

SERFF Tracking Number: CMBD-128398816 State: Arkansas  
Filing Company: Combined Insurance Company of America State Tracking Number:  
Company Tracking Number: 10306  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: exclusionary rider  
Project Name/Number: exclusionary rider/10306

## Filing at a Glance

Company: Combined Insurance Company of America

Product Name: exclusionary rider

SERFF Tr Num: CMBD-128398816 State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num:

Sub-TOI: H21.000 Health - Other

Co Tr Num: 10306

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Donna Marron

Disposition Date: 05/23/2012

Date Submitted: 05/23/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: exclusionary rider

Status of Filing in Domicile: Pending

Project Number: 10306

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: We have filed in  
our state of Domicile with review pending.

Thank you,

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Donna Marron

Senior Contract Analyst

Combined Insurance Company

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 05/23/2012

State Status Changed: 05/23/2012

Created By: Donna Marron

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Donna Marron

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

SERFF Tracking Number: CMBD-128398816 State: Arkansas  
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Product Name: exclusionary rider  
Project Name/Number: exclusionary rider/10306

Filing Description:  
May 23, 2012

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Insurance Division  
1200 W. Third St.  
Little Rock, Arkansas 72201-1904

Re: Combined Insurance Company of America  
FEIN Number: 36-2136262  
NAIC Number: 626-62146  
Serff Transmittal Number: CMBD-  
Individual Accident & Health

Form Nos. 10306 - Exclusionary Rider  
10306- REM-AR Exclusionary Removal Rider

Dear Ms. Bowman:

This is a new filing. The above listed forms are new and are replacing existing forms. Also included, please find the required flesch certification for your review.

Form 10306 will be used on a new issue basis only in connection with approved accident and health policies. The rider will be issued based on information on the application and Combined's Underwriting requirements. These new forms will replace Form 10300 approved by your department on 08/25/87.

Form 10306-REM-AR is completed by the Insured when the stated time frame on Form 10306 is reached. We filed in our domiciliary state May 16, 2012, with review pending. All variable material has been bracketed and a variability memorandum is enclosed.

We appreciate your time in reviewing this filing. Please call me at our toll free number or email me if you have any further questions in reviewing this filing.

Sincerely,

Senior Policy Analyst  
Government Relations  
Enc.

State Narrative:

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 Product Name: exclusionary rider  
 Project Name/Number: exclusionary rider/10306

## Company and Contact

### Filing Contact Information

Donna Marron, Senior Policy Analyst Donna.Marron@combined.com  
 1000 Milwaukee Avenue 847-953-1538 [Phone]  
 Glenview, IL 60025 847-953-1557 [FAX]

### Filing Company Information

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois  
 1000 Milwaukee Avenue Group Code: 626 Company Type:  
 Glenview, IL 60025 Group Name: State ID Number:  
 (847) 953-1531 ext. [Phone] FEIN Number: 36-2136262

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: 2 forms x \$50.00 = \$100.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$100.00	05/23/2012	59365229

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/23/2012	05/23/2012

*SERFF Tracking Number:* CMBD-128398816      *State:* Arkansas  
*Filing Company:* Combined Insurance Company of America      *State Tracking Number:*  
*Company Tracking Number:* 10306  
*TOI:* H21 Health - Other      *Sub-TOI:* H21.000 Health - Other  
*Product Name:* exclusionary rider  
*Project Name/Number:* exclusionary rider/10306

## **Disposition**

Disposition Date: 05/23/2012

Implementation Date:

Status: Approved-Closed

HHS Status: Not Reported

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* CMBD-128398816      *State:* Arkansas  
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*Company Tracking Number:* 10306  
*TOI:* H21 Health - Other      *Sub-TOI:* H21.000 Health - Other  
*Product Name:* exclusionary rider  
*Project Name/Number:* exclusionary rider/10306

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Supporting Document</b>	variability memo	Approved-Closed	Yes
<b>Supporting Document</b>	cover letter	Approved-Closed	Yes
<b>Form</b>	exclusionary rider	Approved-Closed	Yes
<b>Form</b>	Exclusionary Removal Rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: 10306

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/23/2012	Form No. 10306	Policy/Cont ract/Fratern al	Policy/Cont exclusionary rider ract/Fratern al	Initial		47.000	10306 Exclusionary Rider.pdf
Approved-Closed 05/23/2012	Form No. 10306-REM-AR	Policy/Cont ract/Fratern al	Policy/Cont Exclusionary ract/Fratern Removal Rider al	Initial		50.000	10306-REM-AR.pdf



**APPLICATION FOR REMOVAL OF EXCLUDED CONDITION(S) FROM  
EXCLUSIONARY RIDER**

Please consider removing the following excluded condition(s) from the Exclusionary Rider attached to my Policy No.       [P951252]      .

