

SERFF Tracking Number: HUMA-126813821 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 46790
Company Tracking Number: AR-17-2010
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2010 Medical Release Form /AR-17-2010

Filing at a Glance

Company: Humana Insurance Company

Product Name: 2010 Individual Medicare Supplement Plans SERFF Tr Num: HUMA-126813821 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Approved State Tr Num: 46790

Sub-TOI: MS08I.001 Plan A 2010

Co Tr Num: AR-17-2010

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Michele Zabel, Paula

Disposition Date: 09/16/2010

Williamson, Bettina Ponds, Tammy

House, Tiffany Turner, Seth

Johnson

Date Submitted: 09/14/2010

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2010 Medical Release Form

Status of Filing in Domicile: Not Filed

Project Number: AR-17-2010

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/22/2010

Explanation for Other Group Market Type:

State Status Changed: 09/22/2010

Deemer Date:

Created By: Bettina Ponds

Submitted By: Bettina Ponds

Corresponding Filing Tracking Number:

Filing Description:

RE: Humana Insurance Company/NAIC # 119, 73288

Medicare Supplement - Medical Release Form (GN71003M10)

Please find enclosed for your review and approval a Medical Release Form which will be required at time of application for a Human Medicare Supplement Insurance policy. Humana will use this form to obtain authorization from the

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applicant for personal health information in order to determine eligibility.

Policy forms issued by Humana Insurance Company: ARMESM10A, ARMESM10B, ARMESM10C, ARMESM10F, ARMESM10F(HD), ARMESM10K, and ARMESM10L.

If you have any questions or require additional information, I can be reached in addition to SERFF at (502) 580-0964 or by email at bponds@humana.com.

Company and Contact

Filing Contact Information

Bettina Ponds, Regulatory Compliance Analyst bponds@humana.com
 500 W. Main St. 502-580-0964 [Phone]
 Louisville, KY 40202

Filing Company Information

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

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 FORM AT \$50 EACH
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	09/14/2010	39490072

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	09/16/2010	09/22/2010

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	Stephanie Fowler	09/16/2010	09/16/2010	Bettina Ponds	09/21/2010	09/21/2010

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Disposition

Disposition Date: 09/16/2010

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/16/2010
Submitted Date 09/16/2010
Respond By Date 10/18/2010

Dear Bettina Ponds,

This will acknowledge receipt of the captioned filing. This type of request should be contained in the previously approved applications; why the need for a separate form?

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

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Company Tracking Number: AR-17-2010
TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
Standard Plans 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: 2010 Medical Release Form /AR-17-2010

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/21/2010
Submitted Date 09/21/2010

Dear Stephanie Fowler,

Comments:

Response 1

Comments: Ms. Fowler,

The notice will only be needed by those applicants who are not in guarantee issue or open enrollment, so the form is kept separate.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thanks,
Bettina Ponds
bponds@humana.com

Sincerely,
Bettina Ponds, Michele Zabel, Paula Williamson, Seth Johnson, Tammy House, Tiffany Turner

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 09/16/2010	GN71003M 10	Other	Medical Records Release Authorization	Initial		0.000	GN71003M10 .pdf

Medical Records Release Authorization

Purpose of the Authorization

By signing this form, you will authorize the disclosure and use of the protected health information described below for pre-enrollment underwriting or to determine your eligibility for enrollment or benefits under an insurance plan.

Information we will use and/or disclose

I authorize any physician, medical or health care practitioner, hospital, clinic, veterans administration facility, other medical or medically related facility, third party administrator, Pharmacy Benefit Manager, insurance, HMO or reinsuring company, the [Medical Information Bureau, Inc.], employer or the Consumer Reporting Agency having information regarding myself including information concerning advice, diagnosis, treatment and care of the physical, psychiatric, mental or emotional conditions, drug, substance or alcohol abuse, illness and copies of all hospital or medical records, non-public personal health information and any other non-medical information to share any and all such information with Humana Insurance Company, its reinsurer or its legal representatives, and its affiliates.

- The information obtained by use of this authorization may be used by Humana Insurance Company to determine eligibility for coverage.
- Any information obtained will not be released by Humana Insurance Company to any person or organization except to reinsuring companies, the [Medical Information Bureau, Inc.], or other persons or organizations performing health care operations or business or legal services in connection with any application, claim or as may be otherwise lawfully required, or as we may further authorize. If a Consumer Reporting Agency is used, I may request to be interviewed in connection with the preparation of the report and I may request a copy of the report.
- Once personal and health (including medical and pharmacy) information is disclosed pursuant to this authorization, it may be redisclosed by the recipient and the information may not be protected by federal and state privacy requirements.

Expiration and revocation

- A copy of this authorization is available to me or my legal representative upon written request. A photographic copy of this authorization shall be as valid as the original.
- This authorization shall be valid for 2 years from the date shown below. I have the right to revoke this authorization at any time.

To revoke this authorization:

- I must do so in writing and send my written revocation to Humana's Privacy Office ([Humana Privacy Office, P.O. Box 1438 Louisville, KY 40202]).
- The revocation will not apply to information that has already been released in response to this authorization.
- The revocation may adversely affect my application, a claim or a pending insurance action.
- The revocation will become effective after it is received by Humana's Privacy Office.

If you were required to answer medical questions on your Medicare Supplement Enrollment Application, you must complete this authorization to be eligible for enrollment.

LAST NAME

FIRST NAME

MI

MEDICARE CLAIM NUMBER

SOCIAL SECURITY NUMBER

DATE

Applicant Signature _____ Date _____

Insured by Humana Insurance Company

HUMANA
Guidance when you need it most

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	N/A		
Comments:			