

SERFF Tracking Number: ICCI-127387060 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 49643
Company Tracking Number: HIC-ACC-TDR-4/11
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Humana Total Disability Injury Only Rider
Project Name/Number: Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider

Filing at a Glance

Company: Humana Insurance Company

Product Name: Humana Total Disability Injury Only Rider SERFF Tr Num: ICCI-127387060 State: Arkansas

TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved-Closed State Tr Num: 49643

Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: HIC-ACC-TDR-4/11 State Status: Approved-Closed
Filing Type: Form/Rate Reviewer(s): Rosalind Minor

Author: Brenda Dawson Disposition Date: 09/06/2011

Date Submitted: 08/26/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Humana Total Disability Injury Only Rider

Project Number: Humana Total Disability Injury Only Rider

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Brenda Dawson

Filing Description:

Enclosed for review and approval for use in your state are the forms listed on the form schedule. The Total Disability rider is new is not intended to replace any forms previously filed in your state.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/06/2011

State Status Changed: 09/06/2011

Created By: Brenda Dawson

Corresponding Filing Tracking Number:

Insurance Compliance Consultants, Inc., is making this filing on behalf of Humana Insurance Company, a Wisconsin domiciled company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

Total Disability Injury Only Rider HIC-ACC-TDR-INJURY ONLY 4/11 is available for an additional premium with Individual Accidental Death and Dismemberment Policy previously approved on February 23, 2011 under SERFF

SERFF Tracking Number: ICCI-127387060 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 49643
 Company Tracking Number: HIC-ACC-TDR-4/11
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Humana Total Disability Injury Only Rider
 Project Name/Number: Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider
 Tracking # ICCI-127017751.

Outline of Coverage HIC-ACC-OOC-AR 8/11 is also enclosed and includes this rider.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions. These forms were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract or to the general print size.

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendaadawson@inscompliance.com
 3925 East State Street, Suite 200 815-316-6714 [Phone]
 Rockford, IL 61108 815-986-2355 [FAX]

Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Humana Insurance Company CoCode: 73288 State of Domicile: Wisconsin
 P.O Box 740036 Group Code: 119 Company Type: L&H
 500 West Main Street Group Name: Humana Insurance State ID Number:
 Company
 Louisville, KY 40201-7436 FEIN Number: 39-1263473
 (502) 580-2712 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	08/26/2011	50999359
Humana Insurance Company	\$50.00	08/29/2011	51061631

SERFF Tracking Number: ICCI-127387060 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 49643
 Company Tracking Number: HIC-ACC-TDR-4/11
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Humana Total Disability Injury Only Rider
 Project Name/Number: Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/06/2011	09/06/2011

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	08/29/2011	08/29/2011	Brenda Dawson	08/29/2011	08/29/2011

SERFF Tracking Number: ICCI-127387060 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 49643
 Company Tracking Number: HIC-ACC-TDR-4/11
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Humana Total Disability Injury Only Rider
 Project Name/Number: Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider

Disposition

Disposition Date: 09/06/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Humana Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: ICCI-127387060 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 49643
 Company Tracking Number: HIC-ACC-TDR-4/11
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Humana Total Disability Injury Only Rider
 Project Name/Number: Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider

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	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Form	Total Disability Injury Only Rider	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Rate	rate manual including Total Disability Injury Only rider	Approved-Closed	Yes

SERFF Tracking Number: ICCI-127387060 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 49643
Company Tracking Number: HIC-ACC-TDR-4/11
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Humana Total Disability Injury Only Rider
Project Name/Number: Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/29/2011

Submitted Date 08/29/2011

Respond By Date

Dear Brenda Dawson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Total Disability Injury Only Rider, HIC-ACC-TDR-INJURY ONLY 4/11 (Form)
- Outline of Coverage, HIC-ACC-OOC-AR 8/11 (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 \$100.00. Please submit an additional \$50.00 for this submission.

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: ICCI-127387060 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 49643
Company Tracking Number: HIC-ACC-TDR-4/11
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Humana Total Disability Injury Only Rider
Project Name/Number: Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/29/2011
Submitted Date 08/29/2011

Dear Rosalind Minor,

Comments:

Thank you for your letter.

Response 1

Comments: The additional filing fee was added.

Related Objection 1

Applies To:

- Total Disability Injury Only Rider, HIC-ACC-TDR-INJURY ONLY 4/11 (Form)
- Outline of Coverage, HIC-ACC-OOC-AR 8/11 (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 \$100.00. Please submit an additional \$50.00 for this submission.

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

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking Number: *ICCI-127387060* *State:* *Arkansas*
Filing Company: *Humana Insurance Company* *State Tracking Number:* *49643*
Company Tracking Number: *HIC-ACC-TDR-4/11*
TOI: *H02I Individual Health - Accident Only* *Sub-TOI:* *H02I.000 Health - Accident Only*
Product Name: *Humana Total Disability Injury Only Rider*
Project Name/Number: *Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider*

Sincerely,
Brenda Dawson

SERFF Tracking Number: ICCI-127387060 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 49643
 Company Tracking Number: HIC-ACC-TDR-4/11
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Humana Total Disability Injury Only Rider
 Project Name/Number: Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider

Form Schedule

Lead Form Number: HIC-ACC-TDR-INJURY ONLY 4/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/06/2011	HIC-ACC-TDR-INJURY ONLY 4/11	Policy/Cont ract/Fratern al	Total Disability Injury Only Rider	Initial			HIC ACC TDR INJURY ONLY.pdf
Approved-Closed 09/06/2011	HIC-ACC-OOC-AR 8/11	Outline of Coverage	Outline of Coverage	Initial			HIC-ACC- OOC-AR 8-11 8-26-11.pdf

Humana Insurance Company

1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

TOTAL DISABILITY RIDER - INJURY ONLY

HIC-ACC-TDR-INJURY ONLY 4/11

(APPLICABLE TO INSURED PERSON ONLY - NOT AVAILABLE TO DEPENDENTS)

In consideration of an additional premium, which is added to the premium for the Policy to which this rider is attached, We will pay the benefits listed on the schedule page of the policy.

