

SERFF Tracking Number: CNSC-126779181 State: Arkansas
 Filing Company: Consec Health Insurance Company State Tracking Number: 46565
 Company Tracking Number: CHIC-8062, ET AL
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Product Name: CN Cancer Additional Riders
 Project Name/Number: /

Filing at a Glance

Company: Consec Health Insurance Company

Product Name: CN Cancer Additional Riders SERFF Tr Num: CNSC-126779181 State: Arkansas
 TOI: H07G Group Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 46565
 Sub-TOI: H07G.002A Dread Disease - Cancer Only Co Tr Num: CHIC-8062, ET AL State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Beth Blackwell, David Dennie, Stacey Farmer, Michelle Garba, Janet Jones Disposition Date: 09/01/2010

Date Submitted: 08/20/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

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: Association

Filing Status Changed: 09/01/2010

Explanation for Other Group Market Type:

State Status Changed: 09/01/2010

Deemer Date:

Created By: Stacey Farmer

Submitted By: Stacey Farmer

Corresponding Filing Tracking Number:

Filing Description:

Subject: Consec Health Insurance Company

NAIC Number: 78174

Association Group/Individual Cancer Product

Forms: AP-6025AR – Application

CHIC-8064 – Exclusion Rider

SERFF Tracking Number: CNSC-126779181 State: Arkansas
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CHIC- 8062 – Cancer Death Benefit Rider
CHIC-8063 – Cancer Preventive Care Rider

The above referenced forms are being filed for use with a previously approved cancer product. These forms are new and do not replace any previously filed forms.

The cancer product was previously approved on 12-08-2003 in your state.

AP-6025AR is the application for the product. The product uses simplified underwriting. The applicant will be asked to provide information on the application for the type of coverage being applied for. Questions 1 through 3 are for the cancer benefits. Question 4 is for the optional ICU benefit. If the applicant answers “yes” to any of these questions they will be excluded from coverage. Section 4 & 6 on the application are being filed as variable. These sections allow for the choices of benefits as well as the payment methods. The bar code information at the top of the application is also being filed as variable. The bar code will contain the company information only and is used for internal processing. This application will be used for electronic purposes.

CHIC-8064 is the exclusion rider for this product. When an applicant answers “yes” to any of the applications health questions they are either fully or partially excluded from coverage.

CHIC-8062 is an optional Cancer Death Benefit Rider. This rider pays a benefit of \$5,000 for death as a result of the Cancer.

CHIC-8063 is an optional Cancer Preventive Care Rider. This rider provides additional benefits for: Annual Care, Skin Cancer Diagnosis, Cancer Screening Wellness, and Additional Screen and Treatment benefit.

Licensed agents will market this product.

The actuarial memorandum and rates are attached.

Any filing fees, transmittals or certifications, as required are attached.

Thank you for your time and consideration on this filing. If you have any additional questions or concerns, please feel free to contact me.

Sincerely,
Stacey Farmer
Product Filing Analyst

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Company and Contact

Filing Contact Information

Stacey Farmer, Compliance Analyst stacey_farmer@consec.com
 11825 N Pennsylvania St 800-888-4918 [Phone] 2954 [Ext]
 Carmel, IN 46032 317-817-2333 [FAX]

Filing Company Information

Consec Health Insurance Company CoCode: 78174 State of Domicile: Arizona
 11815 N Pennsylvania St. Group Code: 233 Company Type:
 Carmel, IN 46032 Group Name: State ID Number:
 (800) 888-4918 ext. [Phone] FEIN Number: 34-1083130

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: 4 forms @ \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Consec Health Insurance Company	\$200.00	08/20/2010	38918482

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/01/2010	09/01/2010

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Disposition

Disposition Date: 09/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Cancer Death Benefit Rider	Approved-Closed	Yes
Form	Cancer Preventive	Approved-Closed	Yes
Form	Exclusion Rider	Approved-Closed	Yes
Form	Cancer Application	Approved-Closed	Yes
Rate	ACT MEMO	Approved-Closed	No
Rate	RATES	Approved-Closed	No

