

SERFF Tracking Number: ACEH-128532360 State: Arkansas
Filing Company: ACE American Insurance Company State Tracking Number:
Company Tracking Number: AH-10059A-IUB INVOLUNTARY UNEMPLOYMENT
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident - Involuntary Unemployment Benefit Amendment
Project Name/Number: Blanket Accident - Involuntary Unemployment Benefit Amendment/AH-10059a-IUB

Filing at a Glance

Company: ACE American Insurance Company

Product Name: Blanket Accident - Involuntary Unemployment Benefit Amendment SERFF Tr Num: ACEH-128532360 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: AH-10059A-IUB State Status: Approved-Closed INVOLUNTARY UNEMPLOYMENT

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Karen Moore, Maureen Ortega Disposition Date: 07/02/2012

Date Submitted: 06/29/2012 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Blanket Accident - Involuntary Unemployment Benefit Amendment

Status of Filing in Domicile: Not Filed

Project Number: AH-10059a-IUB

Requested Filing Mode: Review & Approval

Date Approved in Domicile:

Domicile Status Comments: Pennsylvania does not require the filing of this amendment as per PA Notice 96-1.

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Blanket, Trust

Filing Status Changed: 07/02/2012

State Status Changed: 07/02/2012

Created By: Karen Moore

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Karen Moore

SERFF Tracking Number: ACEH-128532360 State: Arkansas
Filing Company: ACE American Insurance Company State Tracking Number:
Company Tracking Number: AH-10059A-IUB INVOLUNTARY UNEMPLOYMENT
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident - Involuntary Unemployment Benefit Amendment
Project Name/Number: Blanket Accident - Involuntary Unemployment Benefit Amendment/AH-10059a-IUB

Filing Description:

RE: ACE American Insurance Company
FEIN#: 95-2371728 / NAIC#: 626-22667

In-state and Out-of-State Filing

Involuntary Unemployment Benefit, AH-10059a-IUB, to be used with Blanket Accident Policy AH-10324-AR, et al
(Approved March 3, 2003)

Dear Commissioner:

We submit the filing referenced above on behalf of ACE American Insurance Company. This form is new and is not intended to replace any forms currently on file. Pennsylvania, our state of domicile, does not require the filing of forms intended for issue in the Commonwealth of Pennsylvania (PA Notice 96-1). The Readability Certification form is enclosed.

This amendment provides a benefit if a covered person becomes involuntarily unemployed.

This additional language is optional and may be selected at the case level by the Policyholder. Specific variability is noted throughout the form, indicated by soft brackets ({}). Optional wording is indicated by hard brackets ([]) and will be included or excluded as requested by the Policyholder. For existing cases, it may be issued on amendment form AH-10059a-IUB, and for new cases, we may incorporate the language directly into the policy.

I trust this filing meets with your approval. If you have any questions, or require additional information, please contact me directly at karen.moore@acegroup.com.

Respectfully,
Karen N. Moore
Product Manager
State Narrative:

Company and Contact

Filing Contact Information

Karen Moore, Compliance Manager karen.moore@acegroup.com
436 Walnut Street 215-640-5134 [Phone]
WA09D 215-640-5548 [FAX]
Philadelphia, PA 19106

Filing Company Information

ACE American Insurance Company CoCode: 22667 State of Domicile: Pennsylvania

SERFF Tracking Number: ACEH-128532360 State: Arkansas
 Filing Company: ACE American Insurance Company State Tracking Number:
 Company Tracking Number: AH-10059A-IUB INVOLUNTARY UNEMPLOYMENT
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident - Involuntary Unemployment Benefit Amendment
 Project Name/Number: Blanket Accident - Involuntary Unemployment Benefit Amendment/AH-10059a-IUB
 PO Box 1000 Group Code: 626 Company Type:
 436 Walnut Street Group Name: State ID Number:
 Philadelphia, PA 19106 FEIN Number: 95-2371728
 (215) 640-5123 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: One form X \$50 = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	06/29/2012	60576333

SERFF Tracking Number: ACEH-128532360 State: Arkansas
Filing Company: ACE American Insurance Company State Tracking Number:
Company Tracking Number: AH-10059A-IUB INVOLUNTARY UNEMPLOYMENT
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident - Involuntary Unemployment Benefit Amendment
Project Name/Number: Blanket Accident - Involuntary Unemployment Benefit Amendment/AH-10059a-IUB

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/02/2012	07/02/2012

SERFF Tracking Number: ACEH-128532360 State: Arkansas
Filing Company: ACE American Insurance Company State Tracking Number:
Company Tracking Number: AH-10059A-IUB INVOLUNTARY UNEMPLOYMENT
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident - Involuntary Unemployment Benefit Amendment
Project Name/Number: Blanket Accident - Involuntary Unemployment Benefit Amendment/AH-10059a-IUB

Disposition

Disposition Date: 07/02/2012

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: ACEH-128532360 State: Arkansas
 Filing Company: ACE American Insurance Company State Tracking Number:
 Company Tracking Number: AH-10059A-IUB INVOLUNTARY UNEMPLOYMENT
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident - Involuntary Unemployment Benefit Amendment
 Project Name/Number: Blanket Accident - Involuntary Unemployment Benefit Amendment/AH-10059a-IUB

