

SERFF Tracking Number: ASWX-G127383005 State: Arkansas  
 Filing Company: Union Security Insurance Company State Tracking Number: 49619  
 Company Tracking Number: AR01379FB00007  
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
 Product Name: Worksite/AAHA  
 Project Name/Number: Worksite/AAHA/AR01379FB00007

## Filing at a Glance

Company: Union Security Insurance Company

Product Name: Worksite/AAHA

SERFF Tr Num: ASWX-G127383005

State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-Closed

State Tr Num: 49619

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: AR01379FB00007

State Status: Approved-Closed

Filing Type: Form

Author: SPI  
 AssurantHealthandEmployeeBenef

Reviewer(s): Rosalind Minor

Disposition Date: 08/29/2011

Date Submitted: 08/23/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 10/01/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: Worksite/AAHA

Project Number: AR01379FB00007

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Other

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 04/14/2011

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type:

Other-ALL Eligible Groups Except Credit

Filing Status Changed: 08/29/2011

State Status Changed: 08/29/2011

Created By: SPI

AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

Overall Rate Impact:

Deemer Date:

Submitted By: SPI AssurantHealthandEmployeeBenef

Filing Description:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

Form Number Description

Schd AO 2011 Group Policy-Certificate insert form for use with Group Policy Form GP 09 and Group Certificate Form

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GC 09.

AO BP 2011 Group Policy-Certificate insert form for use with Group Policy Form GP 09 and Group Certificate Form GC 09.

These forms are similar to forms Schd AO and AO BP, approved by your department on June 3, 2009, SERFF Reference No. MCHX-126167562. The main differences include modification of some of the benefit amounts in the Schedule, an emergency room benefit and a non-emergency room benefit have been added under Accident Emergency Treatment, and a Wellness Benefit has been added. Because of the change in the Accident Emergency Treatment benefit in form AO BP 2011, the Accident Follow-Up Treatment and Physical Therapy provisions have also been modified.

This filing has been approved in Kansas, our domiciliary state, on April 14, 2011.

The \$100 filing fee is being submitted via EFT.

Except for the enclosed forms, all forms referred to above are currently on file with your Department. The variable material is indicated by boxes or brackets.

## Company and Contact

### Filing Contact Information

Dixie Lawlor, Senior Contract Compliance Analyst  
2323 Grand Blvd  
Kansas City, MO 64108  
dixie.lawlor@assurant.com  
816-881-8747 [Phone]  
816-881-8508 [FAX]

### Filing Company Information

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

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No

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Fee Explanation: \$50 per form x 2 forms = \$100  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Security Insurance Company	\$100.00	08/23/2011	50884617

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/29/2011	08/29/2011

*SERFF Tracking Number:* ASWX-G127383005      *State:* Arkansas  
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## **Disposition**

Disposition Date: 08/29/2011

Implementation Date:

Status: Approved-Closed

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>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Schd AO 2011 Statement of Variations, AO BP 2011 Statement of Variations	Approved-Closed	Yes
<b>Supporting Document</b>	Cover letter	Approved-Closed	Yes
<b>Form</b>	Schedule	Approved-Closed	Yes
<b>Form</b>	Accident Only Insurance	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: AO Schd 2011

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/29/2011	AO Schd 2011	Schedule Pages	Schedule	Initial		0.000	Schd AO 2011 w boxes.PDF
Approved-Closed 08/29/2011	AO BP 2011	Other	Accident Only Insurance	Initial		65.900	AO BP 2011 w boxes.PDF



**SCHEDULE (continued)**

13	Initial Accident Hospitalization, limited to [once each <i>benefit year</i> ]: <span style="float: right;">[\$1,000]</span> ICU Initial Accident Hospitalization <span style="float: right;">[\$1,500]</span> (payable instead of Initial Accident Hospitalization, if confined immediately to <i>ICU</i> )
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14	Intensive Care Unit Confinement: <span style="float: right;">[\$500 daily]</span> , limited to [15 days] for each <i>accident</i> [This is paid in addition to any Accident Hospital Confinement benefit.]
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Accident Specific-Sum Injuries:

15	<ul style="list-style-type: none"> <li>• Burns on the body's surface:</li> </ul>	<b>3<sup>rd</sup> Degree Burns</b>	<b>2<sup>nd</sup> Degree Burns</b>
	[More than 20 but not more than 40 square centimeters]	[\$1,000]	[\$400]
	[More than 40 but not more than 65 square centimeters]	[\$2,000]	[\$800]
	[More than 65 but not more than 160 square centimeters]	[\$6,000]	[\$1,200]
	[More than 160 but not more than 225 square centimeters]	[\$14,000]	[\$1,600]
	[More than 225 square centimeters]	[\$20,000]	[\$2,000]

16	• Skin Grafts. If you [or your <i>covered dependent</i> receives] one or more skin grafts for a <i>second degree burn</i> or a <i>third degree burn</i> , we will pay [50%] of the total burn benefit amount we paid for the burn involved.
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17	• Coma: <span style="float: right;">[\$20,000]</span>
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18	• Concussion (brain): <span style="float: right;">[\$100]</span>
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19	• Dislocation with <i>reduction</i> under <i>general anesthesia</i> , limited to [2 <i>dislocations</i> ] per <i>accident</i> .
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	<b>Open Reduction</b>	<b>Closed Reduction</b>
Ankle or foot (excluding toes)	[\$1,000]	[\$300]
Collar bone	[\$1,600]	[\$300]
Hip	[\$4,000]	[\$1,000]
Knee or shoulder	[\$1,000]	[\$400]
Lower jaw	[\$1,000]	[\$500]
Toe or finger	[\$200]	[\$100]
Wrist or elbow	[\$800]	[\$400]

If a *doctor* performs a *reduction* for a *dislocation* without *general anesthesia*, we will pay [25%] of the amount shown for the closed *reduction dislocation*.

**SCHEDULE (continued)**

- 20 • Emergency dental work, limited to [1 benefit] per *accident*:
 

Broken teeth repaired with crowns	[\$200]
Broken teeth resulting in extractions	[\$65]

- 21 • Eye Injury:
 

Surgical repair	[\$300]
Removal of foreign body by a <i>doctor</i>	[\$65]

- 22 • Fractures, limited to [2 fractures] per *accident*:

	<b>Open Reduction</b>	<b>Closed Reduction</b>
Coccyx	[\$400]	[\$200]
Foot (excluding toes/heel)	[\$650]	[\$325]
Hand (excluding fingers)	[\$650]	[\$325]
Hip	[\$3,000]	[\$1,500]
Leg	[\$1,600]	[\$800]
Lower jaw	[\$650]	[\$325]
Nose, heel, or finger	[\$700]	[\$175]
Rib	[\$1,200]	[\$300]
Shoulder blade or forearm	[\$650]	[\$325]
Skull		
Depressed	[\$5,000]	[\$2,500]
Not depressed	[\$2,500]	[\$1,250]
Toe	[\$250]	[\$125]
Upper jaw, upper arm or face (excluding nose)	[\$750]	[\$375]
Vertebrae (body of), pelvis (excluding coccyx), or sternum	[\$1,600]	[\$800]
Vertebral processes	[\$1,200]	[\$300]
Wrist, elbow, ankle or kneecap	[\$650]	[\$325]

We will pay [25%] of the benefit amount shown for the closed *reduction* for *chip fractures* and other *fractures* not reduced by open or closed *reduction*.

