

SERFF Tracking Number: HUMA-127140418 State: Arkansas
Filing Company: Kanawha Insurance Company State Tracking Number: 48615
Company Tracking Number: KIC PORTABILITY RIDER 2011
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: KIC Portability Rider 2011
Project Name/Number: KIC Portability Rider 2011/KIC Portability Rider 2011

Filing at a Glance

Company: Kanawha Insurance Company
Product Name: KIC Portability Rider 2011
TOI: H21 Health - Other

SERFF Tr Num: HUMA-127140418 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 48615
Closed

Sub-TOI: H21.000 Health - Other

Co Tr Num: KIC PORTABILITY State Status: Approved-Closed
RIDER 2011

Filing Type: Form

Reviewer(s): Rosalind Minor
Authors: Antoine Stewart, John
Goodwin

Date Submitted: 04/28/2011 Disposition Date: 04/29/2011
Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: KIC Portability Rider 2011
Project Number: KIC Portability Rider 2011
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 04/29/2011
State Status Changed: 04/29/2011
Created By: John Goodwin

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Corresponding Filing Tracking Number: KIC PORTABILITY RIDER
2011

Deemer Date:
Submitted By: John Goodwin

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Cover letter under Supporting Documentation Tab.

Company and Contact

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Filing Contact Information

John Goodwin, Senior Compliance Analyst jgoodwin@compbenefits.com
 100 Mansell Court E. 770-998-8936 [Phone] 88065 [Ext]
 Suite 400
 Roswell, GA 30076

Filing Company Information

Kanawha Insurance Company CoCode: 65110 State of Domicile: South Carolina
 210 South White Street Group Code: 119 Company Type:
 Lancaster, SC 29721 Group Name: State ID Number:
 (800) 635-4252 ext. [Phone] FEIN Number: 57-0380426

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Rider \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$50.00	04/28/2011	47050355

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/29/2011	04/29/2011

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Disposition

Disposition Date: 04/29/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Cover letter	Approved-Closed	Yes
Form	Portability Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 1745

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 04/29/2011	1745	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Portability Rider	Initial			Portability Rider.pdf



KANAWHA INSURANCE COMPANY

Portability Rider

The Certificate issued by the Company to the Policyholder is hereby amended, effective upon receipt of this Rider, as follows:

The terms and conditions of that certain Certificate are hereby confirmed in their entirety with the exception that to the extent the terms and conditions of this Rider are in conflict with the terms and conditions of the Certificate, the terms of this Rider shall govern.

PORTABILITY PRIVILEGE

You are eligible for portability coverage if:

- [You are less than Age [70];]
- [You are not Totally Disabled; and]
- You are no longer Actively At Work as an Employee.

The Policy must be in force on the date that You port coverage.

Such coverage will not be available for a Covered Person, unless:

- 1) Coverage under the policy terminates; and
- 2) We receive written request and payment for the first premium for the portability coverage not later than 63 days after such termination; and
- 3) A request is made for that purpose.

No portability coverage will be provided for any person if coverage under the Policy terminated due to non-payment of premium.

You are not eligible for Portability while absent from work due to:

- temporary layoff;
- suspension of business operations; or
- Policyholder-approved leave of absence for non-medical reasons.

Portability Coverage

The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the coverage terminated. Portability coverage may include any eligible dependents who were covered under the Policy. Any change made to the Policy after a person is covered under this Portability Privilege will not apply to that person unless it is required by law.

Portability coverage will be effective on the day after coverage under the Policy is terminated, when the first premium for portability coverage is paid.

Portability Premiums

Premiums are due and payable in advance of the premium due date. Premium due dates are the first day of each calendar month. The portability premium rate is the rate in effect under the Policy. The premium rate for portability coverage may change for the class of covered persons on portability 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, as defined in the Policy, will apply to each certificate holder of portability coverage as if such covered person is the policyholder.

Termination of Insurance

Insurance under this Portability Privilege will automatically end on the earliest of the following dates:

- 1) The date the person again becomes eligible for insurance under the Policy; or
- 2) The last day for which premiums have been paid if the covered person fails to pay premiums when due, subject to the grace period; or
- 3) when You request termination; or
- 4) [when You reach the [Maximum Renewal Age][age of ##]; or]
- 5) upon Your death; or
- 6) [for a Spouse, Age [##]; or]
- 7) [for a Child, Age [##]; or]
- 8) With respect to insurance for dependents:
 - a. The date the primary insured's coverage terminates; or
 - b. The date the dependent ceases to be an eligible dependent, as defined.

