

**State:** Arkansas **Filing Company:** Continental American Insurance Company  
**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only  
**Product Name:** Accident 7800  
**Project Name/Number:** Dependent Accident Rider/

## Filing at a Glance

Company: Continental American Insurance Company  
Product Name: Accident 7800  
State: Arkansas  
TOI: H02G Group Health - Accident Only  
Sub-TOI: H02G.000 Health - Accident Only  
Filing Type: Form  
Date Submitted: 09/19/2012  
SERFF Tr Num: CAIC-128692096  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 8956  
Implementation: On Approval  
Date Requested:  
Author(s): Sara McCormick, Elizabeth Goodall  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 09/20/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
State Filing Description:

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**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only  
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## General Information

Project Name: Dependent Accident Rider  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer, Other  
Overall Rate Impact:  
Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Explanation for Other Group Market Type: Union  
Filing Status Changed: 09/20/2012  
State Status Changed: 09/20/2012  
Created By: Elizabeth Goodall  
Corresponding Filing Tracking Number:  
Deemer Date:  
Submitted By: Elizabeth Goodall  
Filing Description:  
September 19, 2012

Re: Continental American Insurance Company NAIC#71730 FEIN 57-0514130  
TOI: H02G Group Health - Accident Only  
Sub-TOI: H02G.000 Health - Accident  
Proposed Effective Date: On Approval  
Domicile State Approval: SC – Pending  
Form: CAI7853 – Dependent Accident Rider

Dear Sir or Madam:

The above-captioned form is being filed for your review and approval. This is a new filing and will not replace any other forms on file with your department.

This form will be used with the group Accident 7800 product series previously approved by your department.

If you have any questions or require additional information, please contact Elizabeth Goodall either at 1.888.730.2244, ext. 8304 or at [companycompliance@aflac.com](mailto:companycompliance@aflac.com). Thank you for your consideration in this matter.

Sincerely,

James J. Hennessy, AIRC, CCP  
Vice President, Compliance  
/ewg

## Company and Contact

### Filing Contact Information

Sara McCormick, Regulatory Analyst [smccormick@caicworksite.com](mailto:smccormick@caicworksite.com)  
2801 Devine Street 803-354-4952 [Phone]  
Columbia, SC 29205

**State:** Arkansas **Filing Company:** Continental American Insurance Company  
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**Filing Company Information**

Continental American Insurance Company	CoCode: 71730	State of Domicile: South Carolina
2801 Devine Street	Group Code:	Company Type: LAH
Columbia, SC 29205	Group Name: Continental Amer Ins Co	State ID Number:
(803) 256-6265 ext. [Phone]	FEIN Number: 57-0514130	

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: The South Carolina domiciliary fee is \$0, therefore, we are submitting AR's fee of \$50.00.  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Continental American Insurance Company	\$50.00	09/19/2012	62829135

SERFF Tracking #:

CAIC-128692096

State Tracking #:

Company Tracking #:

8956

State:

Arkansas

Filing Company:

Continental American Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Accident 7800

Project Name/Number:

Dependent Accident Rider/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/20/2012	09/20/2012

SERFF Tracking #:

CAIC-128692096

State Tracking #:

Company Tracking #:

8956

State:

Arkansas

Filing Company:

Continental American Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Accident 7800

Project Name/Number:

Dependent Accident Rider/

## Disposition

Disposition Date: 09/20/2012

Implementation Date:

Status: Approved-Closed

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
Form	Dependent Accident Rider	Approved-Closed	Yes

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**Product Name:** Accident 7800  
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## Form Schedule

### Lead Form Number: CAI7853

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/20/2012	CAI7853	CERA	Dependent Accident Rider	Initial:	52.200	CAI7853 Dependent Rider.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



# CONTINENTAL AMERICAN INSURANCE COMPANY

[2801 Devine Street, Columbia, South Carolina 29205  
800.433.3036]

## DEPENDENT ACCIDENT RIDER TO CERTIFICATE OF INSURANCE FOR ACCIDENTAL INJURY

This Rider is part of the Certificate to which it is attached. We have issued this Rider because:

- You paid the additional premium for this Rider, **and**
- We have accepted your Application.