- 23 • Lacerations:
 

Laceration(s) not requiring sutures and treated by a <i>doctor</i>	[\$35]
Single lacerations less than [5 centimeters] requiring sutures	[\$65]
Lacerations at least [5 centimeters but not more than 15 centimeters] requiring sutures (total of all lacerations)	[\$250]
Lacerations [over 15 centimeters] requiring sutures (total of all lacerations)	[\$500]

- 24 • Paralysis (payable only [once] per *lifetime*):
 

<i>Quadriplegia</i>	[\$50,000]
<i>Paraplegia</i>	[\$25,000]

- 25 • Surgical Procedures (performed [within 90 days] of the *accident*):
 

Repair of:	
Tendons and/or ligaments	[\$625]
Torn rotator cuffs	[\$625]
Ruptured discs	[\$625]
Torn knee cartilages	[\$625]
Arthroscopy without surgical repair	[\$300]
Open abdominal (including exploratory laparotomy), cranial, hernia, or thoracic surgery	[\$1,250]

**SCHEDULE (continued)**

25	Miscellaneous surgery requiring <i>general anesthesia</i> that is not covered by any other specific-sum <i>injury</i> benefit (Only one miscellaneous surgery benefit is payable per [24 hour] period even though more than one surgical procedure may be performed)	[\$300]																																														
26	<p>Accidental Death:</p> <table border="0"> <tr> <td>[Covered person:]</td> <td align="right">[\$25,000]</td> </tr> <tr> <td>[Covered dependent spouse:]</td> <td align="right">[\$25,000]</td> </tr> <tr> <td>[Covered dependent child:]</td> <td align="right">[\$5,000]</td> </tr> <tr> <td colspan="2">Result of a <i>common carrier accident</i>:</td> </tr> <tr> <td>[Covered person:]</td> <td align="right">[\$100,000]</td> </tr> <tr> <td>[Covered dependent spouse:]</td> <td align="right">[\$100,000]</td> </tr> <tr> <td>[Covered dependent child:]</td> <td align="right">[\$20,000]</td> </tr> </table> <p>The <i>common carrier</i> Accidental Death benefit will be paid if death is a result of a <i>common carrier accident</i>; otherwise the regular Accidental Death benefit will be paid, but not both.</p> <p>Accidental Dismemberment:</p> <table border="0"> <tr> <td colspan="2">Two eyes, feet, hands, arms or legs</td> </tr> <tr> <td>[Covered person:]</td> <td align="right">[\$15,000]</td> </tr> <tr> <td>[Covered dependent spouse:]</td> <td align="right">[\$7,500]</td> </tr> <tr> <td>[Covered dependent child:]</td> <td align="right">[\$7,500]</td> </tr> <tr> <td colspan="2">Both arms and both legs</td> </tr> <tr> <td>[Covered person:]</td> <td align="right">[\$15,000]</td> </tr> <tr> <td>[Covered dependent spouse:]</td> <td align="right">[\$7,500]</td> </tr> <tr> <td>[Covered dependent child:]</td> <td align="right">[\$7,500]</td> </tr> <tr> <td colspan="2">One or more fingers or toes</td> </tr> <tr> <td>[Covered person:]</td> <td align="right">[\$1,500]</td> </tr> <tr> <td>[Covered dependent spouse:]</td> <td align="right">[\$750]</td> </tr> <tr> <td>[Covered dependent child:]</td> <td align="right">[\$750]</td> </tr> <tr> <td colspan="2">One eye, foot, hand, arm or leg</td> </tr> <tr> <td>[Covered person:]</td> <td align="right">[\$7,500]</td> </tr> <tr> <td>[Covered dependent spouse:]</td> <td align="right">[\$3,750]</td> </tr> <tr> <td>[Covered dependent child:]</td> <td align="right">[\$3,750]</td> </tr> </table>		[Covered person:]	[\$25,000]	[Covered dependent spouse:]	[\$25,000]	[Covered dependent child:]	[\$5,000]	Result of a <i>common carrier accident</i> :		[Covered person:]	[\$100,000]	[Covered dependent spouse:]	[\$100,000]	[Covered dependent child:]	[\$20,000]	Two eyes, feet, hands, arms or legs		[Covered person:]	[\$15,000]	[Covered dependent spouse:]	[\$7,500]	[Covered dependent child:]	[\$7,500]	Both arms and both legs		[Covered person:]	[\$15,000]	[Covered dependent spouse:]	[\$7,500]	[Covered dependent child:]	[\$7,500]	One or more fingers or toes		[Covered person:]	[\$1,500]	[Covered dependent spouse:]	[\$750]	[Covered dependent child:]	[\$750]	One eye, foot, hand, arm or leg		[Covered person:]	[\$7,500]	[Covered dependent spouse:]	[\$3,750]	[Covered dependent child:]	[\$3,750]
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27	Ambulance: Ground Air	[\$200] [\$1,500]																																														
28	Appliances (payable for [1 appliance] for any <i>accident</i> ): Wheelchairs, leg or back braces, crutches or walkers	[\$125]																																														
29	Blood/Plasma/Platelets (payable [once] for any <i>accident</i> ):	[\$200]																																														
30	Lodging: [\$100 daily], [limited to 1 benefit per day and a] <i>benefit year</i> maximum of [30 days] for each <i>accident</i>																																															

**SCHEDULE (continued)**

- |    |  |
|----|--|
| 31 | Major Diagnostic Exams: [\$200 per <i>benefit year</i> ]   |
| 32 | Physical Therapy: [\$25] per day, not to exceed [10 days] of <i>treatment</i>  |
| 33 | Prosthesis: [\$500], limited to [1 <i>prosthesis</i> ] per <i>accident</i>   |
| 34 | Rehabilitation Unit: [\$150] per day, limited to [30 days] per period of confinement and limited to [60 days] per <i>benefit year</i>  |
| 35 | Transportation: [\$600], limited to [3 round trips] per <i>benefit year</i>  |
| 36 | <p>[The following benefit is only provided if you have elected coverage for your <i>covered dependent</i> spouse and you have elected the Spouse Off the Job Accident Disability Benefit.]</p> <p>Spouse Off the Job Accident Disability Benefit</p> <p>Weekly Benefit: [\$50]</p> <p>Date Benefits Start: For <i>disability</i> due to <i>accident</i> - [the 31<sup>st</sup> consecutive] day of <i>disability</i></p> <p>Maximum Benefit Period: [13 weeks] for any <i>period of disability</i> for any one <i>accident</i></p> <p>Benefits for less than a week will be 1/7 of the Weekly Benefit for each day of <i>disability</i>.</p> |
| 37 | <b>Wellness Screening Benefit Amount:</b> [\$50]   |

**SCHEDULE (continued)**

38

**Plan Changes**

**[Plan Changes at Annual Enrollment]**

You may choose to change your plan of insurance from January 1 through January 31 of each year, the annual enrollment period agreed upon by the *policyholder* and us.

