determine the amount payable for an outpatient surgical procedure, locate the procedure in one of the tiers shown in the Outpatient Surgical Schedule below and refer to the benefit amount on the Certificate Schedule for the tier in which the procedure appears.

If the specific procedure that otherwise meets the requirements for an Outpatient Surgical Procedure Benefit is not listed in the Surgical Schedule, we will use the Current Procedural Terminology (CPT) Code provided by the covered person’s doctor and a current relative value scale to determine the tier of the procedure.

We will pay for only one surgical procedure for the same covered accident or covered sickness in a 90-day time period. If a covered person receives a subsequent surgical procedure for the same covered accident or same covered sickness, we will pay an additional benefit only if the subsequent procedure was performed more than 90 days after the last covered procedure was performed up to the calendar year maximum per covered person shown on the Certificate Schedule.

The table listed is an example of Tier 1 and Tier 2 outpatient surgical procedures.

Tier 1 Outpatient Surgical Procedures

<p>Breast Axillary node dissection Breast capsulotomy Breast reconstruction Lumpectomy</p> <p>Cardiac Pacemaker insertion</p> <p>Digestive Colonoscopy Fistulotomy Hemorrhoidectomy (external) Lysis of adhesions</p>	<p>Ear/Nose/Throat/Mouth Adenoidectomy Removal of oral lesions Myringotomy Tonsillectomy Tracheostomy</p> <p>Gynecological Dilation & Curettage (D&C) Endometrial ablation Lysis of adhesions</p> <p>Liver Paracentesis</p>	<p>Musculoskeletal System Carpal/cubital repair or release Dislocation (closed reduction treatment) other than a finger or toe Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair) Fracture (closed reduction treatment) other than a rib, finger or toe Removal of orthopedic hardware Removal of tendon lesion</p> <p>Skin Laparoscopic hernia repair Skin grafting</p>
--	--	--

Tier 2 Outpatient Surgical Procedures

<p>Breast Breast reduction</p> <p>Cardiac Angioplasty Cardiac catheterization</p> <p>Digestive Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy</p> <p>Ear/Nose/Throat/Mouth Ethmoidectomy Mastoidectomy Septoplasty</p>	<p>Ear/Nose/Throat/Mouth continued Stapedectomy Tympanoplasty Tympanotomy</p> <p>Eye Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy</p> <p>Gynecological Myomectomy</p>	<p>Musculoskeletal System Arthroscopic knee surgery w/menisectomy (knee cartilage repair) Arthroscopic shoulder surgery Clavicle resection Dislocations (ORIF - open reduction with internal fixation) Fracture (ORIF - open reduction with internal fixation) Removal or implantation of cartilage Tendon/ligament repair</p> <p>Thyroid Excision of a mass</p>
--	--	--

[If any covered person has one of the covered Diagnostic Procedures which would be payable under the Outpatient Surgical Procedure Benefit, we will only pay the Diagnostic Procedure Benefit. However, if the covered person has been paid the maximum Diagnostic Procedure Benefit for the calendar year, we will pay the Outpatient Surgical Procedure Benefit, up to the calendar year maximum per covered person shown on the Certificate Schedule.]]

SECTION 7 – GENERAL EXCLUSIONS AND LIMITATIONS

We will not pay benefits for injuries received in accidents or sicknesses which are caused by:

Alcoholism or Drug Addiction

Any covered person’s addiction to alcohol or drugs, except for drugs taken as prescribed by his doctor.

Dental Procedures

Any covered person’s treatment for dental care or dental procedures, unless treatment is the result of a covered accident.

Elective Procedures and Cosmetic Surgery

Any covered person’s undergoing elective procedures or cosmetic surgery. This includes procedures or hospital confinement for complications arising from elective or cosmetic surgery. This does not include congenital birth defects or anomalies of a child; or reconstructive surgery related to a covered sickness or injuries received in a covered accident.

Felonies or Illegal Occupations

Any covered person's committing or attempting to commit a felony or engaging in an illegal occupation.

Pregnancy of a Dependent Child

Any pregnancy of a dependent child, including services rendered to her child after birth.

Psychiatric or Psychological Conditions

Any covered person's having a psychiatric or psychological condition, including neuroses, psychoneurosis, psychopathy, psychosis, mental or emotional disease or disorder of any kind.. However, Alzheimer's Disease and other organic senile dementias are covered under this certificate.