Unless amended by this Rider, all Certificate definitions, exclusions, limitations, terms, and other provisions apply.

### **Effective Date**

If issued at the same time as the Certificate, this Rider becomes effective when the Certificate becomes effective. If issued after the Certificate, this Rider will have a later Effective Date, which is shown in the Rider Schedule following this Rider.

### **Definitions**

When the terms below are used in this Rider, the following definitions will apply (other applicable terms and definitions are included in the **Definitions** section of your Certificate):

*Dependent* means your Spouse or child (or children) who is:

- Named in the Application for this Rider, **and**
- For whom a premium is paid.

*Spouse* is your legal wife or husband.

This Rider will be issued to your spouse only if he or she is at least age 18 and is not currently disabled or unable to work.

### **Benefits**

If a Dependent is injured in a Covered Accident, we will provide the benefits contained in the Certificate under the Benefits Section. We will pay the appropriate benefit amounts shown in the Dependent Benefit Schedule issued with this Rider.

## **General Provisions**

We will still pay benefits for any accident that occurred while your dependent was covered under this Rider, if:

- Your Spouse's coverage is terminated because of annulment or divorce, **or**
- A Dependent Child's coverage is terminated because he reaches age 26.

### **Time Limit on Certain Defenses**

After this Rider has been in force for a two-year period, we will not contest the statements made in the Application.

### **Contract**

This Rider is part of the Certificate. It will terminate when the Certificate terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Certificate to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed for the Company at its Home Office,

[  ]

[Eugene Sorrel, President]

# Dependent Benefit Schedule

## Specific Injuries Benefits

### **Fracture**

Hip/thigh	[\$1,500]
Vertebrae	[1,350]
Pelvis	[1,200]
Skull (depressed)	[1,125]
Skull (simple)	[525]
Leg	[900]
Foot/ankle/knee cap	[750]
Forearm/hand	[750]
Lower jaw	[600]
Shoulder blade/collar bone	[600]
Upper arm/upper jaw	[525]
Facial bones (except teeth)	[450]
Vertebral processes	[300]
Coccyx/rib/finger/toe	[120]

### **Dislocation**

Hip	[1,350]
Knee (not knee cap)	[975]
Shoulder	[750]
Foot/ankle	[600]
Hand	[525]
Lower jaw	[450]
Wrist	[375]
Elbow	[300]
Finger/toe	[120]

### **Laceration**

Over 6"	[400]
2" to 6"	[200]
Under 2"	[50]

Lacerations not requiring stitches [25]

### **Concussion**

[200]

### **Coma**

[10,000]

### **Emergency Dental Work**

Repair with crown	[150]
Extraction	[50]

### **Eye Injuries**

Requiring surgical repair	[250]
Removal of foreign body	[50]

### **Tendons/Ligaments**

Single	[400]
Multiple	[600]

<b>[Torn Rotator Cuff</b>		
Single	[250]	
Multiple	[500]	
<b>Ruptured Disc</b>		
Injury occurs during first certificate year	[100]	
Injury occurs after first certificate year	[400]	
<b>Torn Knee Cartilage</b>		
Injury occurs during first certificate year	[100]	
Injury occurs after first certificate year	[400]	
<b>Internal Injuries</b>	[1,000]	
<b>Exploratory Surgery</b> (without repair)	[250]	
<b>Paralysis</b>		
Four limbs (quadriplegia)	[10,000]	
Two limbs (paraplegia)	[5,000]	
<b>Burns</b>		
<b>Second Degree</b>		
Less than 10%	[100]	
At least 10% but less than 25%	[200]	
At least 25% but less than 35%	[500]	
35% or more	[1,000]	
<b>Third Degree</b>		
Less than 10%	[500]	
At least 10% but less than 25%	[3,000]	
At least 25% but less than 35%	[7,000]	
35% or more	[10,000]	
<b>[Hernia</b>		
First coverage year	[100]	
Thereafter	[400]	
<b>[Ear Injuries</b>	[xx.xx]	
<b>Dismemberment</b>		
Loss of hand, foot or sight	<b>Spouse</b>	<b>Dependent Child</b>
Single loss	[2,500]	[1,250]
Double loss	[10,000]	[5,000]
Loss of one or more fingers or toes	[500]	[250]
Partial amputation of finger or toe	[100]	[100]
<b>[Post-Traumatic Stress Disorder</b>	[200]	[xx]