EXCLUDED CONDITION	Number of Years Completely Recovered
[Hypertension]	[two years]

I hereby affirm that I have been COMPLETELY RECOVERED and have had no further symptoms of, or treatment for, these conditions for the number of years indicated above for each condition.

The last time I received medical advice or treatment for any condition noted above was:

      [May 1,2010]      

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Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
--

[John Doe]

/s/signature

05/14/12]

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*Print Name*

*Policyholder's Signature*

*Date*

Mail your completed application to us for consideration at:

COMBINED INSURANCE COMPANY OF AMERICA  
[P.O. Box 6703 • Scranton, PA 8505-0703]

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	05/23/2012

**Comments:**

Attached please find our Certification of Compliance with AR Rule and Regulation 19.

Also please find our flesch Certification, per ACA 23-80-206.

Thank you,

Donna Marron  
 Senior Contract Analyst  
 Combined Insurance Company

**Attachments:**

flesch.pdf  
 Certification of Compliance.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	05/23/2012
<b>Bypass Reason:</b> We are filing a rider only for review and approval.		

Thank you,

Donna Marron  
 Senior Contract Analyst  
 Combined Insurance Company

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	05/23/2012
<b>Bypass Reason:</b> We are filing a rider only for review and approval.		

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Thank you,

Donna Marron  
Senior Contract Analyst  
Combined Insurance Company

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	05/23/2012
<b>Bypass Reason:</b> We are filing a rider only for review and approval.		

Thank you,

Donna Marron  
Senior Contract Analyst

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	05/23/2012
<b>Bypass Reason:</b> This filing is NOT a PPACA filing.		

Thank you,

Donna Marron  
Senior Contract Analyst

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> variability memo	Approved-Closed	05/23/2012

**Comments:**  
Attached please find our memo of variability.

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Thank you,

Donna Marron  
Senior Contract Analyst

**Attachment:**

Variability Memo.pdf

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> cover letter	Approved-Closed	<b>Date:</b> 05/23/2012
<b>Comments:</b> Attached please find our cover letter, letter of explanation.		

Thank you,

Donna Marron  
Senior Contract Analyst  
Combined Insurance Company

**Attachment:**

submissionltr.pdf



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**READABILITY CERTIFICATION**

**RE: Form No. 10306                      Exclusionary Rider**  
**10306-REM -AR                      Exclusionary Removal Rider**

We hereby certify that the above captioned forms have a flesch score of (see below) and meet the required minimum readability score, in not less than ten-point type, one point leaded.

<u>Form Number</u>	<u>Flesch Score</u>
10306	47
10306 - REM-AR	54

*Michael J. Hollar*

---

Michael J. Hollar  
Policy Filings/  
Government Relations

Manager,

**Michael J. Hollar – Assistant Secretary / Manager Policy Filings / Government Relations**  
**Toll Free to Product Filings: 888.449.3623 Ext. 31531 Fax: 847.953.1557 Direct: 847.953.1531 E-Mail:**  
**Michael\_Hollar@combined.com**

Combined Insurance Company 1000 Milwaukee Avenue-6<sup>th</sup> floor Glenview, Illinois 60025  
phone: 847.953.1000 www.combinedinsurance.com

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Combined Insurance Company of America

Form Number(s): 10306 - Exclusionary Rider, 10306-REM - AR Exclusionary Removal Rider

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

*Michael J. Hollar*

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Signature of Company Officer

\_\_\_\_\_  
Michael J. Hollar  
Name

\_\_\_\_\_  
Assistant Secretary  
Title

\_\_\_\_\_  
May 17, 2012

Date



**VARIABILITY MEMORANDUM**

**Form 10306**

**Variable**

**Options**

Company Address	Bracketed to address any future change in the company's address.
Officer Signature's	Bracketed to address any future change in the company officer name, and officer title.
Policy Form No.	Bracketed to allow number be specific to each Insured.
Effective Date	Bracketed to allow Date to correspond to issued Insured policy.
Insured's Signature	Bracketed to correspond to Individual Insured.

**Form 10306 - REM - AR**

**Variable**

**Options**

Form No.	Bracketed to allow number be specific to each Insured.
Medical Condition	Bracketed to allow form to be "individualized and correspond to the Insured's policy form "and medical condition(s)."
Date	Bracketed to be specific to each insured and date condition symptoms no longer existed.
Company Address	Bracketed to address any future change in the company's address.



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May 23, 2012

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Insurance Division  
1200 W. Third St.  
Little Rock, Arkansas 72201-1904

Re: **Combined Insurance Company of America**  
**FEIN Number: 36-2136262**  
**NAIC Number: 626-62146**  
**Serff Transmittal Number: CMBD-128398816**  
**Individual Accident & Health**

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Sincerely,

Senior Policy Analyst  
Government Relations  
Enc.

Donna M. Marron - Senior Policy Analyst - Product Filings/Government Relations  
847-953-1538 Fax # 847-953-1557 Toll Free to Product Filings: 888-449-3623 E-Mail: Donna\_Marron@combined.com