

SERFF Tracking Number: SKML-127091837 State: Arkansas
Filing Company: Knights of Columbus State Tracking Number: 48310
Company Tracking Number: DI01-SOH 1-11
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Knights of Columbus Statement of Health
Project Name/Number: Knights of Columbus Statement of Health/DI01-SOH 1-11

Filing at a Glance

Company: Knights of Columbus

Product Name: Knights of Columbus Statement of Health
SERFF Tr Num: SKML-127091837 State: Arkansas

TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved-
Closed State Tr Num: 48310

Sub-TOI: H111.004 Other

Co Tr Num: DI01-SOH 1-11

State Status: Approved-Closed

Filing Type: Form

Author: Dee Sinkoe

Reviewer(s): Rosalind Minor

Date Submitted: 03/23/2011

Disposition Date: 03/29/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Knights of Columbus Statement of Health

Status of Filing in Domicile: Pending

Project Number: DI01-SOH 1-11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Connecticut, the state of domicile is being filed concurrently with this state.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/29/2011

State Status Changed: 03/29/2011

Deemer Date:

Created By: Dee Sinkoe

Submitted By: Dee Sinkoe

Corresponding Filing Tracking Number:

Filing Description:

This form is an underwriting tool to be used with the Knights disability income product, Form #DI01 1-11, approved by your department on 8/4/10 under State File # 46217. The Statement of Health (SOH) will be used in each of the two circumstances:

1. If the first box is checked, "As the result of a change I have requested in the coverage under my Policy", the SOH would be used when a policy has already been issued and the insured decides within the first 90 days after the policy date that they wish to make a change to their policy to (a) increase the benefit amount, (b) change to a longer benefit period, or (c) shorten the length of the elimination period (all things that would have been taken into account in the

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underwriting process if it was chosen in the first place.) Beyond the first 90-days after the policy date, such changes will not be permitted and the insured will be required to apply for a new policy with the desired coverage changes. Knights wants to permit a limited window (within the first 90 days) to allow certain changes as a courtesy to the consumer. However, to protect against antiselection in these cases, Knights would use the SOH (checking off the 1st box) so that the insured is certifying that they have had no changes in their health since the original application was completed. 2. If the second box is checked, "As the result of my Disability Income Insurance Application having been completed more than 90 days ago", the SOH would be used if an application has been pending longer than 90 days (awaiting documents/information from the insured or the insured's physicians). Due to the age of the application at that point, the SOH would be required (and the 2nd box checked off) to assure that the applicant has had no changes in their health since the application was completed.

Company and Contact

Filing Contact Information

Dvora Sinkoe, Compliance Analyst dee@skminc.com
 1925 Century Blvd 404-633-5353 [Phone]
 Suite 1 404-633-6301 [FAX]
 Atlanta, GA 30345

Filing Company Information

(This filing was made by a third party - sandrakmeltzerandassociates)

Knights of Columbus	CoCode: 58033	State of Domicile: Connecticut
One Columbus Plaza	Group Code:	Company Type: Life & Health
New Haven, CT 06510-3326	Group Name:	State ID Number:
(203) 752-4658 ext. [Phone]	FEIN Number: 06-0416470	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	Fee is 20 for riders/endorsements filed separate from policy
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Knights of Columbus	\$20.00	03/23/2011	45885749
Knights of Columbus	\$30.00	03/23/2011	45896548

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/29/2011	03/29/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Filer	Rosalind Minor	03/23/2011	03/23/2011
Filing Fee	Note To Reviewer	Dee Sinkoe	03/23/2011	03/23/2011

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Disposition

Disposition Date: 03/29/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Form	Statement of Health	Approved-Closed	Yes

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Note To Filer

Created By:

Rosalind Minor on 03/23/2011 12:57 PM

Last Edited By:

Rosalind Minor

Submitted On:

03/29/2011 10:01 AM

Subject:

Filing Fee

Comments:

Sorry about the confusion. The General Instructions is correct. \$50.00 per form.

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Note To Reviewer

Created By:

Dee Sinkoe on 03/23/2011 11:03 AM

Last Edited By:

Rosalind Minor

Submitted On:

03/29/2011 10:01 AM

Subject:

Filing Fee

Comments:

Your filing fee documentation is inconsistent. In the fee schedule attached it state \$20 per form for riders/ endorsemnts etc.. filed separatly. In your general Instructions it says \$50 which is it? Thank you for your assistance.

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Form Schedule

Lead Form Number: DI01-SOH 1-11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/29/2011	DI01-SOH 1-11	Other	Statement of Health	Initial		58.000	DI01-SOH 1-11.pdf

STATEMENT OF HEALTH

Insured: [John Q. Doe]

Policy #: [XXXXXXX]

Check One:

- As the result of a change I have requested in the coverage under my Policy.
As the result of my Disability Income Insurance Application having been completed more than 90 days ago.

This statement is being completed in duplicate with the understanding that one copy will be attached to and become part of my Policy issued by Knights of Columbus.

- I am now and have continued to be in the same state or condition of health, both mental and physical, as indicated in the Application for this Policy.
Since the date of the Application, I (a) have had no injuries or illnesses, and have not been sick from any cause; (b) have not consulted or been treated by a physician or other health care practitioner for any cause; and (c) have not been confined to any hospital or institution.

I represent to the best of my knowledge and belief that all of these statements are true and complete.

For your protection, laws in certain jurisdictions require the following to appear on this form:

Any person who knowingly presents a false or fraudulent claim for payment of 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.

Signature of Insured

Print Name of Insured

Signed at this day of

(City, State, Zip Code)

(Month) (Year)

Witness

(Signature and I.D. Number of Writing Agent)

Issued at New Haven, Connecticut



KNIGHTS OF COLUMBUS

Attest:

By:

Signature of Supreme Secretary

Supreme Secretary

Signature of Supreme Knight

Supreme Knight

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certification.pdf	Approved-Closed	03/29/2011
Bypassed - Item: Application Bypass Reason: not applicable to this filing Comments:	Approved-Closed	03/29/2011
Bypassed - Item: Health - Actuarial Justification Bypass Reason: not applicable to this filing Comments:	Approved-Closed	03/29/2011
Bypassed - Item: Outline of Coverage Bypass Reason: not applicable to this filing Comments:	Approved-Closed	03/29/2011
Satisfied - Item: Authorization Letter Comments: Attachment: Authorization Letter.pdf	Approved-Closed	03/29/2011

READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached form achieved a Flesch Reading Ease Score and is in compliance with applicable laws and regulations as follows:

<u>FORM #</u>	<u>WORDS</u>	<u>SENTENCES</u>	<u>SYLLABLES</u>	<u>FLESCH SCORE</u>
DI01-SOH 1-11	211	12	328	58

Knights of Columbus



Daniel C. Heffernan
Associate General Counsel

March 17, 2011

Date



KNIGHTS OF COLUMBUS

MAKING A DIFFERENCE FOR LIFE

March 3, 2011

RE: Letter of Authorization

Dear State Regulator:

We hereby authorize:

Sandra K. Meltzer & Associates, Inc.
1925 Century Boulevard, Suite 1
Atlanta, Georgia 30345

to carry out the state filings (including the District of Columbia) on behalf of Knights of Columbus. This authorization is to be used with the filing of policy form(s) and associated forms which may consist of but are not limited to endorsements, applications, certificates, benefit riders and advertising and/or marketing materials.

Sincerely,

A handwritten signature in blue ink, appearing to read "John A. Marrella".

John A. Marrella
General Counsel