Definitions

Elimination Period means a period of consecutive days an Insured must be Totally Disabled in order to qualify for any disability benefit payments. The Elimination Period is shown in the Schedule and begins on the first day of Total Disability. Disability Income Benefits are not payable during the Elimination Period.

Injury means bodily injury resulting directly from an accident which occurs while the person is insured under this Policy and independently of all other causes.

Loss resulting from:

- a) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- b) medical or surgical treatment of a sickness or disease;
is not considered as resulting from Injury.

Total Disability means, for purposes of this rider:

- a) when the Insured Person is employed, complete and continuous inability of the Insured Person to perform the essential duties of his or her regular occupation; and
- b) when the Insured Person is not employed, he or she must:
 - 1) be receiving regular and personal care from a licensed physician; and
 - 2) either be unable to perform two or more Activities of Daily Living without Stand-by Assistance or be Cognitively Impaired.

Activities of Daily Living are:

- a) Bathing - the ability to wash oneself, either in a tub or shower or by sponge bath, with or without equipment or adaptive devices.
- b) Continence - the ability to voluntarily control bowel and bladder function, or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene.
- c) Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them.
- d) Eating - the ability to get nourishment into the body by any means once it has been prepared and made available to you.
- e) Toileting - the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing.
- f) Transferring - the ability to move in and out of a chair or bed with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.

Cognitive Impairment and **Cognitively Impaired** mean that the Insured Person has suffered a deterioration or loss in his or her intellectual capacity which requires another person's assistance or verbal cueing to protect the Insured Person or others as measured by clinical evidence and standardized tests which reliably measure his or her impairment. Such loss in intellectual capacity can result from Sickness, Alzheimer's Disease or similar forms of senility or irreversible dementia.

Stand-By Assistance means the Insured Person requires the presence of another human being to ensure that all or part of an Activity of Daily Living can be completed or to ensure his or her safety.

Rider Date is the effective date of coverage under this rider. The Rider Date is the policy date, unless this rider is applied for at a later date. If applied for at a later date, the Rider Date is the effective date assigned by our Home Office in accordance with our policy dating rules in effect at the time this rider is issued

If the Insured Person becomes Totally Disabled, we will pay the Monthly Benefit Amount shown on the Policy Specifications.

The Accident Total Disability must:

- a) result from Injury;
- b) begin within 90 days of the accident;
- c) continue past the Elimination Period; and
- d) require the regular care of a legally qualified physician other than the Insured Person, unless the Insured Person's physician states that further treatment will not improve the Insured Person's condition.

After the Elimination Period, benefits are payable for the Elimination Period and every additional day for up to 6 months.

We will not pay for more than one accident during any period of accident total disability.

For Total Disability of less than one full month, one-thirtieth of the Monthly Benefit amount will be payable for each day of Total Disability.

Successive Periods of Disability

Periods of disability:

- a) due to the same or related injury; and
- b) separated by less than 90 days;
will be considered one period of disability while covered under the Policy.

Periods of disability separated by at least 90 days will be considered separate periods of disability.

The Total Disability must:

- a) require the care of a legally qualified physician, other than the Insured Person, unless the Insured Person's physician states that further treatment will not improve the Insured Person's condition; and
- b) last at least the number of days indicated above as the Elimination Period.

We will not pay for more than one benefit during any one period of Total Disability, regardless of how many injuries occur.

We will not pay more for the Injury Total Disability Benefit than the Maximum Benefit Amount shown on the schedule page.

This benefit is subject to the Pre-existing Condition Limitation and the Successive Periods of Disability Limitation. All other general provisions of the Policy to which this rider is attached apply to this rider.

RIDER RENEWAL PROVISION

This rider is renewable in the same manner as the Policy to which it is attached.

TERMINATION

This rider terminates:

- a) when coverage terminates under the Policy to which this rider is attached;
- b) when the premium for this rider is not paid before the end of the Grace Period; or
- c) when the Insured Person gave Us Written Notice to terminate this rider.

PREMIUMS

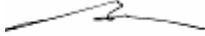
While this rider is in effect, premiums are due according to the terms of the Policy to which this rider is attached. If insufficient premiums are paid, premiums received will be applied first to the policy to which this rider is attached, and then to this rider

We reserve the right to change the premiums for this rider. If We decide to change the premiums, We will do so only:

- a) if We change the premiums for all riders of this same form in the Insured Person's State of residence;
- b) if such change is in accordance with the laws and regulations of the Insured Person's State of residence; and
- c) if We gave the Insured Person at least 60 days notice before such change becomes effective.

This rider does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Signed for Humana Insurance company

 Michael B. McCallister President	 Gerald L. Gani Vice President
--	--

Humana Insurance Company
1100 Employers Boulevard
Green Bay, Wisconsin 54344
1-800-845-7519

ACCIDENTAL DEATH AND DISMEMBERMENT POLICY
REQUIRED OUTLINE OF COVERAGE FOR POLICY FORM HIC-ACC-POL-AR 2/11
THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, see the Medicare Supplement Buyers' Guide available from the Company.

RETAIN THIS FOR YOUR RECORDS!

