

SERFF Tracking Number: ASWX-G127344388 State: Arkansas  
Filing Company: Time Insurance Company State Tracking Number: 49420  
Company Tracking Number: G127344388  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: Time Insurance Health Care Reform Filings  
Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00133

## Filing at a Glance

Company: Time Insurance Company

Product Name: Time Insurance Health Care Reform Filings

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001C Any Size Group - Other  
Filing Type: Form

SERFF Tr Num: ASWX-G127344388

SERFF Status: Closed-Approved-Closed

Co Tr Num: G127344388

Author: SPI  
AssurantHealthandEmployeeBenef  
Date Submitted: 07/28/2011

State: Arkansas

State Tr Num: 49420

State Status: Approved-Closed

Reviewer(s): Rosalind Minor  
Disposition Date: 07/29/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: 08/31/2011

State Filing Description:

## General Information

Project Name: Time Insurance Health Care Reform Filings

Project Number: AR01284FI00133

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Trust

Filing Status Changed: 07/29/2011

State Status Changed: 07/29/2011

Created By: SPI AssurantHealthandEmployeeBenef

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact:

Deemer Date:

Submitted By: SPI

AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Re: Time Insurance Company (NAIC #: 69477; FEIN: 39-0658730)

PPACA "Endorsement Regarding Employer Contribution Rates": TGM.29833.XX

Dear Sir/Madam:

SERFF Tracking Number: ASWX-G127344388 State: Arkansas  
Filing Company: Time Insurance Company State Tracking Number: 49420  
Company Tracking Number: G127344388  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: Time Insurance Health Care Reform Filings  
Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00133

The above-referenced endorsement, which will be used with existing grandfathered plans in the small employer group market, is submitted for your review and approval. This form is new and does not replace any form currently on file with your department.

This form is being filed on a general-use basis due to the passage of the Patient Protection and Affordable Health Care Act (PPACA). Pursuant to the Department of Health & Human Services' (HHS) first set of FAQ's, which were issued on September 20, 2010, the "Departments have determined that...they will not treat an insured group health plan that is a grandfathered plan as having ceased to be a grandfathered health plan immediately based on a change in the employer contribution rate if...[t]he issuer's policies, certificates, or contracts of insurance disclose in a prominent and effective manner that plan sponsors are required to notify the issuer if the contribution rate changes at any point during the plan year." [emphasis added]

The endorsement is being submitted in accordance with the above FAQ to disclose that employers must notify us of contribution rate changes. No other product changes have been made via this endorsement. As rates are not impacted by this form filing, rates are not being filed herewith.

This form is subject only to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. Please see the enclosed Statement of Variability for additional information on form adaptability.

Thank you in advance for your time and attention to this filing. Should you have any questions, or require additional information, please contact me at any of the numbers listed below.

Best Regards,

Senior Contract Compliance Analyst  
Legal Department  
christine.fleming@assurant.com

## Company and Contact

### Filing Contact Information

Christine Fleming, Senior Contract Compliance Analyst christine.fleming@assurant.com  
Analyst  
501 W. Michigan St. 414-299-1306 [Phone] 1306 [Ext]  
Milwaukee, WI 53203 414-299-6168 [FAX]

### Filing Company Information

Time Insurance Company CoCode: 69477 State of Domicile: Wisconsin

SERFF Tracking Number: ASWX-G127344388 State: Arkansas  
 Filing Company: Time Insurance Company State Tracking Number: 49420  
 Company Tracking Number: G127344388  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: Time Insurance Health Care Reform Filings  
 Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00133  
 501 W. Michigan St. Group Code: 19 Company Type:  
 Milwaukee, WI 53203 Group Name: State ID Number:  
 (800) 800-1212 ext. [Phone] FEIN Number: 39-0658730

-----  
**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Time Insurance Company	\$50.00	07/28/2011	50168716

SERFF Tracking Number: ASWX-G127344388 State: Arkansas  
Filing Company: Time Insurance Company State Tracking Number: 49420  
Company Tracking Number: G127344388  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: Time Insurance Health Care Reform Filings  
Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00133