Suicide or Injuries Which Any Covered Person Intentionally Does to Himself

Any covered person's committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.

War

Any covered person's being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

[Birth Limitation

We will not pay benefits for hospital confinement due to any covered person's giving birth within the first nine (9) months after the effective date of this certificate as a result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other sickness.]

[Pre-Existing Condition Limitation

We will not pay benefits for Hospital Confinement[,][or][Second Day and Subsequent Day Hospital Confinement][,][or][Outpatient Surgical Procedure][,][or][Inpatient Surgical Procedure][or Diagnostic Procedure] for any covered person when such loss results from a pre-existing condition as defined in this certificate, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule.] [Credit toward the satisfaction of the preexisting condition limitation period will be given for any continuous time the covered person was covered under the preexisting condition clause of previous coverage through another carrier if:

- The previous coverage was similar to or exceeded the coverage provided under this certificate;
- The covered person was insured under the previous coverage at the time of enrollment in the coverage provided by this certificate; and
- The covered person was insured under the coverage provided by this certificate on the Policy Effective Date shown on the Policy Rate Schedule.

The covered person is responsible for furnishing proof of his previous coverage, to include type of coverage, length the previous coverage was in force and the date the previous coverage terminated.]

SECTION 8 – TERMINATION OF INSURANCE

Termination of The Named Insured's Coverage

The coverage on a named insured under the policy will terminate on the earliest of the following dates:

- the date the policy terminates; or
- the end of the grace period following the premium due date we fail to receive the required premium for the named insured; or
- the date the named insured is no longer in an eligible class; or
- the date the named insured's class is no longer included for insurance; or
- the date the next premium is due after the named insured asks us to end his coverage.

Termination of coverage will not affect any claim that began while this coverage was in force.

When Coverage Ends on Your Spouse and Dependent Children

If this is a named insured and spouse coverage or named insured, spouse and dependents coverage, coverage on your spouse will end on the earliest of the following dates:

- the date your coverage under the policy terminates; or
- the end of the grace period following the premium due date we fail to receive the required premium for your spouse; or
- the date the next premium is due after you ask us to end your spouse's coverage; or
- the date you die; or
- the date the next premium is due after you divorce your spouse or your marriage is annulled.

If this is a named insured and dependents or named insured, spouse and dependents coverage, coverage on your dependent children will end on the earliest of the following dates:

- the date your coverage under the policy terminates; or
- the end of the grace period following the premium due date we fail to receive the required premium for your dependent children; or
- the date the next premium is due after you ask us to end your dependent children's coverage; or
- the date you die.

Coverage will end on each child when he no longer qualifies as a dependent child as defined in this certificate. A dependent child who reaches age 26 may remain covered if that child is and continues to be mentally or physically handicapped and is dependent on you for support and maintenance. Upon our request and at our expense, you must submit proof of incapacity or dependency to us for a child whose coverage would otherwise terminate if not incapacitated or dependent. We will continue to charge any appropriate premium for that child as long as he meets the definition of a dependent child. It is your responsibility to notify us if any dependent child no longer qualifies as an eligible dependent. If this is named insured and dependents or named insured, spouse and dependents coverage and all of your dependent children no longer qualify as eligible dependents and you do not notify us, the extent of our liability will be to refund premium paid for the time period for which they did not qualify.

Termination of coverage will not affect any claim that began while this coverage was in force.

Leave of Absence Under the Family and Medical Leave Act

A named insured may continue his coverage during absences for family or medical leave. If a named insured is on a family or medical leave of absence, coverage will continue under this certificate as if the insured were in active employment, if the following conditions are met:

- the premiums are paid in accordance with the policy's provisions; and
- the policyholder has approved the named insured's leave in writing.

Coverage will be continued for up to the greater of:

- the leave period required by the federal Family and Medical Leave Act of 1993, and any amendments; or
- the leave period required by applicable state law.

If coverage is not continued during a family or medical leave of absence, upon the named insured's return to active employment:

- no new waiting periods will be applied; [and]
- [no new pre-existing condition limitation will be applied; and]
- no new evidence of insurability will be required to reinstate the coverage which was in effect before the leave began.