- A. **Read Your Policy Carefully!** This outline of coverage provides a very brief description of some of the important policy features. This is not the insurance contract. The actual policy will control. The policy describes, in detail, the rights and obligations of both You and the insurance company. Therefore, it is important that you **READ YOUR POLICY CAREFULLY!**
- B. **ACCIDENTAL DEATH AND DISMEMBERMENT POLICY:** Coverage is provided for accidental death and dismemberment, dislocation or fractures, hospital confinement, ambulance and medical expense.

C. **BENEFITS.**

AMOUNT(S) PAYABLE PER UNIT (1 UNIT)

1. **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT** – We will pay the following amount shown:

For Loss of:	Primary Insured	Spouse	Child
Life	\$20,000	\$10,000	\$5,000
Both Hands or Both Feet or Sight of Both Eyes	\$20,000	\$10,000	\$5,000
Both Arms or Both Legs	\$20,000	\$10,000	\$5,000
One Hand or Arm and One Foot or Leg	\$20,000	\$10,000	\$5,000
Sight of One Eye	\$10,000	\$ 5,000	\$2,500
One Hand or One Arm	\$10,000	\$ 5,000	\$2,500
One Foot or One Leg	\$10,000	\$ 5,000	\$2,500
One or More Entire Toes	\$ 1,000	\$ 500	\$ 250
One or More Entire Fingers	\$ 800	\$ 400	\$ 200

Loss means with regard to: a) hands and feet, actual severance through or above wrist or ankle joints; b) sight, entire and irrecoverable loss thereof; c) toes and fingers, actual severance through or above the metacarpophalangeal joints.

If loss is sustained by a Covered Person while riding as a fare-paying passenger on scheduled Common Carrier, We will pay three times the amount payable under the Accidental Death and Dismemberment Benefit.

2. **DISLOCATION AND FRACTURE BENEFIT** – We will pay the following amount shown:

For Complete Dislocation of:	Primary Insured	Spouse	Child
Hip Joint	\$2,000	\$1,000	\$500
Knee Joint (Except Patella)	\$ 800	\$ 400	\$200
Bone or Bones of the Foot, Other than Toes	\$ 800	\$ 400	\$200
Ankle Joint	\$ 800	\$ 400	\$200
Wrist Joint	\$ 700	\$ 350	\$175
Elbow Joint	\$ 600	\$ 300	\$150
Shoulder Joint	\$ 400	\$ 200	\$100
Bone or Bones of the Hand, Other Than Fingers	\$ 300	\$ 150	\$ 75
Collar Bone	\$ 300	\$ 150	\$ 75
Two or More Fingers	\$ 140	\$ 70	\$ 35
Two or More Toes	\$ 140	\$ 70	\$ 35
One Finger or One Toe	\$ 60	\$ 30	\$ 15

DISLOCATION AND FRACTURE BENEFIT (Continued)

For Fracture of Bone or Bones of:	Primary Insured	Spouse	Child/Children
Skull (except Bones of Face or Nose)	\$1,900	\$ 950	\$ 475
Hip, Thigh (Femur)	\$2,000	\$1,000	\$ 500
Pelvis(Except Coccyx)	\$2,000	\$1,000	\$ 500
Arm, Between Shoulder and Elbow (Shaft)	\$1,100	\$ 550	\$ 275
Shoulder Blade (Scapula)	\$1,100	\$ 550	\$ 275
Leg (Tibia or Fibula)	\$1,100	\$ 550	\$ 275
Ankle	\$ 800	\$ 400	\$ 200
Knee Cap (Patella)	\$ 800	\$ 400	\$ 200
Collar Bone Clavicle	\$ 800	\$ 400	\$ 200
Forearm (Radius or Ulna)	\$ 800	\$ 400	\$ 200
Foot (Except Toes)	\$ 700	\$ 350	\$ 175
Hand or Wrist (Except Fingers)	\$ 700	\$ 350	\$ 175
Lower Jaw (Except Alveolar Process)	\$ 400	\$ 200	\$ 100
Two or More Ribs, Fingers or Toes	\$ 300	\$ 150	\$ 75
Bones of Face or Nose	\$ 300	\$ 150	\$ 75
One Rib, Finger or Toe	\$ 140	\$ 70	\$ 35
Coccyx	\$ 140	\$ 70	\$ 35

3. **ACCIDENT HOSPITAL INDEMNITY BENEFIT** – We will pay \$100 for each day a Covered Person is Confined during one or more periods of Hospital Confinement if: a) the Confinement is due to Injury; or b) the first day of Confinement occurs within 90 days after the accident.
4. **AMBULANCE SERVICE BENEFIT** –We will pay \$100 for regular ambulance and \$200 for air ambulance if as a result of a injury, a Covered Person requires ambulance service for transfer a) to a Hospital; or b) from a Hospital.
5. **ACCIDENT MEDICAL EXPENSE BENEFIT** – We will pay the Actual Charges incurred up to \$250 if, as a result of Injury, a Covered Person requires medical or surgical treatment.

NUMBER OF UNITS SELECTED 1 Unit 2 Units 3 Units

For 2 Units of coverage, benefits are 2 times the amounts shown; and for 3 Units, benefits are 3 times the amounts shown.

Actual Charges- means charges for which a Covered Person is held liable. This includes charges that are solely Your responsibility, or charges that are a combination of insurance reimbursement and Your responsibility such as deductibles or co-payment. The fee negotiated between a managed care organization and medical providers would be considered the actual charge.

Pre-existing Condition means a condition [a] which manifested itself prior to the effective date of coverage; or [b] for which medical advice or treatment was recommended by or received from a physician in the 5 years prior to the effective date of coverage.

PRE-EXISTING CONDITION LIMITATION

If a Covered Person has a pre-existing condition, We will not pay benefits for such condition during the 2 year period beginning on the policy date. Pre-existing Condition means a condition [a] which manifested itself prior to the effective date of coverage; or [b] for which medical advice or treatment was recommended by or received from a physician in the 5 years prior to the effective date of coverage.