The effective date of a change made during the annual enrollment period will be the policy anniversary. Please see Exception to Effective Date if you are not at *active work* on the day the change in insurance would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if your *covered dependent* is in a *hospital* or similar facility on the day the change in insurance would otherwise take effect.]

**Change in Family Status**

You may apply for insurance [or change your plan of insurance,] [within 31 days] of a change in family status. A “change in family status” means [your marriage or divorce, the death of your spouse or child, the birth or adoption of your child, or the termination of employment of your spouse, or any other event specified in the *policyholder’s* IRC Section 125 plan].

If you are first applying for insurance for yourself [or for your *eligible dependent*] [within 31 days] after a change in family status, insurance will take effect [on the first of the month occurring on or after the date of the request].

[If you are changing your existing plan of insurance, the effective date of any change due to a change in family status will be the first of the month occurring on or after the date of the request.]

[Please see Exception to Effective Date if an eligible person is not at *active work* on the day insurance, or a change in insurance, would otherwise take effect, or if that day is not a regular work day. Please see Exception to Dependent Effective Date if an *eligible dependent* is in a *hospital* or similar facility on the day insurance, or a change in insurance, would otherwise take effect.]

## ACCIDENT ONLY INSURANCE

### Insurance Provided

1

We will pay the benefit amounts shown in the Schedule if your [or your *covered dependent's*] [death, *dismemberment* or] *injury* is caused by an [*on the job accident* or] *off the job accident*. Any [death, *dismemberment*, or] *injury* must be independent of *sickness* or bodily infirmity, or of any cause other than an *accident*. Any benefits are subject to the provisions of the *policy*.

2

The following provisions set forth the benefits which are provided under this *policy*. The *accident* must occur while you [or your *covered dependent* is] insured under this *policy*. Any benefit is subject to the limitations and exclusions described in this *policy*. For benefits to be paid as a result of an *accident*, any required premiums must continue to be paid[, either] under the *policy* [or under the group portability policy, if eligible].

3

[Some of the benefits described in the *policy* may not apply, depending on the plan selected.]

4

### Accident Emergency Treatment

When you [or your *covered dependent* receives] *treatment* from a *doctor* for an *injury*, we will pay the Accident Emergency Treatment amount shown in the Schedule per *accident*, provided the *treatment* is received [within 72 hours] of the *accident*. This benefit will be paid [for you or your *covered dependent*] only once for each *accident* and not more than once per [24 hour] period. If you [or your *covered dependent* receives] *treatment* for the same *injury* in an *emergency room* and non-emergency room within the same [24 hour] period, we will pay the higher benefit.

5

### Accident Follow-Up Treatment

When you [or your *covered dependent* receives] *treatment* from a *doctor* for an *injury* [within 72 hours] of an *accident* and then later receives follow-up *treatment* from a *doctor* at a *doctor's office* or at a *hospital* as an *outpatient*, we will pay the Accident Follow-Up Treatment amount shown in the Schedule per day [for you or your *covered dependent*] for each *treatment*, not to exceed [6 payments] for an *accident*. The *treatment* must start no later than [30 days] of the initial *treatment* from the *doctor*, or any *emergency room* or *hospital* discharge, whichever is later. We will not pay this benefit for the same days that the Accident Emergency Treatment or Physical Therapy benefit is paid. However, if you [or your *covered dependent* is] eligible for both the Accident Follow-Up Treatment benefit and the Physical Therapy benefit on the same day, we will pay the higher benefit.

6

### Accident Hospital Confinement

We will pay the Accident Hospital Confinement amount shown in the Schedule for each day that you [or your *covered dependent* is] *hospital confined* because of an *injury*, provided that the first day of *hospital confinement* is [within 30 days] of the *accident*. We will not pay for more than [365 days] for each *accident* [and we will not pay this benefit for the same days that the Rehabilitation Unit benefit is paid. However, if you or your *covered dependent* is *hospital confined* and transferred to a bed in a *rehabilitation unit*, on the day you or your *covered dependent* is transferred and you or your *covered dependent* is eligible for both the Accident Hospital Confinement benefit and the Rehabilitation Unit benefit, we will pay the higher benefit.]

7

## ACCIDENT ONLY INSURANCE (continued)

### Initial Accident Hospitalization

If you [or your *covered dependent* is] *hospital confined* due to an *injury*, [within 30 days] of the *accident*, we will pay the Initial Accident Hospitalization amount shown in the Schedule. If you [or your *covered dependent* is] confined immediately to the *intensive care unit*, we will pay the ICU Initial Accident Hospitalization amount shown in the Schedule instead. We will only pay the benefit under this provision once for an *accident* and only [once each *benefit year*] [for you or your *covered dependent*].

8

### Intensive Care Unit Confinement

For each day you [or your *covered dependent* is] *hospital confined* in an *intensive care unit* due to an *injury*, we will pay, in addition to benefits payable for *hospital confinement*, the Intensive Care Unit Confinement amount shown in the Schedule, provided the first *intensive care unit* charge is incurred [within 30 days] of the *accident*. We will not pay this benefit for more than [15 days] for each *accident* [for you or your *covered dependent*].

9

### Accident Specific-Sum Injuries

We will pay the Accident Specific-Sum Injuries amounts shown in the Schedule for the following benefits if you [or your *covered dependent* receives] *treatment* for the following *injuries* sustained in an *accident*.

- *Second degree burns* or *third degree burns* that cover [more than 20 square centimeters] of the body's surface, if you [or your *covered dependent* receives] *treatment* from a *doctor* [within 72 hours] of an *accident*. 10
- *Skin Grafts*. If you [or your *covered dependent* receives] one or more skin grafts for a *second degree burn* or *third degree burn*, we will pay [50%] of the total burn benefit amount we paid for the burn involved. 11
- *Coma*, *diagnosed* [within 30 days] of the *accident*. 12
- *Brain concussion*, if you [or your *covered dependent* suffers] a significant blow to the head which results in unconsciousness and is *diagnosed* by a *doctor* using x-ray, CT scan or MRI (magnetic resonance imaging) [within 72 hours] of an *accident*. 13
- *Dislocation with reduction under general anesthesia*. We will pay for no more than [2 *dislocations*] per *accident* [for you or your *covered dependent*]. Benefits are payable for only the first *dislocation* of a joint. 14

If a *doctor* performs a *reduction* for a *dislocation* without *general anesthesia*, we will pay [25%] of the amount shown in the Schedule for the closed *reduction dislocation*. 15

