

SERFF Tracking Number: UHLC-127155702 State: Arkansas  
Filing Company: Unimerica Insurance Company State Tracking Number: 48683  
Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: AR Enrollment Form  
Project Name/Number: /

## Filing at a Glance

Company: Unimerica Insurance Company

Product Name: AR Enrollment Form

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: UHLC-127155702 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 48683

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Author: Ebony Terry

Disposition Date: 05/12/2011

Date Submitted: 05/05/2011

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

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

Group Market Type:

Overall Rate Impact:

Filing Status Changed: 05/12/2011

State Status Changed: 05/12/2011

Deemer Date:

Created By: Ebony Terry

Submitted By: Ebony Terry

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

AR Enrollment Form

## Company and Contact

### Filing Contact Information

Ebony Terry, Compliance Analyst

Ebony\_N\_Terry@uhc.com

800 King Farm Blvd.

240-632-8053 [Phone]

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Suite 500

Rockville, MD 20850

**Filing Company Information**

Unimerica Insurance Company

CoCode: 91529

State of Domicile: Wisconsin

PO Box 150450

Group Code: 707

Company Type: Life and Health

Hartford, CT 0606115-0450

Group Name:

State ID Number:

(860) 702-6017 ext. [Phone]

FEIN Number: 52-1996029

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**Filing Fees**

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unimerica Insurance Company	\$0.00	05/05/2011	
Unimerica Insurance Company	\$50.00	05/06/2011	47322176

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/12/2011	05/12/2011

### 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	Rosalind Minor	05/05/2011	05/05/2011	Ebony Terry	05/09/2011	05/09/2011

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## Disposition

Disposition Date: 05/12/2011

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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<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>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Form</b>	Health Addendum	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/05/2011  
Submitted Date 05/05/2011  
Respond By Date 06/06/2011

Dear Ebony Terry,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health Addendum, 100-7381 6/10] (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit \$50.00 for this submission.

We will begin our review of this submission upon receipt of the filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State

Response Letter Date 05/09/2011

Submitted Date 05/09/2011

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: The payment has been authorized. My apologies for the oversight.

### Related Objection 1

Applies To:

- Health Addendum, 100-7381 6/10] (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit \$50.00 for this submission.

We will begin our review of this submission upon receipt of the filing fee.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Ebony Terry

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 05/12/2011	100-7381 6/10]	Application/	Health Addendum Enrollment Form	Initial			AR health adden 10.pdf

Group Name:

**Medical Profile (only for groups not requiring individual health statements)**

Answer the following questions to the best of your knowledge for all eligible employees and dependents (proprietors, partners, corporate officers, employees, spouses and dependent children) to the extent permitted by applicable law. UnitedHealthcare is only seeking to collect information about the current health status of those employees and their dependents who are applying for coverage. In answering these questions, do not include any genetic information about your employees or their dependents, including requests for genetic services, genetic diseases for which they may be at risk or family medical history information. **Please provide details to "Yes" answers in the space provided.**  
**IMPORTANT:** Your answers to these questions must include all COBRA and State Continued individuals covered by your present plan.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have any employees or dependents been diagnosed or treated during the past five years for: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Cancer  <input type="checkbox"/> Tumor  <input type="checkbox"/> Heart/Circulatory  <input type="checkbox"/> Stroke  <input type="checkbox"/> Reproductive Disorder  <input type="checkbox"/> Intestinal Disorder  <input type="checkbox"/> Endocrine Disorder  <input type="checkbox"/> Diabetes  <input type="checkbox"/> Brain/Nervous/Seizures  <input type="checkbox"/> Multiple Sclerosis           </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Immune Disorder  <input type="checkbox"/> AIDS/HIV+  <input type="checkbox"/> Chronic Lung Disorder  <input type="checkbox"/> Kidney Disease/Failure  <input type="checkbox"/> Liver Disorders (Hepatitis)  <input type="checkbox"/> Back Disorder  <input type="checkbox"/> Rheumatoid Arthritis  <input type="checkbox"/> Connective Tissue Disorder  <input type="checkbox"/> Lupus  <input type="checkbox"/> Other Conditions _____           </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Growth Hormones  <input type="checkbox"/> Transplants  <input type="checkbox"/> Hemophilia/Blood Disorders  <input type="checkbox"/> Cerebral Palsy  <input type="checkbox"/> Sickle cell anemia  <input type="checkbox"/> Immuno deficiency  <input type="checkbox"/> Autism           </td> </tr> </table>	<input type="checkbox"/> Cancer <input type="checkbox"/> Tumor <input type="checkbox"/> Heart/Circulatory <input type="checkbox"/> Stroke <input type="checkbox"/> Reproductive Disorder <input type="checkbox"/> Intestinal Disorder <input type="checkbox"/> Endocrine Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Brain/Nervous/Seizures <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Immune Disorder <input type="checkbox"/> AIDS/HIV+ <input type="checkbox"/> Chronic Lung Disorder <input type="checkbox"/> Kidney Disease/Failure <input type="checkbox"/> Liver Disorders (Hepatitis) <input type="checkbox"/> Back Disorder <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Connective Tissue Disorder <input type="checkbox"/> Lupus <input type="checkbox"/> Other Conditions _____	<input type="checkbox"/> Growth Hormones <input type="checkbox"/> Transplants <input type="checkbox"/> Hemophilia/Blood Disorders <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Sickle cell anemia <input type="checkbox"/> Immuno deficiency <input type="checkbox"/> Autism
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<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are any employees or dependents currently pregnant? If so, list the expected delivery date, and any complications including the anticipation of multiple births or C-section.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have any employees or dependents been hospitalized (inpatient or outpatient) or had any surgical operations during the past 5 years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have any employees been absent from work or confined to the home or incapacitated for more than 2 consecutive weeks due to illness or injury during the past 5 years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Have any employees or dependents been advised to undergo medical treatment, surgical operations, diagnostic testing or hospitalization in the next 6 months?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Are any employees or dependents receiving disability benefits of any type including Social Security Income, Worker's Compensation and Medicare?			

