

SERFF Tracking Number: CAIC-127329673 State: Arkansas  
Filing Company: Continental American Insurance Company State Tracking Number: 49350  
Company Tracking Number: 8226  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: FSA Rider  
Project Name/Number: /8226

## Filing at a Glance

Company: Continental American Insurance Company

Product Name: FSA Rider

SERFF Tr Num: CAIC-127329673 State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 49350

Sub-TOI: H21.000 Health - Other

Co Tr Num: 8226

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Jennifer Bartow

Disposition Date: 07/20/2011

Date Submitted: 07/19/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: 8226

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: Employer, Other

Explanation for Other Group Market Type:  
Union

Overall Rate Impact:

Filing Status Changed: 07/20/2011

Deemer Date:

State Status Changed: 07/20/2011

Submitted By: Jennifer Bartow

Created By: Jennifer Bartow

PPACA: Not PPACA-Related

Corresponding Filing Tracking Number: 8226

PPACA Notes: null

Filing Description:

CAI0039 Rider Providing Additional Benefits to Policyholder

Dear Sir or Madam:

The above-captioned form is being filed for your review and approval. This rider offers administration of a policyholder's flexible savings accounts, which includes products offered by CAIC on a §125 pre-tax basis.

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This rider offers the optional administration benefit to all CAIC products previously approved in your state.

#### Product

Group Accident

Form Series: CA7700-MP-AR

Approval Date: 08/16/2006

Group Critical Illness

Form Series: CAI2800AR

Approval Date: 5/13/2008

Tracking Number: CAIC-125593737

Group Hospital Indemnity

Form Series: CA8500-MP (AR)

Approval Date: 3/29/2002

Group Dental

Form Series: CAI1100AR, et al.

Approval Date: 5/19/2010

Tracking Number: 45658

Group Disability

Form Series: GP5000-MP, et. al.

Approval Date: 4/08/1991

Thank you for your consideration in this matter. If you have any questions please contact Jennifer Bartow at 1-888-730-2244, ext. 4381, or at [companycompliance@caicworksite.com](mailto:companycompliance@caicworksite.com).

## Company and Contact

### Filing Contact Information

Jennifer Bartow,

2801 Devine Street

Columbia, SC 29205

[jbartow@caicworksite.com](mailto:jbartow@caicworksite.com)

803-461-4381 [Phone]

### Filing Company Information

Continental American Insurance Company

2801 Devine Street

CoCode: 71730

Group Code:

State of Domicile: South Carolina

Company Type: LAH

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Product Name: FSA Rider  
Project Name/Number: /8226  
Columbia, SC 29205 Group Name: Continental Amer Ins State ID Number:  
Co  
(803) 256-6265 ext. [Phone] FEIN Number: 57-0514130  
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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 #
Continental American Insurance Company	\$50.00	07/19/2011	49921619

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/20/2011	07/20/2011

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## Disposition

Disposition Date: 07/20/2011

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:* CAIC-127329673      *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	No
<b>Supporting Document</b>	Application	Approved-Closed	No
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	No
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	No
<b>Form</b>	Rider Providing Additional Benefits to Policyholder	Approved-Closed	No

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## Form Schedule

### Lead Form Number: CAI0039

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/20/2011	CAI0039	Policy/Cont	Rider Providing ract/Fratern Additional Benefits to al Policyholder Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.000	CAI0039.pdf



## CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205

For assistance or information  
call 1.800.433.3036.

### Rider Providing Additional Benefits to Policyholder

This Rider is part of the Master Policy to which it is attached. We have issued this Rider because the Policyholder applied for this coverage and an additional fee has been paid.

Unless amended by this Rider, all Master Policy terms and provisions apply.

#### Effective Date

This Rider's Effective Date is shown in the attached Rider Schedule.

#### Additional Benefits Provided to Policyholder

Continental American Insurance Company (CAIC) will administer the Policyholder's flexible spending accounts (FSA). This includes FSA administration for any qualifying benefit plans that the Policyholder provides to its Employees.

CAIC will administer such FSA plans in accordance with the IRS's published guidelines.

CAIC will act only in an administrative role and will provide these services only while this Rider is in force.

#### General Provisions

This Rider will terminate when the Master Policy terminates or when premiums are no longer paid.

This Rider is subject to all of the terms of this Plan, unless those terms are inconsistent with this Rider.

Signed by CAIC at its home office.

A handwritten signature in cursive script that reads "Eugene C. Smith".

President

A handwritten signature in cursive script that reads "Katherine A. Crosswhite".

Secretary

## Rider Schedule Page

Rider Effective Date:

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	07/20/2011
<b>Comments:</b>			
<b>Attachment:</b>			
Readability Cert.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	07/20/2011
<b>Bypass Reason:</b>	Please note that the already-approved applications for each product would be used.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	07/20/2011
<b>Bypass Reason:</b>	This is a group product rider.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	07/20/2011
<b>Bypass Reason:</b>	Please note that since this is merely a simple endorsement to multiple policies, an outline of coverage is not needed.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	07/20/2011
<b>Bypass Reason:</b>	This is not PPACA-related.		
<b>Comments:</b>			



**READABILITY CERTIFICATION**

I, James J. Hennessy, hereby certify that the following form has the following readability score as calculated by the Flesch Reading Ease Test:

**Form**  
CAI0039

**Readability Score**  
45

Digitally signed by James J. Hennessy, AIRC,  
ACP, CCP  
DN: cn=James J. Hennessy, AIRC, ACP, CCP,  
o=Continental American Insurance Company/  
Aflac, ou=Vice President, Compliance,  
email=jhennessy@aflac.com, c=US  
Date: 2011.06.08 12:25:04 -04'00'

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James J. Hennessy, AIRC, ACP, CCP  
Vice President, Compliance  
Continental American Insurance Company

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June 8, 2011  
Date