EXCLUSIONS AND LIMITATIONS

This Policy does not cover any loss resulting from:

1. intentionally self-inflicted Injury;
2. suicide or attempted suicide, whether sane or insane;
3. injury incurred prior to the effective date of coverage;
4. war or act of war, whether declared or undeclared;
5. injury sustained while in the armed forces of any country or international authority;
6. injury sustained while riding On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;

7. injury sustained while riding On any aircraft except as a fare paying passenger in an aircraft provided by a licensed Common Carrier;
8. injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed physician;
9. injury sustained while committing or attempting to commit a felony;
10. injury sustained while the Covered Person is operating any motor vehicle while legally intoxicated from the use of alcohol;
11. injury sustained by a dependent child while practicing for or participating in organized competitive football games;
12. driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
13. voluntarily taking poison;
14. asphyxiation from voluntary inhaling gas or fumes.

ADDITIONAL BENEFITS (If Applied for and Approved)

[TOTAL DISABILITY RIDER - INJURY/SICKNESS HIC-ACC-TDR-AR 2/11. Applied for: Yes No

(APPLICABLE TO INSURED PERSON ONLY - NOT AVAILABLE TO DEPENDENTS)

If the Insured Person becomes Totally Disabled, we will pay the Monthly Benefit Amount as selected by you. You may select in \$100 increments from [\$300 to \$4000] per month benefit. Benefit selected cannot exceed 60% of monthly salary.

The Accident Total Disability must:

- a) result from Injury;
- b) must begin within 90 days of the accident;
- c) continue for three (3) full consecutive days; and
- d) require the regular care of a legally qualified physician other than the Insured Person, unless the Insured Person's physician states that further treatment will not improve the Insured Person's condition.

After the third day of disability, benefits are payable for the first three days and every additional day for up to 6 months. We will not pay for more than one accident during any period of accident total disability.

The Sickness Total Disability must:

- a) result from a sickness;
- b) continue for past the elimination period selected; and
- c) require the regular care of a legally qualified physician other than the Insured Person, unless the Insured Person's physician states that further treatment will not improve the Insured Person's condition.

For Total Disability of less than one full month, one-thirtieth of the Monthly Benefit amount will be payable for each day of Total Disability.

Amount of Monthly Benefit Selected: \$ _____

Elimination Period Selected for Sickness: 7 days 14 days 30 days

The benefits under this rider are subject to the Pre-existing Condition Limitation of the policy. All other general provisions of the Policy to which this rider is attached apply to this rider.

RIDER RENEWAL PROVISION

This rider is renewable in the same manner as the Policy to which it is attached.

Successive Periods of Disability

Periods of disability:

- a) due to the same or related medical causes; and
- b) separated by less than 90 days;

will be considered one period of disability while covered under the Policy.

Periods of disability separated by at least 90 days will be considered separate periods of disability.

If the Insured Person becomes Totally Disabled due to Sickness, we will pay the Monthly Benefit Amount shown in Schedule Page 4 of the policy. The Benefit will begin on the day following the elimination period selected.

The Total Disability must:

- a) require the care of a legally qualified physician, other than the Insured Person, unless the Insured Person's physician states that further treatment will not improve the Insured Person's condition; and
- b) last at least the number of days indicated above as the Elimination Period.

All other general provisions of the Policy to which this rider is attached apply to this rider.

TERMINATION

This rider terminates:

- a) when coverage terminates under the Policy to which this rider is attached;
- b) when the premium for this rider is not paid before the end of the Grace Period; or
- c) when the Insured Person gave Us Written Notice to terminate this rider.]

[TOTAL DISABILITY RIDER – INJURY ONLY HIC-ACC-TDR-INJURY ONLY 4/11. Applied for: Yes No

(APPLICABLE TO INSURED PERSON ONLY - NOT AVAILABLE TO DEPENDENTS)

If the Insured Person becomes Totally Disabled, we will pay the Monthly Benefit Amount as selected by you. You may select in \$100 increments from [\$300 to \$4,000] per month benefit. Benefit selected cannot exceed 60% of monthly salary.

The Accident Total Disability must:

- a) result from Injury;
- b) must begin within 90 days of the accident;
- c) continue for three (3) full consecutive days; and
- d) require the regular care of a legally qualified physician other than the Insured Person, unless the Insured Person's physician states that further treatment will not improve the Insured Person's condition.

After the third day of disability, benefits are payable for the first three days and every additional day for up to 6 months. We will not pay for more than one accident during any period of accident total disability.

For Total Disability of less than one full month, one-thirtieth of the Monthly Benefit amount will be payable for each day of Total Disability.

Amount of Monthly Benefit Selected: \$ _____

Elimination Period Selected: 3 days 7 days 14 days 30 days]

The benefits under this rider are subject to the Pre-existing Condition Limitation of the policy. All other general provisions of the Policy to which this rider is attached apply to this rider.

RIDER RENEWAL PROVISION

This rider is renewable in the same manner as the Policy to which it is attached.

Successive Periods of Disability

Periods of disability:

- a) due to the same or related injury; and
- b) separated by less than 90 days;

will be considered one period of disability while covered under the Policy.

Periods of disability separated by at least 90 days will be considered separate periods of disability.

The Total Disability must:

- a) require the care of a legally qualified physician, other than the Insured Person, unless the Insured Person's physician states that further treatment will not improve the Insured Person's condition; and
- b) last at least the number of days indicated above as the Elimination Period.

All other general provisions of the Policy to which this rider is attached apply to this rider.