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/29/2011	07/29/2011

SERFF Tracking Number: ASWX-G127344388 State: Arkansas  
Filing Company: Time Insurance Company State Tracking Number: 49420  
Company Tracking Number: G127344388  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: Time Insurance Health Care Reform Filings  
Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00133

## Disposition

Disposition Date: 07/29/2011

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: ASWX-G127344388 State: Arkansas  
 Filing Company: Time Insurance Company State Tracking Number: 49420  
 Company Tracking Number: G127344388  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: Time Insurance Health Care Reform Filings  
 Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00133

<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>	Variability Statement	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	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>	ENDORSEMENT REGARDING EMPLOYER CONTRIBUTION RATES	Approved-Closed	Yes

SERFF Tracking Number: ASWX-G127344388 State: Arkansas  
 Filing Company: Time Insurance Company State Tracking Number: 49420  
 Company Tracking Number: G127344388  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: Time Insurance Health Care Reform Filings  
 Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00133

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 07/29/2011	TGM.29833 .XX	Other	ENDORSEMENT REGARDING EMPLOYER CONTRIBUTION RATES	Initial		57.500	TGM_29833_ XX (TIC Endorsement re ER Contrib_- TRUST).PDF

Time Insurance Company  
[501 West Michigan St.  
Milwaukee, WI 53203]

## ENDORSEMENT REGARDING EMPLOYER CONTRIBUTION RATES

Notwithstanding anything in the [Policy][Certificate] to the contrary, the [Policy][Certificate] to which this endorsement is attached is amended to incorporate the additional provisions below.

NOTICE: This group health plan or health insurance issuer believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("PPACA"), as amended by the Health Care and Education Reconciliation Act of 2010 and applicable federal rules or regulations adopted in regard to such acts.

If the participating employer decides to change its contribution rate, the employer is required to notify Us at least [30] days in advance of any change. This plan ceases to be a grandfathered health plan if the participating employer decreases its contribution rate by more than 5 percentage points below the contribution rate for the coverage period that includes March 23, 2010. Plan benefits will be increased to meet applicable minimum requirements of PPACA if the plan loses grandfathered status. Premium rates may also be impacted.

Other plan changes may also result in the loss of grandfathered plan status. Call Us if You have questions regarding Your plan.

The [Policy][Certificate] is changed only as stated in this endorsement. Nothing in this endorsement will be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the [Policy][Certificate], other than as stated above.

This endorsement is effective on [the Endorsement Date][the Effective Date] of the [Policy][Certificate] to which it is attached[, or the Endorsement Date, if later]. If, for any reason, the plan ceases to be a grandfathered plan, this endorsement terminates on the date the plan loses grandfathered status.

[Endorsement Date: [xx/xx/xxxx]]

[insert signature]  
Secretary

[insert signature]  
President

SERFF Tracking Number: ASWX-G127344388 State: Arkansas  
 Filing Company: Time Insurance Company State Tracking Number: 49420  
 Company Tracking Number: G127344388  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
 Product Name: Time Insurance Health Care Reform Filings  
 Project Name/Number: Time Insurance Health Care Reform Filings/AR01284FI00133

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	07/29/2011
<b>Comments:</b>		
<b>Attachment:</b> AR - READABILITY CERTIFICATION.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Variability Statement	Approved-Closed	07/29/2011
<b>Comments:</b>		
<b>Attachment:</b> TIC GM PPACA GF Variability Statement.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter	Approved-Closed	07/29/2011
<b>Comments:</b>		
<b>Attachment:</b> TIC GM PPACA GF Endorsement Cover Letter - TRUST.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	07/29/2011
<b>Bypass Reason:</b> This is a rider that will be used with multiple different products. Those applications have already been approved and are in use.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	07/29/2011

*SERFF Tracking Number:* ASWX-G127344388 *State:* Arkansas  
*Filing Company:* Time Insurance Company *State Tracking Number:* 49420  
*Company Tracking Number:* G127344388  
*TOI:* H16G Group Health - Major Medical *Sub-TOI:* H16G.001C Any Size Group - Other  
*Product Name:* Time Insurance Health Care Reform Filings  
*Project Name/Number:* Time Insurance Health Care Reform Filings/AR01284FI00133  
**Bypass Reason:** Although the endorsement submitted herein is PPACA-related, it is not addressed on the Uniform Compliance Summary.