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Form Schedule

Lead Form Number: CHIC-8062

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/01/2010	CHIC-8062	Policy/Cont ract/Fratern al	Cancer Death Benefit Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	CHIC-8062.pdf
Approved-Closed 09/01/2010	CHIC-8063	Policy/Cont ract/Fratern al	Cancer Preventive Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	CHIC-8063.pdf
Approved-Closed 09/01/2010	CHIC-8064	Policy/Cont ract/Fratern al	Exclusion Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	CHIC-8064.pdf
Approved-Closed 09/01/2010	AP-6025AR	Application/ Enrollment Form	Cancer Application	Initial		0.000	AP6025AR.pdf

Conseco Health Insurance Company
Home Office: Phoenix, AZ
Administrative Office: 11825 N. Pennsylvania Street
Carmel, IN 46032-4555 • Telephone: 1-800-541-2254

CANCER DEATH BENEFIT RIDER

This Rider is a part of the Certificate/Policy to which it is attached. That Certificate/Policy is called "the Certificate/Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Certificate/Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Covered Person and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Covered Person's behalf). This Rider takes effect at the same time and will continue for the same term as the Certificate/Policy unless a different Rider Effective Date is indicated on the Certificate/Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Certificate/Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Certificate/Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Certificate/Policy. This Rider will terminate on the earliest of: (1) the date the Certificate/Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Certificate/Policy.

REINSTATEMENT

This Rider may be reinstated subject to the Reinstatement provision in the Certificate/Policy.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the enrollment form/application when issuing this Rider. After this Rider has been in force for You for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the enrollment form/application, except fraudulent misstatements. The time limit on certain defenses period is from the effective date of the Policy/Certificate, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the effective date of this Rider as shown on the Certificate/Policy Schedule.

BENEFITS

We will pay a death benefit in the amount of \$5,000 when a Covered Person's death is due to Cancer.

We will pay this benefit even when the Cancer is not diagnosed until after death. The death certificate must have Cancer listed as either the primary or contributing cause of death.



President

Conseco Health Insurance Company
Home Office: Phoenix, AZ
Administrative Office: 11825 N. Pennsylvania Street
Carmel, IN 46032-4555 • Telephone: 1-800-541-2254

CANCER PREVENTIVE CARE RIDER

This Rider is a part of the Certificate/Policy to which it is attached. That Certificate/Policy is called "the Certificate/Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Certificate/Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of the advance payment of the Premium (EXCEPTION: During the time, if any, that it is agreed between the Covered Person and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Covered Person's behalf). This Rider takes effect at the same time and will continue for the same term as the Certificate/Policy unless a different Rider Effective Date is indicated on the Certificate/Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Certificate/Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Certificate/Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Certificate/Policy. This Rider will terminate on the earliest of: (1) the date the Certificate/Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Certificate/Policy.

REINSTATEMENT

This Rider may be reinstated subject to the Reinstatement provision in the Certificate/Policy.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the enrollment form/application when issuing this Rider. After this Rider has been in force for You for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the enrollment form/application, except fraudulent misstatements. The time limit on certain defenses period is from the effective date of the Policy/Certificate, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the effective date of this Rider as shown on the Certificate/Policy Schedule.

BENEFITS

ANNUAL CARE BENEFIT: We will pay a benefit in the amount of \$750. This benefit is payable beginning with the first anniversary after the payment of the First Occurrence Express Payment benefit and is payable each year on the date of the payment of the First Occurrence Express Payment and will not exceed a total of five (5) consecutive annual payments per Covered Person. The Covered Person must continue to be under the care of a Physician for a diagnosis of Cancer. This benefit is not payable for Skin Cancer.

SKIN CANCER DIAGNOSIS BENEFIT: We will pay a one time amount of \$300 upon the initial diagnosis of Skin Cancer. This benefit is limited to one (1) payment per Covered Person.

CANCER SCREENING WELLNESS BENEFIT: We will pay \$50 for one (1) of the following screenings each Calendar Year for each Covered Person, after a Covered Person has met the 30-day eligibility period:

- mammogram;
- breast ultrasound;
- pap smear (lab and procedure);
- biopsy;
- flexible sigmoidoscopy;
- hemocult stool specimen;
- chest x-ray;
- CEA (blood test for colon Cancer);
- CA 125 (blood test for ovarian Cancer);
- PSA (blood test for prostate Cancer);
- thermography;
- colonoscopy;
- virtual colonoscopy; and,
- ThinPrep

If Your Certificate/Policy has a Cancer Screening Wellness Benefit, the wellness exam will be considered for benefits under both the Certificate/Policy and this Rider. Limited to one (1) exam per Calendar Year per Covered Person.