- *Emergency dental work* for broken teeth either repaired with crowns or extracted, which must be performed [within 72 hours] of the *accident*. We will pay for no more than [one dental benefit] per *accident* [for you or your *covered dependent*]. 16
- *Eye injury* requiring surgical repair or removal of a foreign body from the eye by a *doctor*.
- *Fractures*. We will pay [25%] of the benefit amount shown in the Schedule for the closed *reduction* for *chip fractures* and other *fractures* not reduced by open or closed *reduction*. We will pay for no more than [2 *fractures*] per *accident* [for you or your *covered dependent*] [and will pay the 2 highest applicable benefit amounts]. 17

## ACCIDENT ONLY INSURANCE (continued)

- Lacerations described in the Schedule, which must be repaired [within 72 hours] of the *accident* and repaired under the attendance of a *doctor*. 13
- *Paralysis*. If you [or your *covered dependent* suffers] *paralysis* as a result of an *accident*, we will pay a benefit for *quadriplegia* or *paraplegia*. The duration of the *paralysis* must be a minimum of [30 days] and must be *diagnosed* [within 90 days] of an *accident*. This benefit will be payable [once] per *lifetime* [for you or your *covered dependent*]. 18
- Surgical Procedures, which must be performed [within 90 days] of an *accident*. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be paid based upon the most expensive procedure. 19

### Accidental Death

If [within 365 days] of an *accident* you [or your *covered dependent* dies] due to the *accident*, we will pay the Accidental Death amount shown in the Schedule. If the death is a result of a *common carrier accident*, we will pay the *common carrier* amount shown in the Schedule instead of the regular Accidental Death benefit. If an Accidental Dismemberment benefit is paid and you [or your *covered dependent*] subsequently [dies] from the same *accident*, any Accidental Death benefit resulting from the same *accident* will be reduced by the amount of the Accidental Dismemberment benefit paid. 20

### Accidental Dismemberment

If as the result of an *accident* you [or your *covered dependent* suffers] *dismemberment* [within 365 days] of the *accident*, we will pay once per *accident* the highest applicable Accidental Dismemberment amount shown in the Schedule. This benefit will not be paid if the Accidental Death benefit is paid. However, if an Accidental Dismemberment benefit is paid and you [or your *covered dependent*] subsequently [dies] from the same *accident*, any Accidental Death benefit resulting from the same *accident* will be reduced by the amount of the Accidental Dismemberment benefit paid.

### Ambulance

We will pay the Ambulance amount shown in the Schedule if a licensed professional ambulance is used to transport you [or your *covered dependent*] to a *hospital* due to an *injury* [within 72 hours] of an *accident*. 21

### Appliances

We will pay the Appliances amount shown in the Schedule for wheelchairs, leg or back braces, crutches or walkers if the appliance is prescribed by a *doctor* as necessary due to an *injury*. You [or your *covered dependent* is] limited to only [one appliance] amount per *accident*. 22

### Blood/Plasma/Platelets

We will pay the Blood/Plasma/Platelets amount shown in the Schedule when you [or your *covered dependent* receives] a transfusion of a blood product including plasma or platelets (but not immunoglobulins) because of an *injury*. This benefit is limited to [one payment] [for you or your *covered dependent*] per *accident*. 23

## ACCIDENT ONLY INSURANCE (continued)

### Lodging

If you [or your *covered dependent* is] *hospital confined* more than [100 miles] from your [or your *covered dependent's*] residence as a result of an *injury*, we will pay the Lodging amount shown in the Schedule for each day [you or] an adult family companion who accompanies you [or your *covered dependent*] is charged for a hotel near the *hospital*. The Lodging amount is limited to [a maximum of 1 benefit per day and] a *benefit year* maximum of [30 days] for each *accident*.

24

### Major Diagnostic Exams

If, as a result of an *injury* and [within 72 hours] of the *accident*, a *doctor* prescribes or requests that you [or your *covered dependent* receives] an angiogram, arteriogram, CT scan, EEG (electroencephalogram), or MRI (magnetic resonance imaging), and the exam is performed in a *hospital*, *ambulatory surgery center* or *doctor's office*, we will pay the Major Diagnostic Exams amount shown in the Schedule per *benefit year* when an exam charge is incurred, unless there is no charge because the exam is performed in a United States government facility.

13

### Physical Therapy

If

- you [or your *covered dependent*] received *treatment* from a *doctor* for an *injury* [within 72 hours] of an *accident*;
- a *doctor* prescribes additional *treatment* with a *physical therapist* for that *injury*; and
- the *treatment* from the *physical therapist* starts [within 30 days] of the initial *treatment* from the *doctor*, or any *emergency room* or *hospital* discharge, whichever is later;

25

then we will pay the Physical Therapy amount shown in the Schedule for each day of *treatment* by the *physical therapist*. We will not pay more than [10 days] of *treatment* by the *physical therapist* and we will not pay for any such *treatment* which occurs more than [6 months] after the initial *treatment* from the *doctor*, or any *emergency room* or *hospital* discharge, whichever is later. [We will not pay this benefit if the Accident Follow-Up Treatment benefit is paid for the same days. However, if you or your *covered dependent* is eligible for both the Accident Follow-Up Treatment benefit and the Physical Therapy benefit on the same day, we will pay the higher benefit.]

### Prosthesis

We will pay the Prosthesis amount shown in the Schedule for a prosthesis prescribed by a *doctor* as necessary due to an *injury*. You [or your *covered dependent* is] limited to [one *prosthesis*] per *accident*.

26

## ACCIDENT ONLY INSURANCE (continued)

### Rehabilitation Unit

We will pay the Rehabilitation Unit amount shown in the Schedule for each day you [or your *covered dependent* is] confined to a bed in a *rehabilitation unit* due to an *injury*.

We will pay this benefit for up to [30 days] for any one period of confinement in a *rehabilitation unit*. Confinements in a *rehabilitation unit* will be considered as part of the same period of confinement in a *rehabilitation unit* if they are:

- due to the same or related *accident*; and
- separated by less than [30 days].

This benefit is limited to [60 days] per *benefit year*.

The Accident Hospital Confinement benefit will not be paid for the same days that the Rehabilitation Unit benefit is paid. However, if you [or your *covered dependent* is] *hospital confined* and transferred to a bed in a *rehabilitation unit*, on the day you [or your *covered dependent* is] transferred and you [or your *covered dependent* is] eligible for both the Accident Hospital Confinement benefit and the Rehabilitation Unit benefit, we will pay the higher benefit.

27

### Transportation

We will pay the Transportation amount shown in the Schedule upon completion of a round trip to transport you [or your *covered dependent*] to a *hospital* if the purpose of the trip is to obtain medical care prescribed by your [or your *covered dependent's*] attending *doctor* for *treatment* of an *injury* that is not available [within 100 miles] of the *accident* or your [or your *covered dependent's*] residence. We will pay this benefit only for your [or your *covered dependent's*] transportation. [However, we will pay this benefit upon completion of round trip commercial travel by bus, train or airplane for a parent or guardian if the medical care is for a *covered dependent* child and he or she is accompanied by a parent or guardian.] This benefit is limited to [3 round trips] per *benefit year* [for you or your *covered dependent*, including trips in which the *covered dependent* child is accompanied by a parent or guardian]. This benefit will not be paid for transportation by ground ambulance or air ambulance.