TERMINATION

This rider terminates:

- a) when coverage terminates under the Policy to which this rider is attached;
- b) when the premium for this rider is not paid before the end of the Grace Period; or
- c) when the Insured Person gave Us Written Notice to terminate this rider.]

ADDITIONAL BENEFITS RIDER - HIC-ACC-ABR-AR 2/11 Applied for: Yes No

Benefit Schedule 1 Unit

Abdominal or Thoracic Surgery Benefit - We will pay \$1,000 if a covered person undergoes abdominal or thoracic surgery to repair internal injuries as a result of a covered injury. The surgery must be performed within 3 days of the covered accident. For exploratory surgery done with no surgical repair We will pay \$100.

Accident Follow-Up Treatment Benefit - We will pay \$50 per day a covered person receives a follow-up treatment provided that a benefit has been paid under the Medical Expense Benefit of the policy. This benefit is limited to 2 treatments per covered accident per covered person. Treatments must be administered by a physician in the physician's office or a hospital on an outpatient basis. Follow-up treatments must begin within 90 days of the covered accident and not take place longer than 6 months after the covered accident. This Benefit is not payable at the same time a benefit is payable under the Physical Therapy Benefit.

Appliance Benefit - We will pay \$125 for prescribed medical appliances that aid in personal mobility including wheelchair, crutches or walker. Use of these devices must begin within 90 days after a covered accident and the Benefit is payable only once per covered person per covered accident.

Blood and Plasma Benefit - We will pay \$300 for blood or plasma for a transfusion required for a covered accident. The transfusion must be within 3 days of the covered accident and is payable only once per covered person per accident.

Brain Injury Diagnosis Benefit - We will pay \$150 for the first diagnosis of the following traumatic brain injuries: cerebral contusion; cerebral laceration; concussion; or intercranial hemorrhage. The covered person must be treated within 3 days of a covered accident; and diagnosis made by computed tomography (CT) scan, electroencephalogram (EEG), magnetic resonance imaging (MRI), positron emission tomography (PET) scan or X-ray must occur within 30 days of the accident. This benefit is payable only once per covered person.

Burn Benefit - We will pay \$100 if burns cover less than 15% of the body surface and \$500 if burns cover more than 15% of the body surface for one or more second or third degree burns other than sunburn. Treatment must be within 3 days of the covered accident and the benefit is payable only once per covered person per covered accident.

Coma Benefit - We will pay \$15,000 if a covered person is in a Coma as defined in this rider which lasts 5 or more consecutive days as a result of a covered accident. This benefit is payable only once per covered person.

Eye Injury Benefit - We will pay \$100 for surgery or the removal of a foreign object from the eye. Treatment must be performed by a physician and occur within 90 days of the accident. An examination without anesthesia is not considered a surgery. This benefit is payable only once per covered person per covered accident.

Family Member Lodging Benefit - We will pay \$100 per day for lodging of one adult member of a covered person's family when a covered person is confined in a non-local hospital or speciality free standing treatment center while undergoing treatment for a covered accident. This benefit is payable for 30 days for each covered accident. This benefit is payable only if the Non-local Transportation Benefit is payable under the covered accident. This benefit will not be paid if the family member lives within 60 miles of the treatment facility.

Hospital Intensive Care Confinement Benefit - We will pay \$400 per day that a covered person is confined to a hospital Intensive Care Unit. Confinement must begin within 3 days after a covered accident and is payable for up to 60 days of continuous confinement in the Intensive Care Unit. For a partial day confinement, the daily benefit will be prorated based on the number of hours confined divided by 24 hours.

Immediate Hospitalization Benefit - We will pay \$1,000 upon the first confinement to a hospital during a calendar year for a covered accident providing that a benefit is payable under the Hospital Confinement Benefit of the policy. The covered person must be confined to the hospital within 3 days of a covered accident and is payable only once per covered person per hospital confinement and only once per calendar year.

Laceration Benefit - We will pay \$50 for lacerations or cuts treated by a physician within 3 days of a covered accident. This benefit is only payable once per covered person per calendar year.

Non Local Transportation Benefit - We will pay \$300 per trip for non local treatment at a hospital or specialty free standing treatment center nearest the covered person's home. Treatment must be prescribed by a physician and the same treatment or care cannot be obtained locally. Non-local is treatment that is 60 miles or more one way from the covered person's home. We do not pay for visits to a physician's office or clinic or for services other than actual treatment. This benefit is payable 3 times per covered accident. This benefit does not cover ground or air ambulance.

Paralysis Benefit - We will pay \$10,000 for paraplegia and \$20,000 for quadriplegia if a covered person receives a spinal cord injury resulting in complete and permanent loss of use of two or more limbs. An attending physician must confirm the paralysis within 3 days of a covered accident and the paralysis must last for at least 90 consecutive days. This benefit is payable only once per covered person.

Physical Therapy Benefit - We will pay \$30 per day a covered person receives physical therapy treatment. This benefit is only payable if a benefit has been paid under the Medical Expense Benefit of the policy. We will pay for a maximum of one treatment per day with a maximum of 6 treatments per covered accident per covered person. This benefit is only payable for injuries resulting from a covered accident where benefits begin within 90 days of the covered accident. Treatments after 6 months after a covered accident are not covered. This benefit is not payable for a same visit for which a benefit is payable under the Accident Follow-Up Treatment Benefit.

Prosthesis Benefit - We will pay \$500 for one device and \$1,000 for 2 or more devices for a prosthetic hand, foot, or eye that is prescribed by a physician. This benefit is payable if a benefit is paid for the loss of hand, foot, or eye under the Accidental Dismemberment benefit of the policy. The device or devices must be received within 180 days of a covered accident. This benefit is payable only once per covered person per covered accident.