The 30-day eligibility period is from the effective date of the Policy/Certificate, unless the Rider is added at a later date. If this Rider is added at a later date the 30-day eligibility is from the effective date of this Rider as shown on the Certificate/Policy Schedule.

ADDITIONAL SCREENING AND TREATMENT BENEFIT: If a Covered Person's wellness screening result is abnormal, We will pay an additional \$50 for an additional wellness screening or a treatment as prescribed by the Physician. The abnormal result must be received on one of the screenings in the Cancer Screening Wellness Benefit for which payment was received under the Certificate/Policy or this Rider. The additional payment is limited to one (1) payment per Covered Person per Calendar Year and the wellness screening or treatment prescribed is not payable under any other benefit of the Certificate/Policy.



President

EXCLUSION RIDER FOR NEW BUSINESS AND CONVERSION

1. PERSON WITH A HISTORY OF NON-MELANOMA SKIN CANCER _____ has been named in the enrollment form/application for this coverage, as having been treated for or diagnosed as having non-melanoma Skin Cancer. The Company will not be liable for any Loss resulting from Skin Cancer for this person.

Cancer coverage for this person is limited to Loss resulting from any Cancer other than Skin Cancer.

- 1B. CONVERSION (Check appropriate box) The treatment or diagnosis occurred either while the person was not covered with the Company for Cancer coverage or while the person was covered with the Company for Cancer coverage but prior to the person meeting all Cancer benefit eligibility requirements.

Cancer coverage for this person is limited to Loss resulting from any Cancer other than Skin Cancer.

- The treatment or diagnosis occurred while the person was covered with the Company for existing Cancer coverage and after the person had met all Cancer benefit eligibility requirements.

This person's benefits for Skin Cancer under the converted Cancer coverage will be limited to the level of benefits provided under the existing coverage.

2. PERSON WITH A HISTORY OF ANY MELANOMA CANCER _____ has been named in the enrollment form/application for this coverage, as having been treated for or diagnosed as having melanoma Cancer.

This person is excluded from any Cancer coverage under the Certificate/Policy. This person is also excluded from any Loss due to Cancer, including Skin Cancer, under any Riders attached to the Certificate/Policy.

- 2B. CONVERSION (Check appropriate box) The treatment or diagnosis occurred either while the person was not covered with the Company for Cancer coverage or while the person was covered with the Company for Cancer coverage but prior to the person meeting all Cancer benefit eligibility requirements.

This person is excluded from any Cancer coverage under the Certificate/Policy. This person is also excluded from any Loss due to Cancer, including Skin Cancer, under any Riders attached to the Certificate/Policy.

- The treatment or diagnosis occurred while the person was covered with the Company for existing Cancer coverage and after the person had met all Cancer benefit eligibility requirements.

This person's benefits for Cancer under the converted Cancer coverage will be limited to the level of benefits provided under the existing coverage.

3. PERSON WITH A HISTORY OF NON-MELANOMA INTERNAL CANCER, WHO RECEIVED CANCER TREATMENT WITHIN THE LAST 10 YEARS
- _____ has been named in the enrollment form/application for this coverage, as having been treated for or diagnosed as having non-melanoma internal Cancer.
- This person is excluded from any Cancer coverage under the Certificate/Policy. This person is also excluded from any Loss due to Cancer, including Skin Cancer, under any Riders attached to the Certificate/Policy.

If, for a period of 10 consecutive years, this person has had no treatment for, no diagnosis of, and no recurrence of, any internal Cancer, then this person may be eligible for coverage upon providing proof of insurability satisfactory to the Company.

- 3B. CONVERSION
(Check appropriate box)
- The treatment or diagnosis occurred either while the person was not covered with the Company for Cancer coverage or while the person was covered with the Company for Cancer coverage but prior to the person meeting all Cancer benefit eligibility requirements.

This person is excluded from any Cancer coverage under the Certificate/Policy. This person is also excluded from any Loss due to Cancer, including Skin Cancer, under any Riders attached to the Certificate/Policy.