In order for these conditions to apply, the policyholder must notify us and commence paying premiums for the named insured's coverage within 31 days following a named insured's return to active employment following a leave of absence for family or medical leave.

[The time period in the pre-existing condition limitation period will continue to run through a named insured's family or medical leave of absence.]

Leave of Absence – Other

If the named insured is on a temporary layoff or leave of absence other than for family or medical leave and premium is paid in accordance with the policy's provisions, he will be covered through the premium due date immediately following the date the temporary layoff or leave of absence begins.

If premium is remitted beyond the premium due date referenced above, our only liability will be to return the premium.

[SECTION [9] PORTABILITY

Portability Privilege

We will provide hospital confinement indemnity insurance portability coverage, subject to these provisions. Such coverage will not be available for a named insured, unless:

- that named insured hospital confinement indemnity insurance under the policy terminates under the provision, Termination of the Named Insured's Coverage for reasons other than our failure to receive the required premium or the named insured's asking us to end his coverage;
- we receive a written request by the named insured and payment of the first premiums for the portability coverage not later than 63 days after such termination; and
- the request is made on a form we furnish or approve for that purpose.

Coverage

The benefits, terms and conditions of the portability coverage will be the same as those provided under the policy for hospital confinement indemnity insurance when the named insured's insurance terminated. Portability coverage may include any eligible family members who were covered under the policy. Any change made to the policy after a named insured is insured under the portability privilege will not apply to that named insured unless it is required by law.

Portability coverage will be effective on the day after coverage under the policy terminates.

Premiums

Premiums are due and payable in advance to us at our home office. Premium due dates are the first day of each calendar month. The premium rates are based on the rates in effect on any premium due date. We have the right to change the premium we charge on any premium due date. Written notice will be given at least [45] days before the change is to take effect.

Grace Period

The grace period provision of the policy will apply to each certificate holder of portability coverage as if such certificate holder is the policyholder.

Termination of Insurance

Insurance under this portability privilege will automatically end on the earliest of the following dates:

- The date the named insured again becomes eligible for hospital confinement indemnity insurance under the policy.
- The last day for which premiums have been paid, if the named insured fails to pay premiums when due, subject to the Grace Period provision.
- The date insurance under this portability provision is cancelled by us for any reason upon 31 days notice.

With respect to insurance for your spouse and dependent children, insurance under this portability privilege will automatically end on the earliest of the following dates:

- the date the named insured's insurance terminates; or
- as to your dependent children, the date the dependent child ceases to qualify as a dependent child as defined in this certificate; or
- as to your spouse, the date the next premium is due after you divorce your spouse or your marriage is annulled.

Once insurance under this portability provision is cancelled, it can not be reinstated.

Termination of the Policy

Portability coverage may continue beyond the termination date of the policy, subject to the timely payment of premiums. Benefits, terms and conditions for portability coverage will be determined as if the policy had remained in full force and effect.]

SECTION [10] – GENERAL PROVISIONS

Coverage Provided by The Policy

We insure a covered person for loss according to the provisions of the policy.

[The following applies only when the administration of the policy is governed by the Employer Retirement Income Security Act (ERISA), 29 USC 1001, et seq.]

When making a benefit determination under the policy, we have discretionary authority to determine the covered person's eligibility for the benefits and to interpret the terms and provisions of the policy. All benefit determinations must be reasonable and based on the terms of the policy and the facts and circumstances of each claim.]

Misstatement of Age

If the age of the named insured has been misstated, we will make any equitable adjustment of premiums. We will refund any excess premium payment over the amount due based on your correct age. We will request payment for any overdue premium based on your correct age. If the misstatement is discovered after a payment is due and payable, we will reduce or increase the benefit amount payable by the amount of excess or overdue premium due to the misstatement. If a named insured is not eligible because of age we will refund all premiums paid.

Contestability

No statement made by any named insured relating to his insurability or the insurability of his dependents shall be used to contest the validity of the insurance after the insurance has been in force prior to the contest for a period of two years during the lifetime of the person about whom the statement was made and unless the statement is contained in a written instrument signed by the named insured making the statement, unless the statement was fraudulent.

Contest means that we question the validity of coverage under this policy through a letter to the policyholder or the named insured. This contest is effective on the date we mail the letter and refund premiums.

