

SERFF Tracking Number: UNAM-127350429 State: Arkansas
Filing Company: Constitution Life Insurance Company State Tracking Number: 49448
Company Tracking Number: CL-HI4-09-MPBRO-AR
TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only
Product Name: CL-HI4-09-MPBRO-AR
Project Name/Number: /

Filing at a Glance

Company: Constitution Life Insurance Company

Product Name: CL-HI4-09-MPBRO-AR SERFF Tr Num: UNAM-127350429 State: Arkansas

TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 49448

Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: CL-HI4-09-MPBRO-AR State Status: Approved-Closed

Filing Type: Form

Author: Holly Parenti

Date Submitted: 08/02/2011

Reviewer(s): Rosalind Minor

Disposition Date: 08/02/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 08/02/2011

State Status Changed: 08/02/2011

Created By: Holly Parenti

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Holly Parenti

Filing Description:

Form(s)

CL-HI4-09-MPBRO-AR Cancer Insurance Advertisement

Dear Sir or Madam:

We submit the above form for your review and approval. This advertising material will be used for our Hospital Indemnity Insurance forms, CL-HI4 (08) AR et al, approved by your state on April 16, 2009.

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We consider this advertisement an invitation to contract for our Hospital Indemnity Insurance approved by your Department.

We certify that these forms comply with the provisions of 19ss10B and all applicable requirements of the Department.

If additional information is needed, please contact me at 800-275-6667 ext. 8531 or hparenti@uafc.com

Company and Contact

Filing Contact Information

Holly Parenti, hparenti@uafc.com
 P.O. Box 958465 407-628-1776 [Phone] 8531 [Ext]
 Lake Mary, FL 32795-8465

Filing Company Information

Constitution Life Insurance Company CoCode: 62359 State of Domicile: Texas
 1001 Heathrow Park Lane Group Code: 953 Company Type:
 Suite 5001 Group Name: State ID Number:
 Lake Mary, FL 32746 FEIN Number: 36-1824600
 (407) 995-8000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per advertisement (1 Ad)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Constitution Life Insurance Company	\$50.00	08/02/2011	50270127

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 08/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Hospital Indemnity Advertisement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: CL-HI4-09-MPBRO-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/02/2011	CL-HI4-09-MPBRO-AR	Advertising	Hospital Indemnity Advertisement	Initial			CL-HI4-09-MPBRO-AR.pdf

Details on your Limited Benefit Hospital Confinement Indemnity Policy



CONSTITUTION
LIFE
INSURANCE COMPANY

- This policy pays a benefit of up to \$600 dollars per day (depending on benefit level selected) for up to 31 days when hospitalized due to a covered injury or sickness. Hospital confinement must be recommended by a physician.
- The policy may be written on an individual, individual plus spouse, individual plus child(ren), or family coverage.
- Benefit levels and riders selected will provide the same coverage for each insured, except that each child insured will receive 50% of the daily hospital benefit and 50% of the lump sum hospitalization benefit selected.
- Individuals and spouses age 18-84 and children ages 0-18 (may vary by state) will be eligible for coverage. For individual and spouse or family coverage, rates will be based on the higher age of the spouses.
- The policy will be underwritten based on yes/no type questions on the application. Each proposed insured must be named and underwriting questions must be answered for each person.

Policy Form Series CL-HI4 (08) AR

This is a brief summary of coverage. Please see the actual policy for complete details. Benefits for this policy must be chosen and specified on the application while applying for insurance. Benefits may not be chosen at the time of claim.

THIS IS A LIMITED BENEFIT POLICY. *This is a solicitation for insurance. A licensed agent may contact you.*

EXCLUSIONS:

The Policy does not cover any loss that: (1) Occurs outside the United States of America, (any premium paid to Us for any period not covered due to such territorial limitation will be returned pro-rata upon Notice to Us); (2) Results from suicide or any attempt thereat (sane or insane); (3) Results from any intentionally self-inflicted Injury; (4) Results while in the military or naval service of any country (any premium paid to us for any period not covered due to such service will be returned pro-rata upon Notice to Us); (5) Results from war (declared or undeclared), or any act of war; (6) Results from normal pregnancy and childbirth, except for complications of pregnancy; (7) Results from participation in insurrection or riot; (8) Results from mental or emotional disorders; alcoholism, or drug addiction; (9) Results from being engaged in any speed contest; (10) Results from service, travel, or flight in any kind of aircraft, except as a fare-paying passenger; (11) Results from dental treatment except when such treatment results from Injury to natural teeth or gums; (12) Results from cosmetic surgery other than: (a) reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part; or (b) reconstructive surgery because of congenital disease or anomaly; (13) Results from committing or attempting to commit a felony or engaging in an illegal occupation or activity; or (14) Results from being intoxicated or under the influence of any narcotic unless taken on the advice of a Physician.

The Policy and optional Lump Sum, Durable Medical Equipment and Ambulance Riders will not cover a loss that: (1) starts within 6 or 12 months (varies by state) after the Effective Date; and (2) is caused by a Pre-Existing Condition. Additionally, the optional Accidental Death and Dismemberment Rider does not provide coverage for any sickness or disease.

A pre-existing condition is defined as a condition for which medical advice was given or treatment was recommended by or received from a physician within 6 months before the effective date of the policy.

You may have only one Policy of this type with this company.



HOSPITAL INDEMNITY

CONSTITUTION LIFE
INSURANCE COMPANY

Administrative Office:

P. O. Box 13547,
Pensacola, FL
32591-3547

Phone:

(800) 789-6364

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	08/02/2011
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/02/2011
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	08/02/2011
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	08/02/2011
Bypass Reason:	N/A		
Comments:			