Ruptured Disc Benefit - We will pay \$500 for a ruptured disc of the spine. The ruptured disc must be diagnosed as a result of a covered accident and surgically repaired by a physician within 180 days of the date of the covered accident.

Skin Graft Benefit - We will pay 50% of the Burn Benefit under this rider if a covered person receives a skin graft for a burn for which a benefit is paid under the Burn Benefit. The skin graft must be performed by a physician to treat a covered burn within 90 days of a covered accident. This benefit is payable only once per covered person per covered accident.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Benefit - We will pay \$500 per injury for an injured tendon, ligament, rotator cuff or knee cartilage. The injury site must be torn, ruptured, or severed and surgically repaired by a physician within 180 days of a covered accident. If exploratory surgery using arthroscopy is done and no surgical repair is done, we will pay \$150 for the exploratory surgery. This benefit is not paid if a benefit is paid under the Ruptured Disc Benefit of the rider for the same covered accident.

The benefits under this rider are subject to the Pre-existing Condition Limitation of the policy. All other general provisions of the Policy to which this rider is attached apply to this rider.

The benefits under this rider are subject to the Pre-existing Condition Limitation of the policy. All other general provisions of the Policy to which this rider is attached apply to this rider.

RIDER RENEWAL PROVISION

This rider is renewable in the same manner as the Policy to which it is attached.

TERMINATION

This rider terminates:

- a) when coverage terminates under the Policy to which this rider is attached;
- b) when the premium for this rider is not paid before the end of the Grace Period; or
- c) when the Insured Person gave Us Written Notice to terminate this rider.

WELLNESS BENEFIT RIDER HIC-ACC-WBR-AR 2/11. Applied for: Yes No

NUMBER OF UNITS SELECTED 1 Unit 2 Units

For 2 Units of coverage, benefits are 2 times the amounts shown.

We will pay \$25 (twenty-five dollars) if You or any one eligible family member undergoes routine examinations or other preventive testing during the following Policy year. Services covered are: annual physical examinations, dental exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, prostate-specific antigen tests (PSAs), ultrasounds, and blood screenings. The Benefit is limited to 2 visits per calendar year per Covered Person; and a maximum of 4 visits per calendar year if the policy is in force as family coverage. Eligible Family Members are Your Spouse and the Dependent Children of either You or Your Spouse. Service must be under the supervision of or recommended by a Physician, received while Your Policy is in force, and a charge must be incurred.

D. RENEWAL AGREEMENT

Except for fraud or material misrepresentation, you have the right to renew this policy to age 70 as long as premiums are paid on time. This policy will terminate on the last day of the period for which premium is paid unless continued in force during a grace period.

E. TOTAL PREMIUM. The annual premium is \$_____ ; if other than annual \$ «PREM_TOTAL», mode monthly.

A grace period of 31 days will be granted for the payment of each premium after the first. Your policy remains in force during the grace period. Family plan coverage may include the following: you; your spouse; your unmarried dependent children under age 21 (25 if full-time student); grandchildren dependent upon you for income tax purposes; and children required to be insured under a medical support order by a court. Incapacitated children are covered in accordance with the incapacitated child continuation provision in the policy.

Premium Change

We have the right, after the first Premium Due Date, to change the rate at which further premiums will be calculated for all insureds of Your rate class and same State of issue. No Insured Person will receive a rate increase prior to the annual anniversary date of the Policy. After the first annual anniversary date of the Policy, a premium increase will not be given more frequently than once in a 12 month period. We will give you notice of any change at least 60 days before the Premium Due Date on which it is to become effective.

I hereby acknowledge that this outline of coverage was delivered to me on _____, 20_____.

This outline of coverage is not a contract. It is intended only as a general description of the policy provisions in the planning of your program. The benefits are determined by the terms and conditions of the policy alone. IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS.

RETAIN FOR YOUR RECORDS.

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING CONTRACTUAL PROVISIONS**

SERFF Tracking Number: ICCL-127387060 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 49643
 Company Tracking Number: HIC-ACC-TDR-4/11
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Humana Total Disability Injury Only Rider
 Project Name/Number: Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Humana Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: ICCI-127387060 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 49643
 Company Tracking Number: HIC-ACC-TDR-4/11
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Humana Total Disability Injury Only Rider
 Project Name/Number: Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 09/06/2011	rate manual including Total Disability Injury Only rider	HIC-ACC-POL 7/09	New		Actuarial Memorandum - Humana Rider HIC-ACC-TDR- INJURY ONLY.pdf

Humana Insurance Company
Actuarial Memorandum
Rider Form: HIC-ACC-TDR-INJURY ONLY

1. Scope and Purpose of Filing

This is a new filing of this form. The purpose of this filing is to demonstrate that the anticipated loss ratio of this form meets the minimum requirement of your state. This filing is not intended to be used for any other purpose.

This form will be attached to a base policy form which provides benefits for accidental death and injuries due to accidents.

2. Description of the Benefits

This form provides by rider short term disability benefits for disabilities that result from accidental injuries.

Attached as Appendix A is a complete description of the benefits.

3. Renewability Clause

This rider will terminate when coverage terminates under the Policy to which this rider is attached. The base policy to which it will be attached is classified as Guaranteed Renewable until age 70.

4. Applicability

This is a new filing of this form.

5. Morbidity

Claim costs assumptions for pricing were based on the 85 CIDA table with the following weights by class:

Class 1: 5%
Class 2: 60%
Class 3: 30%
Class 4: 5%

6. Mortality

The expected deaths are based on the 75-80 Ultimate table.

7. Persistency

The following are the expected lapses by policy year. These lapse rates are in addition to the mortality rates indicated above.