All statements made by the policyholder or any named insured shall be deemed representations and not warranties. No written statement made by the policyholder or any named insured shall be used in any contest unless a copy of the statement is furnished to the policyholder or the named insured.

SECTION [11] – CLAIM PROVISIONS

Notice of Claim

If a covered person has an injury or sickness that may result in a claim for benefits under the policy, written notice must be given to us at our home office. This must be done within 90 days after a covered loss begins. If notice cannot be given within that time, it must be given as soon as is reasonably possible. The notice must contain enough information to identify the covered person.

Claim Forms

When we receive written or verbal notice of a claim, claim forms will be sent with which to file Proof of Loss. If these forms are not given to you within 15 days, you will be excused from filing the forms as long as you send us Proof of Loss as described below.

Proof of Loss

We must receive a written proof of loss within 90 days after the covered loss begins. If you are not able to give us written proof of loss within 90 days, it will not have a bearing on this claim if proof is given to us as soon as it is reasonably possible. In any event, proof must be given no later than one year from the time stated unless you are legally unable to do so.

Written proof of loss must include one or more of the following: a doctor's bill, a hospital bill or other proof of charges.

Time of Payment of Claim

After we receive written proof of loss and process your claim, we will immediately pay any benefits due.

Payment of Claim

Benefits will be paid to you unless we receive a written authorization to pay them elsewhere, such as to a hospital or a doctor's office. This is called assignment.

If we still owe you benefits at your death, benefits due will be paid in this order to your:

- spouse; or
- children; or

- parents; or
- brothers and sisters; or
- estate.

If benefits are payable to your estate, we can pay benefits up to \$1,000 to someone related to you by blood or marriage who we feel is fairly entitled to them. If we do this, we will have no responsibility for this payment because we made it in good faith.

Unpaid Premium

When a claim is paid under the policy, any premium then due and unpaid may be deducted by us from the claim payment.

Overpaid Claim

We have the right to recover any overpayments due to:

- fraud; and
- any error we make in processing a claim.

The named insured must reimburse us in full. We will work with such insured to develop a reasonable method of repayment if he or she is financially unable to repay us in a lump sum.

We will not recover more money than the amount we overpaid.

Questions Concerning the Named Insured's Claim

If you have questions concerning your claim, you can call us at our home office. We are open Monday through Friday from 8:30 a.m. until 5:00 p.m. Eastern Time.

Physical Exam and Autopsy

We can require that any covered person be examined by a doctor of our choice as often as it is reasonably necessary while his claim is pending. We can also require an autopsy in the event of the death of any covered person in those states where this is allowed. Either or both of these will be done at our expense.

Legal Action

We cannot be sued for benefits under the policy:

- until 60 days after we are sent written proof of loss; or
- more than three years after the time has passed in which we require written proof of loss.

Claim Review

If a claim is denied, we will give written notice of:

- the reason for denial; and
- the policy provision that relates to the denial;
- the right to ask for a review of the claims; and
- the right to submit any additional information that might allow us to change our decision.

The named insured may, upon written request, read any reports that are not confidential. For a small fee, we will make copies of those reports.

Appeals Procedure

Prior to filing any lawsuit and within 60 days after denial of a claim, the named insured or his or her estate must appeal any denial of benefits under the policy by making a written request for review of the denial.

Workers' Compensation Not Affected

The policy does not replace or change any requirement for coverage under Workers' Compensation insurance.

Agreement Section

With my signature below, I confirm I have read and understand the Fraud Statement printed on the following page. I hereby state the statements are true and have been completed to the best of my knowledge and belief. It is understood and agreed that this application shall be attached as a part of the Policy applied for and that no Insurance shall be effective until approved by Colonial Life & Accident Insurance Company at its Home Office.

IMPORTANT NOTICE, PLEASE READ

NOTE: This coverage is not intended to replace comprehensive major medical insurance. I understand that this coverage is not major medical coverage. The coverage provides only scheduled, limited indemnity benefits which are designed to cover a part of the cost that a covered person may incur upon the occurrence of a covered injury or sickness, such as a doctor's office visit or a hospitalization. I further agree that we will inform and educate all current and future [employees] regarding the maximum coverage levels afforded under the policy.