A dependent child whose portability coverage terminates when he or she reaches the age limit may apply for portability coverage in his or her own name, if she or he is otherwise eligible.

Termination of the Policy

If the Policy terminates, covered persons will be eligible to exercise the Portability Privilege on the termination date of the Policy. Portability coverage may continue beyond the termination date of the Policy, subject to timely payment of premiums. Benefits for portability coverage will be determined as if the Policy had remained in full force and effect.

It is agreed and acknowledged that this Rider shall be effective upon receipt by Certificateholder.

As used in this Rider, the term "**Certificateholder**" means the [Covered Employee][policyholder] covered under the Policy.

Accepted by Kanawha Insurance Company


By: _____
[R. Dale Vaughan]
[President]

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	04/29/2011
Comments:			
Attachment:			
Compliance Cert..pdf			
Bypassed - Item:	Application	Approved-Closed	04/29/2011
Bypass Reason:	N/A		
Comments:			
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	04/29/2011
Bypass Reason:	N/A No Rate Impact		
Comments:			
Bypassed - Item:	Outline of Coverage	Approved-Closed	04/29/2011
Bypass Reason:	N/A		
Comments:			
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	04/29/2011
Bypass Reason:	N/A		
Comments:			

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Item Status: Approved-Closed
Status Date: 04/29/2011
Satisfied - Item: Statement of Variability
Comments:
Attachment:
STATEMENT OF VARIABILITY.pdf

Item Status: Approved-Closed
Status Date: 04/29/2011
Satisfied - Item: Cover letter
Comments:
Attachment:
Portability Rider Cover Letter.pdf

CERTIFICATION OF COMPLIANCE
Arkansas Rule and Regulation 19

I, R. Dale Vaughan, President, Kanawha Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:

(a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and

(b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;

Form(s): 1745



President

04.28.2011
Date

STATEMENT OF VARIABILITY

Form: 1745

Portability Privilege:

[You are less than Age [70];] the entire statement is bracketed to allow for inclusion or exclusion depending on the terms of the Policy. [70] is bracketed to allow for change in the age limit match the terms of the Policy.

[You are not Totally Disabled; and] the entire statement is bracketed to allow for inclusion or exclusion depending on the terms of the Policy.

Termination of Insurance

[when You reach the [Maximum Renewal Age][age of ##]; or] the entire statement is bracketed to allow for inclusion or exclusion depending on the terms of the Policy issued. [age of ##] is bracketed to allow for change in the age limit to match the terms of the Policy.

[for a Spouse, Age [##]; or] the entire statement is bracketed to allow for inclusion or exclusion of the policyholder's spouse. [##] is bracketed to allow for change in the age limit to match the terms of the Policy.

[for a Child, Age [##]; or] the entire statement is bracketed to allow for inclusion or exclusion of the policyholder's child. [##] is bracketed to allow for change in the age limit to match the terms of the Policy.

“Certificateholder”

means the [Covered Employee][policyholder] covered under the Policy
Either the term Covered Employee or policyholder may be used depending on who the Policy is being issued to.

April 27, 2011

Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

RE: Kanawha Insurance Company
Portability Rider Form No.:1745

Dear Commissioner:

Kanawha Insurance Company is submitting the above captioned form for the Department's review and approval. This form is new and will be used with previously approved:

Critical Illness, Form: 8011, MCHX-125366777, approved 12/03/07
Critical Life, Form: 8013, KANX-125624479, approved 4/17/08
Group Disability Income Plus, Form: 8014, KANX-12599313, approved 09/05/08
Supplemental Health, Form: 8015, HUMA-126563983, approved 04/15/10

In addition, the rider form is a multi-purpose form and will be used with all of Kanawha's previously approved group life and health products which may be approved by the Department in the future.

The form is in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. The Company will provide you a highlighted copy of any corrections it makes for your records.

This filing is a "Forms Only" filing. The above referenced form is new and does not replace any previously approved form. There is no rate impact as a result of this form filing.

Thank you for your attention to this filing. If you should have any questions, please contact me at 770.998.8936 Ext. 88065. My email address is jgoodwin5@humana.com.

Sincerely,
John Goodwin
Analyst