

SERFF Tracking Number: UHLC-128109836 State: Arkansas
Filing Company: UnitedHealthcare Insurance Company State Tracking Number:
Company Tracking Number: MULTIPLE POLICIES REPORTS - 2012
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: MEDICARE SUPPLEMENT PLANS
Project Name/Number: MULTIPLE POLICIES REPORTS - 2012/MULTIPLE POLICIES REPORTS - 2012

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: MEDICARE SUPPLEMENT PLANS SERFF Tr Num: UHLC-128109836 State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Accepted State Tr Num:
For Informational Purposes

Sub-TOI: MS09.000 Medicare Supplement Other 2010 Co Tr Num: MULTIPLE POLICIES REPORTS - 2012 State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Wanda Augustus, Bobbie Walton, Gerry McCadden, Mike Mann, Bonnie Fluck Disposition Date: 02/28/2012

Date Submitted: 02/22/2012

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: MULTIPLE POLICIES REPORTS - 2012

Project Number: MULTIPLE POLICIES REPORTS - 2012

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 02/28/2012

State Status Changed: 02/28/2012

Created By: Bobbie Walton

Corresponding Filing Tracking Number: MULTIPLE POLICIES REPORTS - 2012

Filing Description:

UnitedHealthcare Insurance Company

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Bobbie Walton

NAIC# 0707 - 79413

SERFF Tracking Number: UHLC-128109836 State: Arkansas
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 Medicare Supplement Multiple Policies Report

Attached in the Form Schedule tab is the Medicare Supplement Multiple Policies Report, for calendar year 2011, filed by the UnitedHealthcare Insurance Company ("United"), as the issuer of the AARP Medicare Supplement Plans. Please be advised that, to the best of our knowledge, United has no duplicate Medicare supplement insurance coverage in effect for any resident in your state.

Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
 680 Blair Mill Rd. 215-902-8444 [Phone]
 Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut
 185 Asylum Street Group Code: 707 Company Type: Life and Health
 Hartford, CT 06103 Group Name: State ID Number:
 (860) 702-5000 ext. [Phone] FEIN Number: 36-2739571

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$0.00	02/22/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	02/28/2012	02/28/2012

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Disposition

Disposition Date: 02/28/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Multiple Policies Report - 2012	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: NOT REQUIRED Comments:		
Bypassed - Item: Application Bypass Reason: NOT REQUIRED Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: NOT REQUIRED Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: NOT REQUIRED Comments:		
Satisfied - Item: Multiple Policies Report - 2012 Comments: SEE ATTACHED MULTIPLE POLICIES REPORT. Attachment: Multiple Policies Report Form - 2012.pdf	Accepted for Informational Purposes	02/28/2012

**FORM FOR REPORTING
MEDICARE SUPPLEMENT POLICIES**

Company Name: UnitedHealthcare Insurance Company

Address: P.O. Box 1017
Montgomeryville, PA 18936

Phone Number: (215) 902 - 8458

Due: **March 1, annually**

The purpose of this form is to report the following information on each resident of this state who has in force more than one Medicare supplement policy or certificate. The information is to be grouped by individual policyholder.

Name and Address	Policy and Certificate Number	Date of Issuance
NONE		



Signature

Paul D. Kallmeyer
Deputy General Counsel, UnitedHealthcare Insurance Co.
AARP Division

Name and Title

February 22, 2012

Date