Signed at: City Any State Any Date 07/10/2010
mm/dd/yyyy

(x) John R. Employer
(Authorized Signature/Title)

Agent Section

I hereby certify that: (a) all information set forth above is correct to the best of my knowledge and belief; (b) I have complied fully with the underwriting rules; (c) I have explained the proposed insurance Policy in detail; and (d) to the best of my knowledge and belief the proposed Policyholder is financially sound.

(x) Joe A Agent License No. 12345 Code 67890
Signature of Licensed Agent

Fraud Warning Notice

For all states except those listed below:	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Arkansas, Louisiana and West Virginia	Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefit if false information materially related to a claim was provided by the applicant.
Florida	All statements and information found in the application are deemed representations and not warranties. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.
Kentucky Kansas North Carolina	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRUADULENT CLAIM FOR PAYMENT OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
Oklahoma	WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon and Texas	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. If coverage is <u>contested</u> , the company's only obligation will be to refund all premiums paid.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. <u>Penalties include imprisonment, fines and denial of coverage.</u>
Virginia	Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Colonial Life & Accident Insurance Company
P.O. Box 1365, Columbia, SC 29202-1365

GROUP HOSPITAL CONFINEMENT INDEMNITY INSURANCE ENROLLMENT FORM

Named Insured Section				
Named Insured (First, MI, Last) John A. Doe		Gender M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Birthdate (mm/dd/yyyy) 01/01/1966	Social Security No. 111-11-1111
Home Address – Street 123 Any Street		City Any City	State Any State	Zip Code 12345
Employee ID/Payroll No. 111-11-1111			Home Phone No. (555)555-5555 Business Phone No. (555)555-5555	
Email Address anymail@anywhere.com				
Date Employed 01/01/2009	Occupation/Job Title Any	Annual Income \$50,000	Hrs. Worked/Week 40	Employee Class

Billing Section		
Employer Name ABC Company	Employer Address (Street-City-State-Zip) 345 Any Street, Any City, Any State 12345	Section/Dept. No.

Spouse Section				
Is your spouse applying for coverage? If yes, provide identifying information below.				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Name of Spouse (First, MI, Last) Jane A. Doe	Gender M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Birthdate (mm/dd/yyyy) 01/01/1967	Relationship wife	Social Security No. 222-22-2222

Plan Section			
Type of Coverage	Base Plan Code(s)	P = Pre-Tax A = After-Tax	Monthly Premium
<input type="checkbox"/> Named Insured <input checked="" type="checkbox"/> Named Insured & Spouse <input type="checkbox"/> Named Insured & Dependents <input type="checkbox"/> Named Insured, Spouse & Dependents	xxxx	P <input checked="" type="checkbox"/> A <input type="checkbox"/>	\$ xx.xx

Agreement Section	
<p>I understand that the coverage applied for will not pay benefits for any loss incurred during the first [12] months after the issue date for a disease or physical condition that I now have or have had in the past. By applying for the coverage indicated above, I am requesting cancellation of existing Hospital Confinement Insurance with Colonial Life & Accident Insurance Company (base plan and all applicable riders) if the coverage applied for is issued. If, for any reason the coverage applied for is not issued, this request for cancellation shall be null and void. With my signature below, I confirm I have read and understand the Fraud Statement printed on the following page. I hereby state the statements are true and have been completed to the best of my knowledge and belief.</p>	
Signed at: City <u>Any</u> State <u>Any</u> Date <u>07/10/2010</u> <div style="text-align: right;">mm/dd/yyyy</div>	
(x) <u>John A. Doe</u> Signature of Proposed Insured (if applicable)	

Agent Section	
<p>I hereby certify that: (a) all information set forth above is correct to the best of my knowledge and belief; (b) I have complied fully with the underwriting rules; (c) I have explained the proposed insurance coverage in detail.</p>	
Date <u>07/10/2010</u> (x) <u>Joe A Agent</u> <div style="text-align: right;">Signature of Licensed Agent (if applicable)</div>	
Agent Name <u>Joe A Agent</u> License No. <u>12345</u> Code No. <u>67890</u>	

Fraud Warning Notice

For all states except those listed below:	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Arkansas, Louisiana and West Virginia	Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefit if false information materially related to a claim was provided by the applicant.
Florida	All statements and information found in the application are deemed representations and not warranties. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.
Kentucky, Kansas, North Carolina	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
Oklahoma	WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon and Texas	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. If coverage is <u>contested</u> , the company's only obligation will be to refund all premiums paid.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. <u>Penalties include imprisonment, fines and denial of coverage.</u>
Virginia	Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

SERFF Tracking Number: UNUM-126648276 State: Arkansas
 Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 46367
 Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: Group Medical Bridge 1.0
 Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/11/2010
Comments:		
Attachment: READABILITY COMPLIANCE CERTIFICATION.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	08/11/2010
Comments: The master application and the enrollment form have been added under the Form Schedule Tab.		