## **Services Benefits**

<b>Blood/Plasma</b>	[100]		
<b>Ambulance</b>	[100]		
<b>Air Ambulance</b>	[500]		
<b>Transportation</b>			
Train or Plane	[300]		
Bus	[150]		
<b>Family Member Lodging</b>	[100]/per night		
Maximum Benefit: 30 days			
<b>Medical Fees</b>	<b>Spouse</b>	<b>Dependent Child</b>	
Maximum per accident	[125]	[75]	
<b>Prosthesis</b>	[500]		
<b>Appliances</b>	[100]		
<b>Accident Follow-Up Treatment</b>	[25]		
Maximum of 6 treatments per Covered Accident			
<b>Physical Therapy</b>	[25]		
Maximum of 6 treatments per Covered Accident			
<b>[Wellness]</b>	[60]		
[Once] per 12-month period			
<b>[Major Diagnostic Exams]</b>	[xx]		
<b>[Emergency Room Treatment]</b>	[200] /day		
Payable once per 24-hour period			
<b>[Emergency Room Observation]</b>	<b>Spouse</b>	<b>Dependent Child</b>	
	[xx.xx]	[xx.xx]	
<b>[Rehabilitation Unit]</b>	[xx.xx]		
Maximum Benefit Period: 30 days per hospital confinement			
Limited to 60-day, calendar-year maximum			
<b><u>Hospital Benefits</u></b>			
<b>Hospital Admission</b>	[1,000]		
Payable once per calendar year			
<b>Hospital Confinement</b>	[200/day]		
Maximum Benefit: [365 days]			
<b>Hospital Intensive Care</b>	[400/day]		
Maximum Benefit: 30 days			

**[Accidental Death Benefits]**

**[Accidental Death**

**Spouse**  
[10,000]

**Dependent Child**  
[5,000]

**[Accidental Common-Carrier Death**

[50,000]

[15,000]

**[Waiver of Premium**

[yes]

[yes]

## Dependent Accident Rider Schedule

INSURED [John A. Doe]	GROUP POLICY NUMBER [1234]
EFFECTIVE DATE [January 1, 2012]	RIDER NUMBER [0599]
INITIAL PREMIUM [\$10.25 Monthly]	CERTIFICATE NUMBER [56789]
FIRST RENEWAL DATE [February 1, 2012]	

**Benefits for Accidents – Dependent Accident Coverage  
(See Dependent Benefit Schedule)**

**SERFF Tracking #:**

CAIC-128692096

**State Tracking #:****Company Tracking #:**

8956

**State:**

Arkansas

**Filing Company:**

Continental American Insurance Company

**TOI/Sub-TOI:**

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

**Product Name:**

Accident 7800

**Project Name/Number:**

Dependent Accident Rider/

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification	Approved-Closed	09/20/2012
Comments:			
Attachment(s):			
CAIC Readability Certification.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Application	Approved-Closed	09/20/2012
Comments:	This form will be used with the Accident 7800 product, which was approved by your department on 12/5/2011 (CAIC-127863751). It will be used with the Master App CAI7814 and Enrollment Form C70206.		



## READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following forms have the following readability score as calculated by the Flesch Reading Ease Test:

<u>Form</u>	<u>Readability Score</u>
<b>CAI7853</b>	<b>52.2</b>

 Digitally signed by James J. Hennessy  
DN: cn=James J. Hennessy, o=CAIC/  
Aflac, ou=2nd VP, Compliance,  
email=JHennessy@caicworksite.com,  
c=US  
Date: 2012.09.19 10:06:11 -04'00'

James J. Hennessy, AIRC, ACP, CCP  
Vice President, Compliance  
Continental American Insurance Company

September 19, 2012  
Date