The treatment or diagnosis occurred while the person was covered with the Company for existing Cancer coverage and after the person had met all Cancer benefit eligibility requirements. This person's benefits for Cancer under the converted coverage will be limited to the level of benefits provided under the existing coverage.

If, for a period of 10 consecutive years, this person has had no treatment for, no diagnosis of and no recurrence of any internal Cancer, then this person may be eligible for the level of benefits provided under the converted Cancer coverage upon providing evidence of insurability satisfactory to the Company.

4. PERSON WITH A HISTORY OF NON-MELANOMA INTERNAL CANCER, WHO RECEIVED NO CANCER TREATMENT WITHIN THE LAST 10 YEARS
- _____ has been named in the enrollment form/application for this coverage as having been treated for or diagnosed as having non-melanoma internal Cancer.

I am submitting a written statement which indicates that this person has had no treatment for, no diagnosis of, and no recurrence of, any internal Cancer during the last 10 years. Based on this written statement, this person will be covered for all Cancers, unless specifically excluded from coverage for Skin Cancer or completely excluded because of Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC).

5. PERSON WITH A HISTORY OF A PRE-LEUKEMIC CONDITION, PRE-MALIGNANT CONDITION OR A CONDITION WITH MALIGNANT POTENTIAL, WITHIN THE LAST 10 YEARS

_____ has been named in the enrollment form/application for this coverage, as having been treated for or diagnosed as having a pre-leukemic condition, a pre-malignant condition or a condition with malignant potential within the last 10 years.

This person is excluded from any Cancer coverage under the Certificate/Policy. This person is also excluded from any Loss due to Cancer, including Skin Cancer, under any Riders attached to the Certificate/Policy.

This person may be eligible to apply for coverage if, for a period of 10 consecutive years, this person has had no treatment for, no diagnosis of, and no recurrence of, any pre-leukemic condition, pre-malignant condition or condition with malignant potential.

- 5B. CONVERSION
(Check appropriate box)

The treatment or diagnosis occurred either while the person was not covered with the Company for Cancer coverage or while the person was covered with the Company for Cancer coverage but prior to the person meeting all Cancer benefit eligibility requirements.

This person is excluded from any Cancer coverage under the Certificate/Policy. This person is also excluded from any Loss due to Cancer, including Skin Cancer, under any Riders attached to the Certificate/Policy.

The treatment or diagnosis occurred while the person was covered with the Company for existing Cancer coverage and after the person had met all Cancer benefit eligibility requirements.

This person's benefits for Cancer under the converted Cancer coverage will be limited to the level of benefits provided under the existing coverage.

This person may be eligible to apply for coverage under the converted Cancer coverage if, for a period of 10 consecutive years, this person has had no treatment for, no diagnosis of and no recurrence of any pre-leukemic condition, pre-malignant condition or condition with malignant potential.

6. PERSON WITH A PRE-EXISTING HEART CONDITION

_____ has been named in the enrollment form/application, as having been treated for or diagnosed as having a heart attack, heart trouble or any abnormality of the heart.

This person will not be covered for any Intensive Care Unit confinement contributed to or resulting from any disorder of the heart, and is limited to benefits for three days for any other Intensive Care Unit confinement.

- 6B. CONVERSION

The diagnosis or treatment occurred while the person was not covered with the Company for Intensive Care Unit confinement coverage. This person will not be covered for any Intensive Care Unit confinement contributed to or resulting from any disorder of the heart and is limited to benefits for three days for any other Intensive Care Unit confinement.

The diagnosis or treatment occurred while the person was covered with the Company for Intensive Care Unit coverage. This person's benefits for Intensive Care Unit confinements under the converted coverage will be limited to the level of benefits provided under the existing coverage.

7. PERSON WITH A _____ has been named
HISTORY OF AIDS OR in the enrollment form/application as having been treated for or diagnosed as having
ARC Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC).

The Company will not be liable for any Loss incurred by this person.

8. PERSON INELIGIBLE _____ does not meet
FOR INTENSIVE the issue age requirement for Hospital Intensive Care Unit coverage.
CARE UNIT

COVERAGE DUE TO This person is not eligible for any benefits under the Hospital Intensive Care Unit
AGE coverage.