<u>Policy Year</u>	<u>Lapse Rate</u>
1	40.0%
2	30.0%
3	20.0%
4	16.0%
5	14.0%
6+	12.0%

8. Expense Assumptions

The expense assumptions including profit used in pricing this form are as follows:

Percent of Premium all years - 50.0%

9. Marketing Method

This form will be marketed through agents on either 1) a payroll deduction basis or 2) an individual basis.

10. Underwriting

This form will be underwritten using simplified underwriting.

11. Premium Classes

Premium rates for payroll deduction sales do not vary by age or gender. For individual sales, sex-distinct, age-banded rates will be used. The annual premiums are attached as Appendix B.

12. Issue Age Range

This form will be available up to issue age 69.

13. Area Factors

The pricing of this form did not incorporate any area factors. The premiums for this form do not vary by geographic area.

14. Average Annual Premium

The expected average annual premium for insureds that select this rider is \$122.91. The expected average total annual premium for this form and the associated base policy form and riders is \$389.13.

The above average premium figures assumes a distribution of sales and selected policy benefits as shown in Item (21) below

15. Premium Modalization Rules

The following are the premium modalization rules for this form:

Monthly Direct	0.08333 * Annual
Semi-Annual Direct	0.52 * Annual
Quarterly Direct	0.265 * Annual

16. Claim Liability and Reserves

This is a new filing of this form; therefore, there are no claim liabilities and reserves at this time.

The claim reserve at any point in time will consist of (a) incurred but unreported claims and (b) unpaid claims which have been reported and are in the course of settlement.

These claim reserves will be determined using a "claim lag" methodology whereby a history of claims paid by incurral date will be maintained and such "claim run-off" will then be used to estimate the level of claim reserves.

17. Active Life Reserves

Statutory reserves for this form will be calculated using the two-year full preliminary term method. The interest rate used will be consistent with the NAIC Model Regulation on Minimum Reserve Standards for Individual and Group Health Insurance Contracts, which means that the rate used will be a rate permitted by law for the valuation of whole life insurance issued on the same date. Currently, this rate is 4.0%.

No negative reserves will be held for any one policy. In all circumstances, reserves will be in accordance with the Standard Valuation Law.

18. Trend Assumptions – Medical and Insurance

No trend factors were assumed in pricing this policy.

19. Minimum Required Loss Ratio

The minimum loss ratio for this policy form is 50% based on the NAIC Model Regulations for indemnity products and loss of income products. The projected policy year loss ratios are shown in Appendix C. These projections use all of the assumptions discussed previously.

20. Anticipated Loss Ratio

Gross premiums were calculated to conform with the loss ratio requirements for your state. For both pricing and for the calculation of the Anticipated Loss Ratio, premiums, claims and other items were projected for 30 years. Present values were calculated using

a discount rate equal to the expected earned interest rate using in pricing, which was 4.0% for all durations.

The Anticipated Loss Ratio for this form is 50.0%. This is computed as the present value of future benefits divided by the present value of future premiums over the entire future lifetime of the policy form. All assumptions used for this calculation are consistent with those used for pricing. This calculation assumes no future premium schedule changes and is consistent with benefit projections and medical trend. If any future premium schedule changes were expected, they would have been used in the calculation.

Appendix C shows the Anticipated Loss Ratio for the policy years applicable to the Entire Future Lifetime of this form. Appendix D shows the calculation of the Anticipated Loss Ratio for this rider combined with the policy and riders to which it is attached. These loss ratios do not include the change from year to year in the Active Life Reserve.

21. Assumed Distribution of Business

Age			
	Under 30		20.6%
	30-34		13.6%
	35-39		14.1%
	40-44		13.3%
	45-49		13.3%
	50-54		11.8%
	55-59		7.9%
	Over 59		5.4%
			100%
Sex			
	Female		45%
	Male		55%
Payroll			
By tier	By tier		
	Ind		72%
	Ind + SP		8%
	Ind + Ch		4%
	Ind + Fam		16%
Benefits			
		Average	% of
		Units	Sales
	Base Policy	1.9	100%
	ABR Rider	1.0	90%
	Wellness Rider	1.5	10%
	Disability Rider	6.0	30%

22. Contingency and Risk Margins

This form is expected to produce, based upon the expected claims, an overall contingency margin of approximately 5%.

23. Experience on the Form

This is a new filing of this form; therefore, there is no experience on the form.

24. Lifetime Loss Ratio

This is a new filing of this form; therefore, the Lifetime Loss Ratio equals the Anticipated Loss Ratio described in Section 20 above.

25. History of Rate Adjustments

This is a new filing of this form; therefore, it does not have any history of rate adjustments.

26. Number of Policyholders

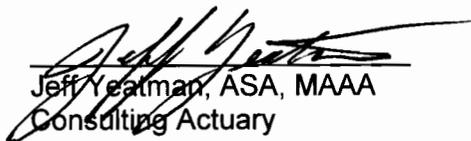
Currently there are no policies in force in your state.

27. Proposed Effective Date

This is a new filing of this form; therefore, the proposed effective date of implementation is immediately upon regulatory approval.

28. Actuarial Certification

I, Jeff Yeatman, ASA, MAAA, am an actuary for G.P. Monnin Consulting, Inc. I am a member of the American Academy of Actuaries and am qualified in the area of health insurance. I certify that, to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of your state and the rules of the Department of Insurance, and complies with Actuarial Standard of Practice Number 8, "Regulatory Filing for Rates and Financial Projections for Health Plans", as adopted by the Actuarial Standards Board, December, 2005, and that the benefits provided are reasonable in relation to the proposed premiums.