	Item Status:	Status Date:
Satisfied - Item: Submission Letter	Approved-Closed	08/11/2010
Comments:		
Attachment: GMB1.0 Submission Letter-AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Compliance Certification	Approved-Closed	08/11/2010
Comments:		
Attachment: COMPLIANCE CERTIFICATION.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statements of Variability	Approved-Closed	08/11/2010
Comments:		
Attachments:		

SERFF Tracking Number: UNUM-126648276 State: Arkansas
Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 46367
Company Tracking Number: GROUP MEDICAL BRIDGE 1.0
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Group Medical Bridge 1.0
Project Name/Number: Group Medical Bridge 1.0/Group Medical Bridge 1.0

GMB 1.0 Statement of Variability.pdf
Statement of Variability - GMB Forms.pdf

	Item Status:	Status Date:
Satisfied - Item: Response to 8-9-2010 Objection Letter	Approved-Closed	08/11/2010

Comments:

Attachment:

Response to 8-9-2010 Objection Letter-AR.pdf

READABILITY COMPLIANCE CERTIFICATION

<u>Form No.</u>	<u>Flesch Score</u>
GMB 1.0-C-AR	50.5
GMB 1.0-P-AR	50.1

This is to certify that the attached Forms (listed above) have achieved the above Flesch Reading Ease Score and comply with the requirements of Arkansas Stat. Ann. § §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

08/02/2010



Date

Annette B. Smith
Senior Compliance Contract Consultant

July 29, 2010

Jay Bradford
State Insurance Commissioner
Arkansas Insurance Dept.
Attention: Life and Health
1200 West 3rd Street
Little Rock AR 72201-1904

RE: Group /NAIC#: 0565 / 62049
Insurer: Colonial Life & Accident Insurance Company
Forms: GMB1.0-P-AR, et al
Type of Filing: Group Hospital Confinement Indemnity

Dear Commissioner Bradford:

Enclosed for your consideration and approval are the following new group hospital confinement indemnity forms.

<u>Form Number</u>	<u>Description</u>	<u>Flesch Score</u>
GMB1.0-P-AR	Group Hospital Confinement Indemnity Master Policy	50.1
GMB1.0-C-AR	Group Hospital Confinement Indemnity Certificate	50.5
GMB App	Policyholder Application	
GMB Enroll	Enrollment Form	

The forms do not replace any forms currently on file with your department. The forms contain no unusual benefits or provisions. The readability scores for these forms are listed above. The text of the forms is uniform and no less than ten (10) point font size.

These forms will be offered and marketed as supplemental insurance and not as a substitute for hospital or medical expense insurance or major medical insurance. Benefits provided are not intended to cover all medical expenses. There is no coordination of benefits. Please note all benefits are indemnity based. The level of benefits is not based on the amount of expenses incurred.

Coverage will be marketed in the employer/employee and association or union groups by licensed Colonial Life & Accident Insurance Company agents and through relationships with insurance brokers. Premiums may be paid 100% by the employees or by full or partial contributions from the policyholder.

In order to meet the varying needs of our policyholders, optional benefits are available. The optional benefits are bracketed and include Second Day and Subsequent Day Hospital Confinement Benefit, Accident Only Emergency Room Visit Benefit, Diagnostic Procedure Benefit, Doctor Office Visit Benefit, Emergency Room Visit Benefit, Health Screening Benefit, Inpatient Surgical Procedure Benefit, and Outpatient Surgical Procedure Benefit.

Benefit payment ranges shown in the brackets are variable. A Statement of Variability is included with this filing and provides more detailed information regarding the plan variability.

