

**State:** Arkansas **Filing Company:** USAbLe Life  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
**Product Name:** Group Health Policy Amendment - December 2012  
**Project Name/Number:** GRP- Group/AR000960100018

## Filing at a Glance

Company: USAbLe Life  
Product Name: Group Health Policy Amendment - December 2012  
State: Arkansas  
TOI: H16G Group Health - Major Medical  
Sub-TOI: H16G.001C Any Size Group - Other  
Filing Type: Form  
Date Submitted: 12/11/2012  
SERFF Tr Num: LSVX-G128805362  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: AR000960100018  
  
Implementation: 12/11/2012  
Date Requested:  
Author(s): SPI Life and Specialty Ventures  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 12/12/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: GRP- Group	Status of Filing in Domicile:
Project Number: AR000960100018	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer, Employer, Employer, Employer, Employer	Overall Rate Impact:
Filing Status Changed: 12/12/2012	
State Status Changed: 12/12/2012	Deemer Date:
Created By: SPI Life and Specialty Ventures	Submitted By: SPI Life and Specialty Ventures
Corresponding Filing Tracking Number:	

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

### Filing Description:

Attached please find form 42-69 1/13 for your review and approval if indicated.

This amendment would allow for coverage of domestic partners, if they meet the requirements of the amendment. This coverage will only be offered to groups of 100 plus in size that request the coverage.

Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d). Please also note, we have scored the amendments as part of the benefit certificates with which they will be used as provided by Arkansas Code Annotated §23-80-206(e).

By way of this letter, I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 are incorporated in the benefit certificates to which these amendments will be attached.

I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the benefit certificates to which these amendments are attached.

Please feel free to contact Evelyn Laney at 378-2165 with any questions you may have.

## Company and Contact

### Filing Contact Information

Rob Wittenburg, Legal Product Specialist	rwittenburg@usablelife.com
PO Box 1650	501-212-8877 [Phone] 8877 [Ext]
Little Rock, AR 72203-1650	501-235-8484 [FAX]

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**Filing Company Information**

USable Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Health
Little Rock, AR 72203-1650	Group Name: Life and Speciality	State ID Number:
(501) 375-7200 ext. [Phone]	Ventures (LSV)	
	FEIN Number: 71-0505232	

**Filing Fees**

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

Company	Amount	Date Processed	Transaction #
USable Life	\$50.00	12/11/2012	65636359

SERFF Tracking #:

LSVX-G128805362

State Tracking #:

Company Tracking #:

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/12/2012	12/12/2012

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## Disposition

Disposition Date: 12/12/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Domestic Partners	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: 42-69 1/13

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 12/12/2012	Domestic Partners	42-69 1/13	CERA	Initial		40.600	42-69 1-13 (Domestic Partner).PDF

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



AMENDMENT TO THE  
USABLE LIFE  
COMPREHENSIVE MAJOR MEDICAL  
GROUP BENEFIT CERTIFICATES

AMENDMENT NO. 42-69  
DOMESTIC PARTNERS

**ELIGIBILITY STANDARDS** is hereby amended by deleting, "NOTE: Domestic partners are not eligible for coverage as Dependents under this Benefit Certificate."

**GLOSSARY OF TERMS**, is hereby amended by adding the following:

**Domestic Partner** means two persons in a committed relationship, who attest by affidavit that they have met the following requirements:

1. Are legally married in another state, have legally entered into a civil union in another state, OR hold themselves out to the public and their community as partners committed to each other for life and who, but for laws to the contrary, would be married to each other and be each deemed the spouse of the other;
2. Have shared a continuous committed relationship with each other for not less than six (6) months, intend to do so indefinitely, and have no such relationship with any other person;
3. Are jointly responsible for each other's welfare and financial obligations;
4. Reside in the same household;
5. Are not related by blood to a degree of kinship that would prevent marriage from being recognized under the laws of their state of residence;
6. Each is over age 18 years, or legal age, and are mentally and legally competent to enter into a contract; and
7. Neither is married to a third party.

**GLOSSARY OF TERMS**, is hereby amended by replacing the definition of **Spouse** with the following:

**Spouse** means an individual who is the husband or wife of an Employee as a result of a marriage that is legally recognized in the state of Arkansas. The term Spouse also includes a Domestic Partner.

This Amendment becomes a part of the USABLE Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

A handwritten signature in black ink that reads "Jason Mann". The signature is written in a cursive style and is positioned above a horizontal line.

Jason Mann, President

USABLE Life  
Group Health Division  
[PO Box 1151, 400 West Capitol, Suite 1500  
Little Rock, Arkansas 72203]

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification	Approved-Closed	12/12/2012
Comments:			
Attachment(s):			
Flesch Certification US Able Life, 42-69 1-13Domestic Partners.PDF			
		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Application	Approved-Closed	12/12/2012
Bypass Reason:	Not a policy filing.		
		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/12/2012
Bypass Reason:	Not PPACA related.		



RE: US Able Life  
Form Nos. 42-69 1/13

FLESCH READING EASE  
CERTIFICATION

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.6 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

A handwritten signature in black ink, appearing to read "Jason Allen", is written above a horizontal line.

Name

President  
Title

December 6, 2012  
Date