This Rider has the same Effective Date as the Certificate/Policy. This Rider is part of the Certificate/Policy and will terminate when the Certificate/Policy terminates. This Rider is subject to all of the terms of the Certificate/Policy to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Conseco Health Insurance Company



President

ENROLLEE/APPLICANT'S STATEMENT

I have read, or have had read to me, the above statements, and I understand the applicable exclusions.

Enrollee/Applicant: _____ Date: _____

[BAR CODE]

Application to: Conseco Health Insurance Company

[11825 N. Pennsylvania St., Carmel, Indiana 46032]

SECTION I Cancer Coverage Enrollment Form/Application

Is this a reinstatement? Yes No Is this an upgrade of existing coverage? Yes No

Is this a guaranteed conversion? Yes No

If "Yes" to any of the above, provide existing policy number: _____

Requested Effective Date: _____

SECTION II Enrollee/Applicant Information

[Please Print Primary Enrollee/Applicant's Name (First, Middle Initial, Last)]

(Enrollee/Applicant) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy)	Age	Social Security Number	(Area Code) Phone Number
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Spouse's Name (If applying for Spouse Insurance) (First, Middle Initial, Last)	(Spouse) <input type="checkbox"/> Male <input type="checkbox"/> Female
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Date of Birth (mm/dd/yy)	Age	Social Security Number	If applying for Child(ren) Insurance, complete Section V.
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Enrollee/Applicant's Street Address

City State Zip Code

E-mail Address:

Employer's Name & Department:]

SECTION III Health Questions

Please answer the questions below for the type of insurance being applied for, and answer all applicable questions. If you answer "yes" to any of the health questions, the person(s) named in the section(s) will be partially or completely excluded from coverage by an Exclusion Rider to be signed by the person applying for coverage before we issue the coverage. Do not complete this section if you are applying through a guaranteed conversion.

For Cancer Coverage: 1. Has anyone to be covered ever been treated for or diagnosed as having cancer in any form? If "yes," indicate the type of cancer, name(s) of person(s) and complete the appropriate section of the Exclusion Rider. <input type="checkbox"/> non-melanoma skin cancer. Name(s) of person(s): _____ <input type="checkbox"/> any melanoma cancer. Name(s) of person(s): _____ <input type="checkbox"/> non-melanoma internal cancer. If cancer-free for more than 10 years, a Cancer Treatment History form will be required. Name(s) of person(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has anyone to be covered been treated for or diagnosed as having a pre-leukemic condition, a pre-malignant condition or a condition with malignant potential within the last 10 years? If "yes," indicate name(s) of person(s) and complete the appropriate section of the Exclusion Rider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. In the past 10 years, have you been treated for or diagnosed by a physician as having Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? If "yes," indicate name(s) of person(s) and complete the appropriate section of the Exclusion Rider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Intensive Care Rider: 4. Has anyone to be covered ever been treated for or diagnosed as having a heart attack, heart trouble or any abnormality of the heart? If "yes," indicate name(s) of person(s) and complete the appropriate section of the Exclusion Rider: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV Coverage Selection

[Cancer: Plan A Plan B Plan C Plan D

Additional First Occurrence Benefit: # of units: _____ (Maximum: 9 additional units)

Optional Riders:

Return of Premium/Cash Value (not available with Section 125) Alternative Care Rider
 Cancer Death Benefit Rider Cancer Preventive Care Rider
 Intensive Care Rider \$500 \$750 \$1,000

Select Type of Coverage:

Individual Single Parent Family]

SECTION V Dependent Child Coverage (Please Print and fill out completely)
(Each Child to be insured must meet policy eligibility requirements)

Name	Child(ren) Relationship to Primary Enrollee/Applicant	Date of Birth

Check here if additional space is needed and attach separate sheet.