**If you answered "Yes" to any of the questions above, please provide the requested information for each individual. If necessary, continue your comments on the back side of this form.**

Question #	Check One Emp Dep	Age	Nature of Condition/ Diagnosis	Name of Medication	\$ Amount of Claims	Dt Treated/ Recovered	Prognosis Current Treatment

The group policy(s) is deemed executed upon receipt of the signed Employer Application, payment of the required policy charges and acceptance by UnitedHealthcare Insurance Company and its Affiliates ("UnitedHealthcare and Affiliates").

**The Group shall notify UnitedHealthcare and Affiliates promptly of any changes in this information that may affect the eligibility of employees or their dependents, including the addition of any newly eligible employees or dependents. Prior to receiving notification of approval, the Group shall notify UnitedHealthcare and Affiliates promptly of any significant changes in the health status of an eligible employee or dependent, including any inpatient hospital admissions. UnitedHealthcare and Affiliates shall be entitled to rely on the most current information in its possession regarding the eligibility and health status of employees and their dependents in providing coverage under the policy/policies for which application is being made.**

I represent that, to the best of my knowledge, the information I have provided in this application - including information regarding qualified beneficiaries and dependents who have elected continuation under COBRA or state continuation laws - is accurate and truthful. I understand that UnitedHealthcare and Affiliates will rely on the information I provide in determining eligibility for coverage, setting premium rates, and other purposes, and that any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, increase in premiums retroactive to the policy effective date, or other consequences.

A 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.

<div style="background-color: black; color: white; padding: 2px;"><b>Signature</b></div> Group Signature	Title	Date
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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	05/12/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Bypassed - Item:</b>	Application	Approved-Closed	05/12/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	05/12/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	05/12/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	05/12/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

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	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Cover Letter	Approved-Closed	05/12/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AR Enrollment Form cover Letter.pdf		



May 04, 2011

Ms. Rosalyn Minor  
Arkansas Insurance Department  
1200 West 3<sup>rd</sup> Street  
Little Rock, Arkansas 72201

Re: [UnitedHealthcare Insurance Company of the River Valley  
NAIC No. 12231  
Unimerica Insurance Company  
NAIC No. 91529]  
[95446 United Healthcare of Arkansas, Inc.®]  
Enrollment/Application Filings

Dear Ms. Minor,

On behalf of [UnitedHealthcare Insurance Company of the River Valley] [Unimerica Insurance Company] [United Healthcare of Arkansas, Inc.®] I am submitting the enclosed enrollment/application form for your Department's review and approval. A listing and description of the form, along with the Flesch Score, has been provided below for your reference.

<u>Form Number</u>	<u>Description</u>	<u>Flesch Score</u>
[100-7381 6/10]	Health Addendum	41.1

This form is one of our standard forms and has been prepared for use in your state for group sizes 2-99 for medical, dental, vision and ancillary products. Information contained within the form may also be used in an online format with appropriate changes in font, format and design to more easily accommodate online enrollments. We want to assure the Department that education will be provided to the brokers, employer groups and the employees as to which products are being offered for sale.

If you have any questions or concerns regarding this filing, please feel free to contact me.

Sincerely,

Ebony N. Terry  
Compliance Analyst