28

## ACCIDENT ONLY INSURANCE (continued)

### Spouse Off the Job Accident Disability Benefit

[This benefit applies to you only if you have elected coverage for your *covered dependent* spouse and you have elected the Spouse Off the Job Accident Disability Benefit.]

#### Insurance Provided

If your *covered dependent* spouse becomes *disabled* due to an *off the job accident* [within 30 days] of the *accident* that occurs while insured under the *policy*, we will pay the Spouse Off the Job Accident Disability Benefit after your spouse satisfies the Date Benefits Start provision. We will pay the Weekly Benefit as long as your *covered dependent* spouse remains *disabled*. We will not pay beyond the Maximum Benefit Period for any *period of disability* for any one *accident*. Any benefits are subject to the provisions of the *policy*.

#### Exclusions

We will not pay benefits for any part of a *period of disability* during which:

- your *covered dependent* spouse is working for pay or other remuneration; or
- your *covered dependent* spouse is receiving benefits under any Workers' Compensation Act (or a similar law).

We will not pay benefits for a *period of disability* if your *covered dependent* spouse becomes *disabled* as a result of:

- committing [an assault or] felony; or
- an *injury* that arises out of or occurs in the course of any occupation for pay or profit.

**Wellness Screening Benefit**

We will pay the Wellness Screening Benefit Amount shown in the Schedule if you provide proof satisfactory to us that you [or your *covered dependent* spouse] had a wellness screening test performed while covered under the *policy*. This benefit is limited to the wellness screening tests listed below and is limited to [one test per *benefit year*] [per person].

- [cardiac exercise stress test]
- [fasting blood glucose test]
- [blood test for lipids including total cholesterol, LDL, HDL and triglycerides]
- [breast ultrasound or mammography]
- [CA15-3 (blood test for breast cancer)]
- [CA 125 (blood test for ovarian cancer)]
- [CEA (blood test for colon cancer)]
- [chest x-ray]
- [colonoscopy]
- [flexible sigmoidoscopy]
- [hemocult stool analysis]
- [pap smear]
- [PSA (blood test for prostate cancer)]
- [serum protein electrophoresis]
- [carotid doppler]
- [electrocardiogram]
- [echocardiogram].

This benefit will be paid as long as the *policy* is in force and you [or your *covered dependent* spouse remains] covered under the *policy*. The benefit will be paid regardless of the results of the test. The wellness screening benefit is paid in addition to any other benefits payable under the *policy*. In order to receive this benefit, you must submit proof that the wellness screening test was performed by providing us with documentation from your *doctor*.

## ACCIDENT ONLY INSURANCE (continued)

### Beneficiary

You may change the *beneficiary* for any *accidental death* benefit at any time. Any request to name or change the *beneficiary* must be in writing on a form acceptable to us and signed by you. After we receive the request at [our *home office*], the change will take effect on the date you signed it. A *beneficiary* change will be without prejudice to us for any payment we made before we received notice in [our *home office*].

[You may also send a request to change the *beneficiary* to the main office of the *policyholder*. The change must be made in a manner acceptable to us.]

[Until you name a *beneficiary* under our *policy*, your *beneficiary* is the person or persons you last named as beneficiary under the previous group accident only policy sponsored by the *policyholder*, an *associated company*, or your employer.]

If you named more than 1 *beneficiary*, your amount of insurance will be divided among them equally, unless you specified otherwise.

If a *beneficiary* dies before you do, the rights and interest of that *beneficiary* will end.

If no *beneficiary* is living or existing when you die, or if none was named, or if the *beneficiary* is disqualified by operation of law, your insurance will be paid to the first qualified surviving class of the following classes in this order:

- [your lawful spouse;
- your living children, in equal shares;
- your living parents, in equal shares; or
- your estate].

31

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c

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### Spendthrift

As permitted by law, the benefits under the *policy* are not subject to commutation, encumbrance or alienation. They are not subject to the claim of, or legal process by, any creditor of you or your *beneficiary*.

32

### General Exclusions

We will not pay benefits for you [or your *covered dependent*] if the *accident* or *injury* results, directly or indirectly, from:

- Service in the armed forces or related auxiliaries such as the National Guard or Army Reserve of any country, combination of countries, or international organization at war, whether declared or not;
- War or any act of war, whether declared or not;
- Taking part in a riot or insurrection, or an act of riot or insurrection;
- Committing or attempting to commit [an assault or] felony;

33

**ACCIDENT ONLY INSURANCE (continued)**

- Incarceration in a penal institution of any kind;
- Intoxication (intoxication means your [or your *covered dependent's*] blood alcohol level exceeds the legal limit for operating a motor vehicle in the jurisdiction in which the *injury* occurs);
- Use of any drug, unless used as prescribed by a *doctor*;
- Intentionally self-inflicted injury[, while sane or insane]; 34
- Suicide or attempted suicide[, while sane or insane];
- Travel or flight in any kind of aircraft, including any aircraft owned by or for the [*policyholder* or an *associated company*,] except as a fare-paying passenger on a *common carrier*; 35
- Participation in any kind of sporting activity for compensation or profit, including coaching or officiating;
- Participation in racing, stunting, exhibition work, sport or test driving of a motor vehicle, including but not limited to cars, motorcycles and boats;
- [Participation in mountaineering, operating a glider, bungee jumping or skydiving;] 36
- [Operating a taxi or any other delivery service for any kind of compensation or profit;] 36
- Any physical or mental *sickness* or related complications; [or]
- *Treatment* or complications of *treatment*[; or]
- [Any work you or your *covered dependent* does for pay or benefits.] 37

We will not pay benefits for you [or your *covered dependent*] relating to or resulting from any of the following:

- Services or *treatment* not included in the Schedule;
- Services or *treatment* for which you [or your *covered dependent* is] not charged, unless there is no charge because the facility is a United States government facility;
- Services or *treatment* provided by a *family member*;
- Services or *treatment* rendered or *hospital confinement* outside the United States; or
- Dental care except for emergency dental work for broken teeth either repaired by crowns or extracted due to an *accident*.

## ACCIDENT ONLY INSURANCE (continued)

### Porting to a Group Portability Policy

If all of your *accident only insurance* ends for a reason other than you did not pay your share of the premium, you may be eligible to *port* your insurance [and your dependent insurance] currently in force. [You must *port* your *accident only insurance* in order to *port* your *covered dependent's accident only insurance*. A *covered dependent* may not *port* his or her *accident only insurance*.] Your insurance under the group portability policy will be a continuation of your insurance [and your dependent insurance, if any,] under this *policy* and all benefits, limitations and exclusions under this *policy* will continue to apply to your insurance [and your dependent insurance, if any,] under the group portability policy.

