

SERFF Tracking Number: ASWX-G127291934 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49250
Company Tracking Number: G127291934
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other
Product Name: Union Security Health Care Reform Filings
Project Name/Number: Union Security Health Care Reform Filings/AR01285FB00080

Filing at a Glance

Company: Union Security Insurance Company

Product Name: Union Security Health Care Reform Filings SERFF Tr Num: ASWX-G127291934 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved-Closed State Tr Num: 49250

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: G127291934 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Author: SPI Disposition Date: 08/02/2011

AssurantHealthandEmployeeBenef

Date Submitted: 07/07/2011 Disposition Status: Approved-Closed

Implementation Date Requested: 08/11/2011

Implementation Date:

State Filing Description:

General Information

Project Name: Union Security Health Care Reform Filings

Project Number: AR01285FB00080

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Trust

Filing Status Changed: 08/02/2011

State Status Changed: 08/02/2011

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: Union Security Insurance Company (NAIC #: 70408; FEIN: 81-0170040)

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

Dear Sir/Madam:

SERFF Tracking Number: ASWX-G127291934 State: Arkansas
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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,
Christine Fleming
Senior Contract Compliance Analyst
Legal Department
christine.fleming@assurant.com

Note: Wisconsin is our state of domicile and does not require a filing fee, therefore, no filing fee applies to this filing.

Company and Contact

Filing Contact Information

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

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Filing Company Information

Union Security Insurance Company	CoCode: 70408	State of Domicile: Kansas
2323 Grand Blvd	Group Code: 19	Company Type:
Kansas City, MO 64108	Group Name:	State ID Number:
(800) 800-1212 ext. [Phone]	FEIN Number: 81-0170040	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Security Insurance Company	\$0.00	07/07/2011	
Union Security Insurance Company	\$50.00	07/12/2011	49688628

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/02/2011	08/02/2011

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	07/11/2011	07/11/2011			
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Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Request	Note To Reviewer	SPI AssurantHealth andEmployeeBenefit	08/02/2011	08/02/2011

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Disposition

Disposition Date: 08/02/2011

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	Variability Statement	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	ENDORSEMENT REGARDING EMPLOYER CONTRIBUTION RATES	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/11/2011

Submitted Date 07/11/2011

Respond By Date

Dear Christine Fleming,

This will acknowledge receipt of the captioned filing.

Objection 1

- ENDORSEMENT REGARDING EMPLOYER CONTRIBUTION RATES, UGM.29833.XX (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 the filing fee of \$50.00 for this submission.

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Note To Reviewer

Created By:

SPI AssurantHealthandEmployeeBenef on 08/02/2011 11:34 AM

Last Edited By:

Rosalind Minor

Submitted On:

08/02/2011 01:49 PM

Subject:

Status Request

Comments:

Dear Rosalind, would you provide a status on this filing? Thank You, Christine

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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 08/02/2011	UGM.2983 3.XX	Other	ENDORSEMENT REGARDING EMPLOYER CONTRIBUTION RATES	Initial		57.500	UGM_29833_XX (USIC GM PPACA GF Endorsement re ER Contribution-TRUST).PDF

Union Security 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

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Variability Statement	Approved-Closed	08/02/2011
Comments:		
Attachment: USIC GM PPACA GF Variability Statement.PDF		

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/02/2011
Comments:		
Attachment: AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	08/02/2011
Comments:		
Attachment: USIC GM PPACA GF Endorsement Cover Letter - TRUST.PDF		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	08/02/2011
Bypass Reason: This is a rider that will be used with multiple different products. Those applications have already been approved and are in use.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	08/02/2011

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Bypass Reason: Although the endorsement submitted herein is PPACA-related, it is not addressed on the Uniform Compliance Summary.

Comments:



ASSURANT
Health

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

www.assurant.com

STATEMENT OF VARIABILITY

Since this endorsement is filed for general use, the variability and terminology has been designed to accommodate use with various forms by incorporating variable terms.

We also reserve the right to amend the form(s) to correct any minor clerical or typographical errors we may have overlooked prior to approval, and to revise any phraseology to clarify the intent within the confines of the law.

UGM.29833.XX and/or UGM.29834.XX Detailed Explanation of Variability

- Union Security Insurance Company
[501 West Michigan St.
Milwaukee, WI 53203]

Explanation: Union Security Insurance Company's current address will print.

- [Policy][Certificate]

Explanation: The variable phrases may print on policy or certificate output. "Policy" prints on the employer's and/or master policyholder's document. "Certificate" prints on the employee's document.

- 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.

Explanation: The minimum value that will print is "30."

- 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].

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

Explanation: The variable endorsement date language prints on transitional plans, as the PPACA requirements will be effective 1/1/2011, not the plan's Effective Date.

- | | |
|----------------------|--------------------|
| • [insert signature] | [insert signature] |
| Secretary | President |

Explanation: The signature of Union Security Insurance Company's current Secretary and current President will print.

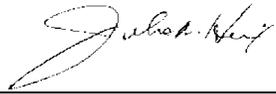
STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Union Security 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.

Form Number	Score
UGM.29833.XX	57.5

Signed: _____



Name: Julia M. Hix

Title: VP Regulatory Compliance & AH Compliance Officer

Date: 6-24-11



ASSURANT
Health

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

June 24, 2011

www.assurant.com

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

Re: **Union Security Insurance Company (NAIC #: 70408; FEIN: 81-0170040)**
PPACA "Endorsement Regarding Employer Contribution Rates": UGM.29833.XX

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Best Regards,

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