

SERFF Tracking Number: UHLC-128526490 State: Arkansas  
Filing Company: Unimerica Insurance Company State Tracking Number:  
Company Tracking Number: EXP REF (08/12)  
TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.004 Self-Funded Health Plan  
Product Name: Stop Loss  
Project Name/Number: Amendment/

## Filing at a Glance

Company: Unimerica Insurance Company

Product Name: Stop Loss

TOI: H12 Health - Excess/Stop Loss

Sub-TOI: H12.004 Self-Funded Health Plan

Filing Type: Form

SERFF Tr Num: UHLC-128526490 State: Arkansas

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

Co Tr Num: EXP REF (08/12)

State Status: FEES PAID

Authors: Jayne Jackowski, Lynn  
Powers

Reviewer(s): Rosalind Minor

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: Amendment

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 07/02/2012

State Status Changed: 06/29/2012

Created By: Jayne Jackowski

Corresponding Filing Tracking Number:

Filing Description:

We respectfully submit the proposed Experience Refund Endorsement for your formal approval. This endorsement will be used with previously approved stop loss forms for to insure eligible groups that self-insure their health benefit plans against aggregate excess losses. The previous policy form number is UMEREL (02/02) and was approved by your office on April 29, 2002.

State Narrative:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Jayne Jackowski

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: UHLC-128526490 State: Arkansas  
 Filing Company: Unimerica Insurance Company State Tracking Number:  
 Company Tracking Number: EXP REF (08/12)  
 TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.004 Self-Funded Health Plan  
 Product Name: Stop Loss  
 Project Name/Number: Amendment/

Jayne Jackowski, Senior Specialty Product Analyst  
 Jayne\_S\_Jackowski@uhc.com  
 3100 AMS Blvd.  
 Green Bay, WI 54313  
 800-232-5432 [Phone] 14405 [Ext]  
 920-661-9861 [FAX]

**Filing Company Information**

Unimerica Insurance Company CoCode: 91529 State of Domicile: Wisconsin  
 PO Box 150450 Group Code: 707 Company Type: Life and Health  
 Hartford, CT 0606115-0450 Group Name: State ID Number:  
 (860) 702-6017 ext. [Phone] FEIN Number: 52-1996029

-----

**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unimerica Insurance Company	\$50.00	06/29/2012	60568055

SERFF Tracking Number: UHLC-128526490 State: Arkansas  
Filing Company: Unimerica Insurance Company State Tracking Number:  
Company Tracking Number: EXP REF (08/12)  
TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.004 Self-Funded Health Plan  
Product Name: Stop Loss  
Project Name/Number: Amendment/

## Correspondence Summary

### Dispositions

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

*SERFF Tracking Number:* UHLC-128526490      *State:* Arkansas  
*Filing Company:* Unimerica Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* EXP REF (08/12)  
*TOI:* H12 Health - Excess/Stop Loss      *Sub-TOI:* H12.004 Self-Funded Health Plan  
*Product Name:* Stop Loss  
*Project Name/Number:* Amendment/

## **Disposition**

Disposition Date: 07/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* UHLC-128526490      *State:* Arkansas  
*Filing Company:* Unimerica Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* EXP REF (08/12)  
*TOI:* H12 Health - Excess/Stop Loss      *Sub-TOI:* H12.004 Self-Funded Health Plan  
*Product Name:* Stop Loss  
*Project Name/Number:* Amendment/

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Form</b>	Experience Refund Endorsement	Approved-Closed	Yes

SERFF Tracking Number: UHLC-128526490 State: Arkansas  
 Filing Company: Unimerica Insurance Company State Tracking Number:  
 Company Tracking Number: EXP REF (08/12)  
 TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.004 Self-Funded Health Plan  
 Product Name: Stop Loss  
 Project Name/Number: Amendment/

## Form Schedule

**Lead Form Number: EXP REF (08/12)**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/02/2012	EXP REF (08/12)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Experience Refund Endorsement	Initial			EXP REF _08.12_.pdf

**EXPERIENCE REFUND ENDORSEMENT**

Policyholder: [XXXXXX]

Effective Date: [XXXXXX]

In consideration for the premium shown in the Schedule of Excess Loss, the Excess Loss Insurance Policy (the "Policy") will be revised with the addition of Experience Refund Provision.

**EXPERIENCE REFUND**

The Company will pay the Policyholder an Experience Refund of [10% - 70 %] of Net Profit if the Company issues the Policyholder a Policy/Amendment that provides insurance for a Subsequent Policy Period and insurance is continuous from the first day of the Policy Period through the entire Subsequent Policy Period.

**NET PROFIT**

Net Profit is calculated as:

- a. [50% - 70%] of the sum of all premiums paid by the Policyholder for the Specific Excess Loss Insurance for the Policy Period; minus
- b. the sum of all Specific Excess Loss Insurance claims for the Policy Period.

**CALCULATION OF REFUND**

Company will calculate and send to the Policyholder, the Experience Refund, if due, [3-10 months] after the end of the Policy Period. [The Policyholder may elect, as an option, a premium credit in the amount of the Experience Refund in lieu of payment].

If Specific Excess Loss Insurance claims are paid after an Experience Refund has been paid to the Policyholder, and such claims relate to the Policy Period for which the Experience Refund has been paid a new Net Profit will be calculated and the Policyholder shall reimburse Company for any reduction in the Experience Refund within [thirty (30) days] after written notice by the Company. Company may, at its option be reimbursed for any reduction on a previously paid Experience Refund by subtracting the reduced amount from any future payable claim.

All other provisions of the Excess Loss Insurance Policy remain unaffected by this Endorsement.

[ 

Secretary  
Unimerica Insurance Company]

<i>SERFF Tracking Number:</i>	<i>UHLC-128526490</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unimerica Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>EXP REF (08/12)</i>	<i>Sub-TOI:</i>	<i>H12.004 Self-Funded Health Plan</i>
<i>TOI:</i>	<i>H12 Health - Excess/Stop Loss</i>		
<i>Product Name:</i>	<i>Stop Loss</i>		
<i>Project Name/Number:</i>	<i>Amendment/</i>		

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	07/02/2012
<b>Bypass Reason:</b>	See Form Schedule		
<b>Comments:</b>			

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

**CERTIFICATION OF COMPLIANCE  
FOR  
READABILITY**

<b><u>Form Number(s)</u></b> EXP REF (08/12)	<b><u>Flesch Readability Score</u></b> 41
---	--

I hereby certify on behalf of **Unimerica Insurance Company** that the above Flesch Scale Analysis Readability Score is accurate, based on the computer program used to calculate the scores, and comply with the readability requirements in your state.

Signature

  
\_\_\_\_\_

Print Name

Jayne Jackowski  
\_\_\_\_\_

Title

Compliance Analyst  
\_\_\_\_\_

Date

June 29, 2012  
\_\_\_\_\_