Enrollment methods include agent-assisted situations, in person or via call centers, and self-enrolled situations, using paper or electronic enrollment processes, such as web-based. In some situations where the premium is fully policyholder-paid, enrollment may be by employee/member listing provided by the policyholder. Electronic enrollment processes may also be used in agent-assisted situations.

A filing fee of \$50.00 was submitted by SERFF/EFT.

The forms have been submitted to our domicile state, South Carolina.

If acceptable, we shall appreciate your notifying us via SERFF. If you have any questions, please contact me at (800) 845-7330, extension 6676. My email address is absmith@coloniallife.com. The fax number is (803) 750-7341.

Sincerely,



Annette B. Smith
Sr. Compliance Contract Consultant

COMPLIANCE CERTIFICATION

FORM: GMB 1.0-C-AR
GMB 1.0-P-AR

I certify that this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements.

07/29/2010

Date



Annette B. Smith
Senior Compliance Contract Consultant

Statement of Variability for forms: GMB1.0-P-AR and GMB1.0-C-AR

MASTER POLICY, GMB1.0-P-AR

Page 1 FACE PAGE

- **Company address, phone number and website address are bracketed for possible future revision.**
- ERISA language will be included in employer accounts.
- Officer signatures and titles are subject to updates as officers change.

Page 2 POLICY RATE SCHEDULE

- The Policyholder Name, Policy Number, Policyholder Address, Billing Control Number, Policy Effective Date and Governing Jurisdiction will vary by policyholder.
- The Description of Eligible Classes will vary based on policyholder definition. This includes the paragraph that begins with "Active Employment".
- Minimum hours per week is policyholder specific but will usually range between: [15-30] hours
- Eligibility Period: [31 – 180] days. This is determined by the Policyholder.
- Rates will vary based on plan selected. We will display either the composite rates or age banded rates.
- Rate Guarantee Period: one, two, or three years

Page 3 POLICYHOLDER PROVISIONS

Our Right to Change Premiums – options for prior notification dates are [45, 60, 90, 120, and 180]

CERTIFICATE, GMB1.0-C-AR

SECTION 1 – FACE PAGE

- **Company address, phone number and website address are bracketed for possible future revision.**
- ERISA language will be included in employer accounts.
- Officer signatures and titles are subject to updates as officers change.

SECTION 2 - CERTIFICATE GUIDE

- Section 9 Portability will be included based on policyholder choice.
- The General Provisions section number will either be 9 or 10 based on the presence of the Portability provision.
- The Claims Provisions section number will either be 10 or 11 based on the presence of the Portability provision.

SECTION 3 - CERTIFICATE SCHEDULE –

- The Policyholder Name, Policy Number, Named Insured, Coverage Type, and Coverage Effective Date fields will vary by policyholder.
- Pre-existing Condition Limitation Period will be included based on policyholder choice.
- All bracketed benefits are employer choice as to include them in the contract or not.
- All benefit payment ranges are displayed on the Certificate Schedule.
- The benefit incident maximums are as follows:
 - Hospital Confinement Benefit-one benefit per calendar year or one benefit per confinement.
 - Second Day and Subsequent Day Hospital Confinement Benefit-maximum of 10-75 days per calendar year or maximum of 10-75 days per confinement.
 - Accident Only Emergency Room Visit Benefit -1-10 visits
 - Diagnostic Procedure Benefit- 1-10 diagnostic procedures
 - Doctor Office Visit Benefit- 1-10 visits for named insured only coverage; 1-15 visits for named insured and spouse coverage, named insured and dependents coverage, named insured, spouse and dependents coverage. The spouse and dependents coverage limits will not show for named insured only coverage.

- Emergency Room Visit Benefit- 1-10 visits
- Health Screening Benefit- 1-5 screening tests
- Inpatient Surgical Procedure- 1-5 inpatient surgical procedures

SECTION 4 – GENERAL DEFINITIONS

- Pre-existing Condition will be included based on policyholder choice.
- Surgical Procedure will be included if the policyholder chooses the Inpatient Surgical Procedure Benefit and/or Outpatient Surgical Procedure Benefit.

SECTION 6 – BENEFITS

Benefits will either appear as shown or not at all depending on the plan chosen by the policyholder. The benefit payment ranges are displayed on the Certificate Schedule.