You are not eligible to *port* if the *accident only insurance* ends because you did not pay your share of the premium.

You must apply and pay the premium [within 31 days] after your coverage ends. No *proof of good health* is required.

If an *accident* occurs [within 31 days] after your *accident only insurance* ends, but before you have applied to *port*, we will pay any benefits as if you had *ported*. However, you must pay any premium due.

The insurance can be continued under the group portability policy [until the later of the day before your 65<sup>th</sup> birthday or 12 months from the date your coverage under the *policy* ends]. [You may either *port* the plan of insurance that is currently in force, or you may *port* to a lower plan of insurance. You cannot *port* to a higher plan of insurance.]

We will notify you of the amount of premium due, the frequency of premium payments and the premium due dates. If any premium is not paid when due, you will have a [31 day] grace period. Insurance will end at the end of the grace period if you fail to make the required premium payment within that time. We will not change the premium rate more than once in any period of [6 consecutive months] and we will give you [31 days] advance written notice of any change in rates.

### Assignment

[Neither you nor your *covered dependent* can] assign any of the *accident only insurance* benefits.

38

39

SERFF Tracking Number: ASWX-G127383005 State: Arkansas  
 Filing Company: Union Security Insurance Company State Tracking Number: 49619  
 Company Tracking Number: AR01379FB00007  
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
 Product Name: Worksite/AAHA  
 Project Name/Number: Worksite/AAHA/AR01379FB00007

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A <b>Comments:</b>	Approved-Closed	08/29/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR - READABILITY CERTIFICATION.PDF	Approved-Closed	08/29/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Schd AO 2011 Statement of Variations, AO BP 2011 Statement of Variations <b>Comments:</b> <b>Attachments:</b> Schd AO 2011 SOV w ranges.PDF AO BP 2011 SOV w ranges.PDF	Approved-Closed	08/29/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover letter <b>Comments:</b> <b>Attachment:</b> AR cover letter.PDF	Approved-Closed	08/29/2011

**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.

<b>Form Number</b>	<b>Score</b>
AO Schd 2011	N/A
AO BP 2011	65.9

Signed: *Elizabeth A. Herbert*  
Name: Elizabeth Herbert  
Title: Vice President, Compliance  
Date: 8/23/2011

**Union Security Insurance Company**  
**Statement of Variations**  
**Policy/Certificate Insert Form Schd AO 2011**

The variable and illustrative material in Policy/Certificate Insert Form Schd AO 2011 has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. The items within the box may be included in the Policy and may be included or deleted in the Certificate.
2. The Eligible Class(es) will appear in the Policy and may appear or be deleted in a Certificate. The Eligible Classes may vary depending on the policyholder's specifications, but will be based on factors pertaining to employment or membership in a group (e.g., an association of doctors). Policyholder may be changed to participating employer (or other appropriate entity) or reference to associated company may be deleted. Dependent insurance may be included or deleted. If included, it may be changed to specify only a certain class or classes of employees are eligible for dependent insurance.
3. This item may appear as shown in a trust policy or may be deleted entirely. Reference to an application may be changed to other terminology such as participation agreement.
4. This item may appear as shown or the specific associated companies of the policyholder, participating employer or other appropriate entity may be included, or we can state the companies will be as reported to us by the policyholder, or this may be deleted if there are no associated companies. This may be deleted in the Certificate.
5. The Present Service Requirement and Future Service Requirement may appear as shown or may be modified, ranging from None to 24 months and may vary by class. Dates may be used, showing the policy's or participating employer's effective date for Present Service Requirement and dates after that for Future Service Requirement. When a Policy or Certificate is reissued, we may just show the future service requirement. This may be deleted in the Certificate.
6. The Entry Date may be immediate, policy anniversary, 1<sup>st</sup> of the month or another day of the month, 1<sup>st</sup> of the second month, quarterly, semi-annually, or another specific date. It may also vary by class. This may be deleted in the Certificate.
7. The Minimum Participation Requirements will be included in the Policy, may be deleted in the Certificate, and may be modified as follows:
  - the Number may be included or deleted and may range from 1 – 500 lives, depending on the size of the group and the type of group such as employer, association or a trust
  - the Percentage may be included or deleted and may range from 10% - 100%, depending on whether the insurance is contributory or noncontributory or an elective plan
8. This item may appear as shown or may be omitted entirely if there are no plan options to select. Reference to plan may be changed to another term such as "level" or "tier."
9. This item may appear as shown or may be omitted entirely if a particular group does not insure dependents.

## Policy/Certificate Insert Form Schd AO 2011

Page 2

10. This item may appear as shown or may be modified as follows:
  - the benefit amount may be changed, ranging from \$50 - \$200, in \$25 increments
  - the 24 hour time period may be changed, ranging from 24 – 72 hours or 1 – 3 days
11. This item may appear as shown, omitted entirely, or may be modified as follows:
  - the benefit amount may be changed, ranging from \$25 - \$100
  - the 6 payments may be changed, ranging from 3 – 12 payments
12. This item may appear as shown or may be modified as follows:
  - the benefit amount may be changed, ranging from \$125 - \$500
  - the 365 day time frame may be changed, ranging from 120 – 730 days, or 6 months to 2 years/24 months
13. This item may appear as shown, omitted entirely, or may be modified as follows:
  - the benefit amount may be changed, ranging from \$500 - \$3,000
  - “once each benefit year” may be increased to 2-3 times per benefit year
14. This item may appear as shown, omitted entirely, or may be modified as follows:
  - the benefit amount may be changed, ranging from \$250 - \$1,000
  - the 15 day time frame may be changed, ranging from 7 – 30 days
  - the item referencing the Accident Hospital Confinement benefit may be deleted
15. This item may appear as shown or may be modified as follows:
  - the benefit amounts may be changed, ranging from \$200 - \$40,000
  - the minimum centimeter range may be modified, with a range of 10-30 centimeters, or the benefits may be paid based on a percentage of the body’s surface
16. This item may appear as shown or the percentage may be changed, ranging from 25% - 100%.
17. This item may appear as shown or the benefit amount may be changed, ranging from \$10,000 - \$40,000.
18. This item may appear as shown or the benefit amount may be changed, ranging from \$50 - \$200.
19. This item may appear as shown or may be modified as follows:
  - the number of dislocations may be changed, ranging from 1 – 4
  - the benefit amounts may be changed, ranging from \$50 - \$8,000
  - the percentage may be changed, ranging from 10% - 50%