**Comments:**

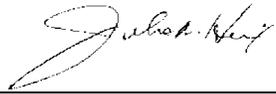
**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Time Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
TGM.29833.XX	57.5

Signed: \_\_\_\_\_



Name: Julia M. Hix

Title: VP Regulatory Compliance & AH Compliance Officer

Date: 7/28/11

Time Insurance Company  
[501 West Michigan St.  
Milwaukee, WI 53203]

## ENDORSEMENT REGARDING EMPLOYER CONTRIBUTION RATES

Notwithstanding anything in the [Policy][Certificate] to the contrary, the [Policy][Certificate] to which this endorsement is attached is amended to incorporate the additional provisions below.

NOTICE: This group health plan or health insurance issuer believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("PPACA"), as amended by the Health Care and Education Reconciliation Act of 2010 and applicable federal rules or regulations adopted in regard to such acts.

If the participating employer decides to change its contribution rate, the employer is required to notify Us at least [30] days in advance of any change. This plan ceases to be a grandfathered health plan if the participating employer decreases its contribution rate by more than 5 percentage points below the contribution rate for the coverage period that includes March 23, 2010. Plan benefits will be increased to meet applicable minimum requirements of PPACA if the plan loses grandfathered status. Premium rates may also be impacted.

Other plan changes may also result in the loss of grandfathered plan status. Call Us if You have questions regarding Your plan.

The [Policy][Certificate] is changed only as stated in this endorsement. Nothing in this endorsement will be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the [Policy][Certificate], other than as stated above.

This endorsement is effective on [the Endorsement Date][the Effective Date] of the [Policy][Certificate] to which it is attached[, or the Endorsement Date, if later]. If, for any reason, the plan ceases to be a grandfathered plan, this endorsement terminates on the date the plan loses grandfathered status.

[Endorsement Date: [xx/xx/xxxx]]

[insert signature]  
Secretary

[insert signature]  
President



**ASSURANT**  
Health

501 West Michigan  
P.O. Box 3050  
Milwaukee, WI 53201-3050  
T 800.800.1212

July 28, 2011

[www.assurant.com](http://www.assurant.com)

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

Re: **Time Insurance Company (NAIC #: 69477; FEIN: 39-0658730)**  
PPACA "Endorsement Regarding Employer Contribution Rates": TGM.29833.XX

Dear Sir/Madam:

The above-referenced endorsement, which will be used with existing grandfathered plans in the small employer group market, is submitted for your review and approval. This form is new and does not replace any form currently on file with your department.

This form is being filed on a general-use basis due to the passage of the Patient Protection and Affordable Health Care Act (PPACA). Pursuant to the Department of Health & Human Services' (HHS) first set of FAQ's, which were issued on September 20, 2010, the "Departments have determined that...they will not treat an insured group health plan that is a grandfathered plan as having ceased to be a grandfathered health plan immediately based on a change in the employer contribution rate if...[t]he issuer's policies, certificates, or contracts of insurance disclose in a prominent and effective manner that plan sponsors are required to notify the issuer if the contribution rate changes at any point during the plan year." [emphasis added]

The endorsement is being submitted in accordance with the above FAQ to disclose that employers must notify us of contribution rate changes. No other product changes have been made via this endorsement. As rates are not impacted by this form filing, rates are not being filed herewith.

This form is subject only to minor modifications in paper size, stock, layout, format, company logo and printing specifications of the document upon issue. Please see the enclosed Statement of Variability for additional information on form adaptability.

Thank you in advance for your time and attention to this filing. Should you have any questions, or require additional information, please contact me at any of the numbers listed below.

Best Regards,

Senior Contract Compliance Analyst  
Legal Department  
[christine.fleming@assurant.com](mailto:christine.fleming@assurant.com)