- Hospital Confinement Benefit-one benefit per calendar year or one benefit per confinement. The last paragraph will not appear in plans without “ Second Day and Subsequent Day Hospital Confinement Benefit”.
- Second Day and Subsequent Day Hospital Confinement Benefit- 10-75 days per calendar year or 10-75 days per confinement. In plans with 10-75 days per confinement, the third paragraph that begins” If a covered person is confined and is discharged and confined again” will appear in plans with 10-75 days per calendar year, the paragraph will be deleted.
- Accident Only Emergency Room Visit Benefit -1-10 visits
- Diagnostic Procedure Benefit- 1-10 diagnostic procedures. The last paragraph in this provision will appear in plans with both the Diagnostic Procedures Benefit and the Outpatient Surgical Procedure Benefit.
- Emergency Room Visit Benefit- 1-10 visits
- Health Screening Benefit- 1-5 screening tests
- Inpatient Surgical Procedure Benefit- 1-5 inpatient surgical procedures. The last paragraph will be included in plans with both the Diagnostic Procedure Benefit and the Outpatient Surgical Procedure Benefit.

SECTION 7 - GENERAL LIMITATIONS AND EXCLUSIONS

Birth Limitation and Pre-Existing Condition Limitation will be included based on policyholder choice. The benefits listed within the first paragraph will be added or removed based on the plan design chosen by the policyholder. The wording that begins with the “Credit toward the satisfaction of the pre-existing condition limitation period...” will be included in takeover situations.

SECTION 8 – TERMINATION OF INSURANCE

Leave of Absence Under the Family and Medical Leave Act- pre-existing wording will be included based on policyholder choice.

SECTION 9 - PORTABILITY

This entire section, as well as all provisions listed, will be included based on policyholder choice. In the Premiums provision, the options for prior notification dates are [45, 60, 90, 120 and 180].

SECTION 10 – GENERAL PROVISIONS

- The General Provisions section number will either be 9 or 10 based on the presence of the Portability provision.
- Discretionary wording is bracketed and will either appear as shown or not at all. No text will be changed within the brackets.

SECTION 11 - CLAIMS PROVISIONS

The Claims Provisions section number will either be 10 or 11 based on the presence of the Portability provision.

Statement of Variability

Group Hospital Confinement Indemnity Insurance / Group Master Application

Page 1

1. Eligible Class – bracketed information is determined by the Policyholder
2. Employer Contribution – bracketed information is determined by Policyholder
3. Guaranteed Issue – bracketed information is determined by the Policyholder

Page 2

1. Plan Option Applied For – bracketed information is determined by the Policyholder
2. Choices will be limited to 1 – 6 plans per group.

Page 3

1. Agreement section – bracketed information is determined by the Policyholder

Page 4

Fraud statements are intended to vary according to state mandated language. New states may be added or state language may be changed as required.

Group Hospital Confinement Indemnity Insurance / Employee Enrollment Form

Page 1

1. Plan Section – bracketed information will be dependent on Policyholder decisions selection of coverage extended to eligible members

Page 2

Fraud statements are intended to vary according to state mandated language. New states may be added or state language may be changed as required.

**Colonial Life & Accident
Insurance Company**

1200 Colonial Life Boulevard
Columbia, SC 29210
803.798.7000
coloniallife.com

August 10, 2010

Rosalind Minor
Arkansas Insurance Dept.
Attention: Life and Health
1200 West 3rd Street
Little Rock AR 72201-1904

RE: Group /NAIC#: 0565 / 62049
Insurer: Colonial Life & Accident Insurance Company
Forms: GMB1.0-P-AR, et al
Type of Filing: Group Hospital Confinement Indemnity
State Tracking#: 46367

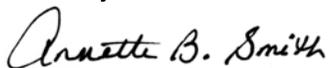
Dear Ms. Minor:

Reference is made to your objection letter dated August 9, 2010.

As requested, I have submitted an additional \$150.00 by EFT to satisfy the filing fee requirement.

If acceptable, we shall appreciate your notifying us via SERFF. If you have any questions, please contact me at (800) 845-7330, extension 6676. My email address is absmith@coloniallife.com. The fax number is (803) 750-7341.

Sincerely,



Annette B. Smith
Sr. Compliance Contract Consultant