Jeff Yeatman, ASA, MAAA
Consulting Actuary

Date 8/18/11

Appendix A

Benefit Description

(APPLICABLE TO INSURED PERSON ONLY - NOT AVAILABLE TO DEPENDENTS)

If the Insured Person satisfies the criteria for Accident Total Disability, we will pay the Monthly Benefit Amount as selected by you. You may select in \$100 increments from [\$300 to \$4000] per month benefit. Benefit selected cannot exceed 60% of monthly salary.

The Accident Total Disability must:

- a) result from Injury;
- b) must begin within 90 days of the accident;
- c) continue for three (3) full consecutive days; and
- d) require the regular care of a legally qualified physician other than the Insured Person, unless the Insured Person's physician states that further treatment will not improve the Insured Person's condition.

After the third day of disability, benefits are payable for the first three days and every additional day for up to 6 months.

We will not pay for more than one accident during any period of accident total disability.

For Accident Total Disability of less than one full month, one-thirtieth of the Monthly Benefit amount will be payable for each day of Accident Total Disability.

Appendix B

Annual Premium Rates - Payroll Deduction Basis

Note: Dependents are not covered under this rider

	<u>Per \$100 Coverage</u>
Individual	20.49
Ind + Spouse	20.49
Ind + Child(ren)	20.49
Family	20.49

Annual Premium Rates - Direct Sales

Per \$100 of Coverage

<u>Ages</u>	<u>Male</u>	<u>Female</u>
Under 30	24.04	16.09
30-34	23.54	17.12
35-39	22.70	17.95
40-44	21.67	18.78
45-49	20.63	19.75
50-54	19.70	21.04
55-59	18.93	22.68
60+	18.35	24.41

G. P. MONNIN CONSULTING, INC.

Accident Policy - Blended Rates for Actuarial Memo - Accident DI Rider.xls For Memo - Individual

Appendix C

Projection of Loss Ratios

Rider Form HIC-ACC-TDR-INJURY ONLY

Policy Year	Premium	Claims	Loss Ratio
1	93.36	46.55	49.9%
2	57.31	28.60	49.9%
3	40.74	20.35	49.9%
4	31.91	15.95	50.0%
5	25.95	12.98	50.0%
6	21.59	10.81	50.1%
7	18.18	9.11	50.1%
8	15.31	7.68	50.1%
9	12.25	6.14	50.1%
10	10.31	5.17	50.2%
11	8.68	4.36	50.2%
12	7.30	3.67	50.2%
13	6.14	3.09	50.3%
14	4.78	2.40	50.2%
15	4.02	2.02	50.2%
16	3.38	1.70	50.3%
17	2.84	1.43	50.3%
18	2.38	1.20	50.4%
19	1.76	0.88	50.0%
20	1.48	0.74	50.1%
21	1.24	0.62	50.2%
22	1.04	0.52	50.3%
23	0.88	0.44	50.3%
24	0.62	0.31	49.9%
25	0.52	0.26	50.0%
26	0.44	0.22	50.1%
27	0.37	0.18	50.3%
28	0.31	0.15	50.4%
29	0.21	0.10	50.0%
30	0.17	0.09	50.1%
Present Value at 4.0%	375.48	187.74	50.0%

Appendix D

Projection of Loss Ratios

Base Policy and Additional Riders Included

Policy Year	Premium	Claims	Loss Ratio
1	295.57	142.52	48.2%
2	181.48	88.20	48.6%
3	129.05	63.10	48.9%
4	101.10	49.92	49.4%
5	82.22	40.99	49.9%
6	68.43	34.42	50.3%
7	57.65	29.57	51.3%
8	48.56	25.37	52.2%
9	38.88	19.87	51.1%
10	32.75	16.99	51.9%
11	26.32	13.72	52.1%
12	22.07	12.02	54.4%
13	18.56	10.52	56.7%
14	14.51	7.83	53.9%
15	12.21	6.65	54.5%
16	9.80	5.31	54.2%
17	8.20	4.64	56.7%
18	6.88	4.06	59.0%
19	5.10	2.76	54.1%
20	4.29	2.35	54.9%
21	3.41	1.86	54.6%
22	2.86	1.65	57.7%
23	2.40	1.46	60.6%
24	1.70	0.91	53.4%
25	1.43	0.78	54.7%
26	1.20	0.67	55.9%
27	1.00	0.60	60.0%
28	0.84	0.54	64.1%
29	0.57	0.32	55.2%
30	0.48	0.27	56.6%
Present Value at 4.0%	1,179.52	589.85	50.0%

SERFF Tracking Number: ICCI-127387060 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 49643
 Company Tracking Number: HIC-ACC-TDR-4/11
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Humana Total Disability Injury Only Rider
 Project Name/Number: Humana Total Disability Injury Only Rider/Humana Total Disability Injury Only Rider

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/06/2011
Comments:		
Attachment: Cert of Comp. with Rule 19 Ind acc TDR Injury Only Rider.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	09/06/2011
Comments: The application was approved under SERFF Tracking # ICCI-127017751 on 2/23/2011		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	09/06/2011
Comments: See rate manual attached to rate/rule schedule tab		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	09/06/2011
Comments: see outline of coverage attached to the form schedule tab		

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter	Approved-Closed	09/06/2011
Comments:		
Attachment: Humana Insurance Company Authorization letter _2011_.pdf		

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Humana Insurance Company

Form Number(s): HIC-ACC-TDR-INJURY ONLY 4/11, HIC-ACC-OCC-AR 8/11

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



Signature of Company Officer

Gerald L. Ganoni

Name

President

Title

August 26, 2011

Date



January 1, 2011

To: All State Insurance Departments

Humana Insurance Company hereby authorizes Insurance Compliance Consultants, Inc., to file the attached form(s) or a state specific variation of it, and to act on Our behalf regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Humana Insurance Company may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

Dave Vanden Heuvel
Director of Business Services
Humana Insurance Company