**Policy/Certificate Insert Form Schd AO 2011**

Page 3

20. This item may appear as shown or may be modified as follows:
- the benefit limit per accident may be increased to 2
  - the benefit amounts may be changed, ranging from \$50 - \$600
21. This item may appear as shown or the benefit amounts may be changed, ranging from \$50 - \$1,000.
22. This item may appear as shown or may be modified as follows:
- the number of fractures may be changed, ranging from 1 – 4
  - the benefit amounts may be changed, ranging from \$100 - \$8,000
  - the percentage may be changed, ranging from 10% - 50%
23. This item may appear as shown or may be modified as follows:
- the benefit amounts may be changed, ranging from \$35 - \$1,600
  - the length of the lacerations may be modified, ranging from 2 – 30 centimeters
24. This item may appear as shown or may be modified as follows:
- the benefit amounts may be changed, ranging from \$10,000 - \$100,000
  - the benefit may be payable once or twice per lifetime
25. This item may appear as shown or may be modified as follows:
- the benefit amounts may be changed, ranging from \$250 - \$4,000
  - the 90 day time frame may be changed, ranging from 30 – 365 days
  - the 24 hour time period may be changed, ranging from 24 – 48 hours
26. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- the benefit amounts for Accidental Death may be changed, ranging from \$2,500 - \$200,000
  - the covered person may be allowed to select the Accidental Death amount from 2 or more amounts or it may be selected by the policyholder
  - reference to covered dependent spouse or covered dependent child may be deleted if a particular group covers spouses only or children only
  - the benefit amounts for Accidental Dismemberment may be changed, ranging from \$375 - \$50,000
27. This item may appear as shown, may be deleted entirely, or the benefit amount may be changed, ranging from \$100 - \$3,000.
28. This item may appear as shown or may be modified as follows:
- the benefit amount may be changed, ranging from \$50 - \$250
  - 1 or 2 appliance amounts may be payable per accident

**Policy/Certificate Insert Form Schd AO 2011**

Page 4

29. This item may appear as shown or may be modified as follows:
- the benefit amount may be changed, ranging from \$100 - \$400
  - the benefit may be payable once or twice for any accident
30. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- the benefit amount may be changed, ranging from \$50 - \$200 daily
  - the benefit may be limited to 1 or 2 benefit amounts per day or the limitation may be deleted entirely
  - the 30 day time period may be changed, ranging from 15 – 60 days
31. This item may appear as shown or the benefit amount may be changed, ranging from \$100 - \$400 per benefit year.
32. This item may appear as shown or may be modified as follows:
- the benefit amount may be changed, ranging from \$10 - \$50 per day
  - the 10 day time period may be changed, ranging from 5 – 20 days
33. This item may appear as shown or may be modified as follows:
- the benefit amount may be changed, ranging from \$250 - \$1,000
  - the number of prostheses per accident may be changed, ranging from 1 - 3
34. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- the benefit amount may be changed, ranging from \$75 - \$300 per day
  - the 30 day time period may be changed, ranging from 10 – 60 days
  - the 60 day time period may be changed, ranging from 30 – 120 days
35. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- the benefit amount may be changed, ranging from \$250 - \$1,000
  - the number of round trips may be changed, ranging from 1 – 6
36. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- the first sentence may be deleted if no election is required or may be modified to not require spouse coverage
  - the Weekly Benefit may be changed, ranging from \$50 - \$250
  - the Date Benefits Start may be changed, ranging from the first day to the 31<sup>st</sup> consecutive day of disability
  - the Maximum Benefit Period may be changed, ranging from 13 weeks to 52 weeks
37. This item may appear as shown, be deleted entirely if the wellness screening benefit is not included for a particular group, or may be modified to change the amount, ranging from \$25 - \$100.

38. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- Plan Changes at Annual Enrollment may be deleted entirely if not applicable
  - the dates of the annual enrollment period will reflect the policyholder's annual enrollment period
  - policyholder may be changed to participating employer (or other appropriate entity)
  - the effective date may be policy anniversary, first of the month, first of the second month, date of request, a specific date or any other date agreed upon between the policyholder and us
  - reference to Exception to Effective Date and/or Exception to Dependent Effective Date may be included or deleted
  - any reference to changing plans of insurance may be included or deleted and reference to "plan" may be changed to another term such as "level" or "tier"
  - the 31 day time period may be changed, ranging from 7 – 90 days
  - the change in family status definition may be modified to delete reference to the policyholder's IRC Section 125 plan, if not applicable, one or more items may be deleted or reference to other items may be added upon policyholder request

**Union Security Insurance Company  
Statement of Variations  
Policy/Certificate Insert Form AO BP 2011**

The variable and illustrative material in Policy/Certificate Insert Form AO BP 2011 has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

1. This item may appear as shown or reference to either death or dismemberment may be omitted entirely if an Accidental Death benefit and/or an Accidental Dismemberment benefit is not included for a particular group.
2. This item may appear as shown or may be deleted entirely if only off the job accidents are covered for a particular group.
3. These items may appear as shown or may be deleted entirely if a portability provision is not included.
4. This item may appear as shown, may be deleted entirely, or the word "plan" may be changed to another term such as "level" or "tier."
5. These items may appear as shown or may be modified as follows:
  - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days
  - "for you or your covered dependent" may be deleted if dependents are not insured for a particular group
  - the 24 hour time period may be changed, ranging from 24 – 72 hours or 1 – 3 days
6. This item may be included as shown or may be omitted entirely. If included, it may be modified as follows:
  - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days
  - "for you or your covered dependent" may be deleted if dependents are not insured for a particular group
  - the 6 payments may be changed, ranging from 3 – 12 payments
  - the 30 day time frame may be changed, ranging from 10 – 60 days
7. These items may be included as shown or may be modified as follows:
  - the 30 day time frame may be changed, ranging from 10 – 60 days
  - the 365 day time frame may be changed, ranging from 120 – 730 days, or 6 months to 2 years/24 months
  - reference to rehabilitation unit may be deleted entirely if a Rehabilitation Unit benefit is not included
8. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
  - the 30 day time frame may be changed, ranging from 10 – 60 days
  - "once each benefit year" may be increased to 2-3 times per benefit year
  - "for you or your covered dependent" may be deleted if dependents are not insured for a particular group

**Policy/Certificate Insert Form AO BP 2011**

Page 2

9. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
  - the 30 day time frame may be changed, ranging from 10 – 60 days
  - the 15 day time frame may be changed, ranging from 7 – 30 days
  - “for you or your covered dependent” may be deleted if dependents are not insured for a particular group
10. This item may appear as shown or may be modified as follows:
  - the centimeter range may vary from 10-30 centimeters, or may be changed to a percentage of the body’s surface
  - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days
11. The percentage may be changed, ranging from 25% - 100%.
12. The 30 day time frame may be changed, ranging from 10 – 60 days.
13. The 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days.
14. The number of dislocations may be changed, ranging from 1 – 4. “For you or your covered dependent” may be deleted if dependents are not insured for a particular group.
15. The percentage may be changed, ranging from 10% - 50%.
16. These items may appear as shown or may be modified as follows:
  - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days
  - “one dental benefit” may be increased to “two dental benefits”
  - “for you or your covered dependent” may be deleted if dependents are not insured for a particular group
17. These items may appear as shown or may be modified as follows:
  - the percentage may be changed, ranging from 10% - 50%
  - “2 fractures” may be changed to 1 - 4
  - “for you or your covered dependent” may be deleted if dependents are not insured for a particular group
  - the last phrase may be deleted or the number changed to 2-4
18. These items may appear as shown or may be modified as follows:
  - the 30 day minimum duration may be changed, ranging from 15 – 60 days
  - the 90 day diagnosis time frame may be changed, ranging from 30 – 120 days
  - the benefit may be paid once or twice per lifetime
  - “for you or your covered dependent” may be deleted if dependents are not insured for a particular group
19. The 90 day time frame may be changed, ranging from 30 – 365 days.
20. These items may appear as shown or may be omitted entirely. If included, the 365 day limit may be changed, ranging from 90 – 365 days.