SECTION VI Payment Information

<p>[Payment Mode:</p> <p>Current Direct Bill Options:</p> <p><input type="checkbox"/> Monthly Bank Draft</p> <p><input type="checkbox"/> Semi-Annual</p> <p><input type="checkbox"/> Annual</p> <p>Current Payroll Bill Options:</p> <p><input type="checkbox"/> Payroll deduction</p> <p><input type="checkbox"/> Federal Allotment</p> <p>Frequency:</p> <p><input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52</p> <p><input type="checkbox"/> Section 125</p> <p>Monthly Bank Draft is the only mode available on the following:</p> <p><input type="checkbox"/> Credit Union</p> <p>Account Number _____</p> <p><input type="checkbox"/> Employee Non-payroll</p> <p>Account Number _____</p> <p>[Other Payment Options:</p> <p><input type="checkbox"/> Credit Card Payment: _____]</p>	<p>Premium Total:</p> <p>Cancer \$ _____</p> <p>Additional 1st Occurrence Express Benefit \$ _____</p> <p>Intensive Care Rider \$ _____</p> <p>Alternative Care Rider \$ _____</p> <p>Cancer Death Benefit Rider \$ _____</p> <p>Cancer Preventive Care Rider \$ _____</p> <p>Other \$ _____</p> <p>Total \$ _____</p> <p>Amount Collected \$ _____</p> <p><input type="checkbox"/> Draft initial premium payment (an "Authorization to Draft Initial Premium" form must be completed.)</p> <p><input type="checkbox"/> Check remitted with enrollment form/application</p> <p>*All checks should be payable to: Conseco Health Insurance Company]</p>
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Special Instructions:

SECTION VII Enrollee/Applicant's Statement and Authorization to Obtain Information

I have read or have had read to me, the completed enrollment form/application; all representations are true and complete. I understand that: any false statements or misrepresentations in this enrollment form/application may result in loss of insurance if such false statement materially affected either the acceptance of the risk or the hazard assumed by the Company. The agent has no authority to approve the enrollment form/application, change the certificate/policy or waive any certificate/policy provisions. **No coverage will be effective until all eligibility requirements are met and until the later of: (1) the Effective Date as shown on the Certificate/Policy Schedule, if issued; or (2) the date the first premium is accepted by Conseco Health Insurance Company.**

If age 65 or over, I acknowledge receipt of the booklet containing insurance advice for people eligible for Medicare. No proposed insured to be covered under this certificate/policy is also covered under Title XIX program, such as Medicaid.

In addition, I authorize the Company to obtain information about other insurance products applied for or purchased from the Company and its affiliated insurance companies by me, my spouse or my dependents as listed on this enrollment form/application.

WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an enrollment form/application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Date: _____ Signature of Enrollee/Applicant: _____

Printed Name: _____

Where Signed: _____
(City, State)

SECTION VIII

Agent's Statement

This Section to be Completed by Agent: I hereby certify that I have explained to the enrollee/applicant all exceptions and limitations pertaining to the coverage applied for, including any concerning pre-existing conditions. I hereby certify that I have truthfully and accurately recorded in this enrollment form/application the information supplied by the enrollee/applicant. I further certify that I am a licensed agent in the state where this enrollment form/application is being solicited by me and signed by the enrollee/applicant.

[Did you interview each proposed insured in person, ask all questions and witness the signature? Yes No

If "No", please check one of the boxes below:

- Application completed over the phone
- Application completed by the applicant and returned via mail
- Other, provide explanation: _____

_____ I

Date: _____ Signature of Agent: _____

Agency: _____ Agent Number: _____

Agent's E-mail address: _____

Agent's Phone Number: _____

[Mail to Certificateholder/Policyholder

Mail to Agent]

SERFF Tracking Number: CNSC-126779181 State: Arkansas
 Filing Company: Conseco Health Insurance Company State Tracking Number: 46565
 Company Tracking Number: CHIC-8062, ET AL
 TOI: H07G Group Health - Specified Disease - Limited Benefit Sub-TOI: H07G.002A Dread Disease - Cancer Only
 Product Name: CN Cancer Additional Riders
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Certif of Compliance with Rule 19.pdf	Approved-Closed	09/01/2010

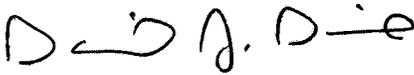
	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Located under the form schedule tab Comments:	Approved-Closed	09/01/2010

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

Insurer: Conseco Health Insurance Company

Form Number(s): CHIC-8062, CHIC-8063, CHIC-8064, AP-6025AR

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



Signature of Company Officer

David J. Dennie
Name

Assistant Secretary
Title

08/20/2010
Date