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	Amendment for Involuntary Unemployment Benefit	Approved-Closed	Yes

SERFF Tracking Number: ACEH-128532360 State: Arkansas
 Filing Company: ACE American Insurance Company State Tracking Number:
 Company Tracking Number: AH-10059A-IUB INVOLUNTARY UNEMPLOYMENT
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident - Involuntary Unemployment Benefit Amendment
 Project Name/Number: Blanket Accident - Involuntary Unemployment Benefit Amendment/AH-10059a-IUB

Form Schedule

Lead Form Number: AH-10059a-IUB

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/02/2012	AH-10059a-IMB	Certificate Amendment	Amendment for Involuntary Unemployment Benefit	Initial		52.000	Involuntary Unemployment Benefit (AH-10059a-IUB).pdf



ACE American Insurance Company
(A Stock Company)
Philadelphia, Pennsylvania 19106
(Herein called We, Us, Our)

Amendment

[Policyholder: {Name}]

[Policy Number: {00000}]

[Effective Date: {Date}]

This Amendment form is made a part of the Policy and Certificate to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Amendment takes effect as of the Policy Effective Date. This Amendment ends at the same time as the Policy and Certificate. It is subject to all of the terms, limitations and conditions of the Policy and Certificate, except as they are changed by it.

[Any changes in premium apply as of the first premium due date on or after the Effective Date of this Amendment.]

The Policy is changed as follows:

1. The following are added to the *Schedule of Benefits*:

Involuntary Unemployment Benefit

Monthly Benefit: {\$500}
Benefit Waiting Period: {30 days}
Maximum Benefit Period: {3 months}

{If elected by the Policyholder, the following text will appear in the Schedule of Benefits. The benefit may apply on a case or class basis at the option of the Policyholder.}

2. The following are added to the Description of Benefits:

{If elected by the Policyholder, the following text will appear in the Description of Benefits.}

Involuntary Unemployment Benefit

We will pay the benefit shown in the *Schedule of Benefits*, if the Insured is Involuntarily Unemployed, as substantiated by the Insured's registration with the state unemployment office, is eligible to receive state unemployment benefits, and the Insured:

1. was actively employed at the time of Application;
2. has been insured under this Policy for at least {90} consecutive days prior of the date he or she became Involuntarily Unemployed.

Benefits will be subject to the Monthly Benefit, Benefit Waiting Period (if any) and the Maximum Benefit Period shown in the *Schedule of Benefits*.

The self-employed, independent contractor and controlling stockholder are not eligible for coverage under this benefit.

Benefit payments will end on the first of the following dates:

1. the date the Insured dies; or
2. the date the Insured is no longer Involuntarily Unemployed; or
3. the date the Maximum Benefit Period for this benefit ends.

Exclusions

The Involuntary Unemployment Benefit will not be paid if the Insured's unemployment was attributable to any of the following:

- [1. the Insured's termination was due to willful or criminal misconduct, or retirement];[or]
- [2. the unemployment is due to the seasonal nature of the Insured's employment, a project or specific period of employment is completed;][or]
- [3. the Insured voluntarily resigns;][or]
- [4. the Insured's knowledge that the Insured was about to become unemployed when he or she applied for coverage under this Policy;][or]
- [5. a general strike against all employers of a particular industry or territory (a work stoppage as a means to force employers to concede to some demand);][or]
- [6. an unionized labor dispute involving more than one person (a trade or labor union work stoppage to force concessions form an employer);][or]
- [7. a lockout (the temporary closing of a place of business or firing of employees to discourage union activities or win concessions by an employer)].

Additional exclusions that apply to this benefit are shown in the Exclusions section of the Policy.

"Involuntarily Unemployed" means:

1. an individual or mass layoff (ending of employment at the will of the employer); or
2. termination by an employer (complete severance of the employer/employee relationship by an employer, but not for cause or misconduct).

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



GEORGE D. MULLIGAN, Secretary

SERFF Tracking Number: ACEH-128532360 State: Arkansas
 Filing Company: ACE American Insurance Company State Tracking Number:
 Company Tracking Number: AH-10059A-IUB INVOLUNTARY UNEMPLOYMENT
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
 Product Name: Blanket Accident - Involuntary Unemployment Benefit Amendment
 Project Name/Number: Blanket Accident - Involuntary Unemployment Benefit Amendment/AH-10059a-IUB

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	07/02/2012
Comments:			
Attachment:			
Readability Cert.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	07/02/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	07/02/2012
Bypass Reason:	Not PPACA related		
Comments:			

ACE American Insurance Company
Philadelphia, Pennsylvania 19106

READABILITY CERTIFICATION

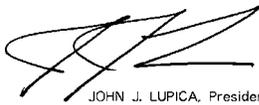
SCHEDULE OF FORMS

I hereby certify that the following forms were tested for readability using the Rudolf Flesch Formula and achieved the following results.

June 2012

RE: Blanket Accident Policy, AH-10324. et al

Form Number	Description	Score
AH-10059a-IUB	Amendment for Involuntary Unemployment Benefit	52.0



JOHN J. LUPICA, President

Person Responsible for this filing: Karen Moore, Accident & Health Product Manager
ACE NA Office of the General Counsel
karen.moore@acegroup.com
215.640.5134