**Policy/Certificate Insert Form AO BP 2011**

Page 3

21. This item may appear as shown or may be omitted entirely. If included, the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days.
22. This item may appear as shown or may be modified to allow two appliance amounts per accident.
23. This item may appear as shown or the benefit may be paid once or twice per accident. “For you or your covered dependent” may be deleted if dependents are not insured for a particular group.
24. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
  - 100 miles may be changed, ranging from 50 – 250 miles
  - “you or” may be deleted if dependents are not insured for a particular group
  - “a maximum of 1 benefit per day and” may be deleted or may be changed to 2 benefit amounts per day
  - the 30 day time period may be changed, ranging from 15 – 60 days
25. This item may appear as shown or may be modified as follows:
  - the 72 hour time period may be changed, ranging from 24 – 144 hours or 1 – 6 days
  - the 30 day time frame may be changed, ranging from 10 – 60 days
  - the 10 day time frame may be changed, ranging from 5 – 20 days
  - the 6 months time frame may be changed, ranging from 3 – 12 months
  - reference to the Accident Follow-Up Treatment benefit may be deleted
26. This item may appear as shown or may be increased, ranging from 1- 3 prostheses.
27. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
  - the 30 day time frame may be changed, ranging from 10 – 60 days
  - the 60 day time frame may be changed, ranging from 30 – 120 days
28. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
  - the 100 mile distance may be changed, ranging from 50 – 250 miles
  - reference to commercial travel by the parent or guardian may be deleted if a particular group does not insure dependent children
  - the 3 round trip limitation may be changed, ranging from 1 – 6 round trips
  - the phrase “for you or your covered dependent, including trips in which the covered dependent child is accompanied by a parent or guardian” may be deleted if a particular group does not insure dependent children

**Policy/Certificate Insert Form AO BP 2011**

Page 4

29. This item may appear as shown or may be omitted entirely. If included, it may be modified as follows:
- the first sentence may be deleted if no election is required or may be modified to not require spouse coverage
  - the 30 day time frame may be changed, ranging from 10 – 60 days
  - the words “assault or” may be deleted if a state does not permit an exclusion for assault
30. This item may appear as shown, be omitted entirely if this benefit is not included for a particular group or be changed as follows:
- the reference to “covered dependent spouse” may appear as shown, be deleted or be changed to “your covered dependent”
  - the reference to “one test per benefit year” may change, ranging from one test to three tests per benefit year
  - the reference to “per person” may appear as shown or be deleted
  - test(s) or Screening(s) may be deleted or their names may be changed to reflect current medical terminology
31. This item may appear as shown or may be omitted entirely if an Accidental Death benefit is not included for a particular group and therefore no beneficiary is needed. If included, it may be modified as follows:
- a. Reference to home office may be changed to include another location, such as a regional group claims office or a group sales office or an administrator.
  - b. This item may be changed to refer to participating employer (or other appropriate entity) instead of policyholder, or may be deleted entirely if the policyholder does not wish to keep beneficiary records.
  - c. This item may appear as shown or may be deleted entirely. Reference to participating employer (or other appropriate entity) may be added and reference to policyholder, associated company or employer may be deleted if not applicable for a particular group. The prior carrier’s name and/or policy number may be included.
  - d. This item may be changed to omit or add to any of the classes or add additional classes, such as a class for brothers and sisters.
32. This item may appear as shown or may be deleted entirely if the Accidental Death benefit is not included.
33. This item may appear as shown or may be deleted entirely if a state does not permit an exclusion for assault.
34. This item may appear as shown or sane and/or insane may be deleted if not permitted in a state.
35. This item may appear as shown or reference to policyholder or associated company may be deleted if not applicable to a particular group, or reference to participating employer (or other appropriate entity) may be added.
36. This item may appear as shown or may be deleted entirely.

**Policy/Certificate Insert Form AO BP 2011**

Page 5

37. This item may appear as shown or may be deleted entirely if a group has chosen 24 hour coverage.
38. This item may appear as shown, may be deleted entirely, or may be modified as follows:
- reference to porting dependent insurance may be deleted if a particular group does not insure dependents
  - any 31 day time frame may be changed, ranging from 31 – 60 days
  - the time period insured under the group portability policy may be changed to age 65 – 70 or 3 – 10 years; 12 months may be deleted or changed, ranging from 12 – 36 months
  - one or both of the last two sentences in the 5th paragraph may be deleted or plan may be changed to another term such as level or tier
  - the 6 consecutive months time frame may be modified, ranging from 6 – 24 months
39. This item may appear as shown or may be changed to read “You cannot.”



**ASSURANT**  
Employee  
Benefits

**Union Security  
Insurance Company**  
2323 Grand Blvd.  
Kansas City,  
Missouri  
64108-2670

August 23, 2011

Hon. Jay Bradford  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

Dear Commissioner Bradford:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

<b>Form Number</b>	<b>Description</b>
Schd AO 2011	Group Policy-Certificate insert form for use with Group Policy Form GP-09 and Group Certificate Form GC-09.
AO BP 2011	Group Policy-Certificate insert form for use with Group Policy Form GP-09 and Group Certificate Form GC-09.

These forms are similar to forms Schd AO and AO BP, approved by your department on June 3, 2009, SERFF Reference No. MCHX-126167562. The main differences include modification of some of the benefit amounts in the Schedule, an emergency room benefit and a non-emergency room benefit have been added under Accident Emergency Treatment, and a Wellness Benefit has been added. Because of the change in the Accident Emergency Treatment benefit in form AO BP 2011, the Accident Follow-Up Treatment and Physical Therapy provisions have also been modified.

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.

Page two

This filing has been approved in Kansas, our domiciliary state, on April 14, 2011.

The \$100 filing fee is being submitted via EFT.

Except for the enclosed forms, all forms referred to above are currently on file with your Department. The variable material is indicated by boxes or brackets.

Please advise us of your action on these forms in accordance with your usual practices.

Sincerely,

Dixie Lawlor  
Senior Contract Compliance Analyst  
T. 816.881.8747  
F. 816.881.8755  
E-mail address: Dixie.Lawlor@assurant.com