

SERFF Tracking Number: ACEH-127656191 State: Arkansas  
Filing Company: ACE American Insurance Company State Tracking Number: 49882  
Company Tracking Number: CONTINUATION OF INSURANCE OPTION  
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student  
Product Name: Continuation of Insurance Option Amendment  
Project Name/Number: Continuation of Insurance Option Amendment/Continuation of Insurance Option Amendment

## Filing at a Glance

Company: ACE American Insurance Company

Product Name: Continuation of Insurance SERFF Tr Num: ACEH-127656191 State: Arkansas

Option Amendment

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 49882  
Closed

Sub-TOI: H04.001 Student Co Tr Num: CONTINUATION OF State Status: Approved-Closed  
INSURANCE OPTION

Filing Type: Form

Author: Ilona Slofer

Reviewer(s): Rosalind Minor

Date Submitted: 09/26/2011

Disposition Date: 10/04/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Continuation of Insurance Option Amendment

Status of Filing in Domicile: Not Filed

Project Number: Continuation of Insurance Option Amendment

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Pennsylvania, our domiciliary state, does not require the filing of forms intended for issue in the Commonwealth of Pennsylvania (PA Notice 96-1).

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Blanket

Overall Rate Impact:

Filing Status Changed: 10/04/2011

State Status Changed: 10/04/2011

Deemer Date:

Created By: Ilona Slofer

Submitted By: Ilona Slofer

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Re: ACE American Insurance Company

NAIC #: 626-22667 / FEIN #: 95-2371728

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Re: Continuation of Insurance Option Amendment: AH-12837  
For use with Student health Insurance Policy - AH-10748(AR), Approved Effective: October 31, 2001

Dear Commissioner:

We submit this filing on behalf of ACE American Insurance Company. This form is new and is not intended to replace any forms currently on file. Pennsylvania, our domiciliary state, does not require the filing of forms intended for issue in the Commonwealth of Pennsylvania (PA Notice 96-1). The Readability Certification Form is enclosed.

This amendment is intended to provide students and their dependents with continued coverage under the school's policy after coverage would otherwise end, provided, such persons have been insured under the Student Health Policy for at least six consecutive months. Specific variability is noted throughout the form, indicated by soft brackets ({ }). Optional material is indicated by hard brackets ([ ]) and will be included or excluded as requested by the Policyholder.

We appreciate the time spent on this filing and trust that you will find everything in order. If there are questions or if additional information is required, please do not hesitate to contact me directly at 215.640.5134 or e-mail [Ilona.slofer@acegropup.com](mailto:Ilona.slofer@acegropup.com).

Regards,  
Ilona Slofer  
Compliance Manager

## Company and Contact

### Filing Contact Information

Ilona Slofer, Compliance Analyst  
436 Walnut Street  
WA09D  
Philadelphia, PA 19106

[ilona.slofer@acegroup.com](mailto:ilona.slofer@acegroup.com)  
215-640-2877 [Phone]  
215-640-5548 [FAX]

### Filing Company Information

ACE American Insurance Company  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-5123 ext. [Phone]

CoCode: 22667  
Group Code: 626  
Group Name:  
FEIN Number: 95-2371728

State of Domicile: Pennsylvania  
Company Type:  
State ID Number:

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	09/26/2011	52149595

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/04/2011	10/04/2011

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## Disposition

Disposition Date: 10/04/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* ACEH-127656191      *State:* Arkansas  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Continuation of Insurance Option Amendment	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: AH-12837

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/04/2011	AH-12837	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		52.000	Continuation of Insurance Option Amendment.pdf



ACE American Insurance Company  
(A Stock Company)  
Philadelphia, PA 19106  
(Herein called We, Us, Our)

## Amendment

**Policy Number: SDH {NXXXXXXXX}**

**Effective Date: {Month Day, Year}**

**Policyholder: {ABC School}**

This Amendment form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Amendment takes effect as of the Policy Effective Date. This Amendment ends at the same time as the Policy. It is subject to all of the terms, limitations and conditions of the Policy, except as they are changed by it.

In return for the payment of additional premium, We will provide benefits for the coverage described in this Amendment.

### CONTINUATION OF INSURANCE OPTION

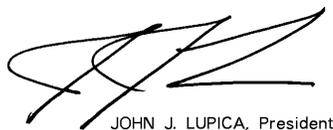
This Amendment applies to students who have graduated or are no longer eligible for coverage under the {ABC School} Student Health Insurance Plan. Former Students must have been insured for at least six continuous months before coverage terminated under the Prior Plan. This Option is also available to Dependents of the Former Student provided[: (1)] the Former Student elects coverage under this Option[: (2) Dependents were covered under the Prior Plan on the date coverage would otherwise end; and Dependents enroll for the same period of coverage as the enrolled Former Student. Newborn children born after the termination date of the Plan are not eligible for continuation coverage].

Continuation of Insurance is in effect from the date coverage under the {ABC School} Student Health Insurance Plan expires if the completed Enrollment Form and applicable premium are received prior to the Covered Person's termination date, and continues until the end of the period for which premium is paid. The premium must be received before the existing coverage under the {ABC School} Student Health Insurance Plan terminates. Coverage may be purchased for the Period of Coverage below. In no event will Continuation of Insurance extend beyond {Month Day, Year/the last day of the Policy Term}. The period of coverage must be selected, and the total premium must be paid, at the time of enrollment.

	Period of Coverages and Premium Rates	
{Period of Coverage	Three Months	Six Months
Student	#{XXX.XX}	#{X,XXX.XX}
Spouse	#{X,XXX.XX}	#{X,XXX.XX}
Each Child	#{XXX.XX}	#{X,XXX.XX}

The premium must be paid in full at the time of enrollment for the period of coverage selected. Premiums received by Us are fully earned upon receipt and are non-refundable.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



CARMINE A. GIGANTI, Secretary

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	10/04/2011
<b>Comments:</b>		
<b>Attachment:</b> Continuation of Insurance Option Amendment - AR Readability Cert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	10/04/2011
<b>Bypass Reason:</b> We are filing an amendment for use with an approved policy.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	10/04/2011
<b>Bypass Reason:</b> This filing is not related PPACA.		
<b>Comments:</b>		

**ACE American Insurance Company**

436 Walnut Street  
Philadelphia, Pennsylvania 19106

**READABILITY CERTIFICATION**

**SCHEDULE OF FORMS**

I hereby certify that the following forms were tested for readability using the Rudolf Flesch Formula and achieved the following results.

September 26, 2011

**RE: Amendment – Continuation of Insurance Option  
For use with Student Health Insurance Policy – AH-10748-AR**

<b>Form Number</b>	<b>Description</b>	<b>Score</b>
AH-12837	Continuation of Insurance Option Amendment	52



JOHN J. LUPICA, President

Person Responsible for this filing: Ilona Slofer, Compliance Manager  
ACE USA Accident & Health Department  
ilona.slofer@ace-ina.com  
215.640.2877