

SERFF Tracking Number: HCCH-125794429 State: Arkansas
Filing Company: HCC Life Insurance Company State Tracking Number: 40153
Company Tracking Number: HCCL MSL-2009 51010
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: HCCL MSL-2009 51010
Project Name/Number: 2008 5-10-10 Endorsement Project/

Filing at a Glance

Company: HCC Life Insurance Company

Product Name: HCCL MSL-2009 51010

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: HCCH-125794429 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40153

Co Tr Num: HCCL MSL-2009
51010

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: Brad Long, Stephanie
Dawson

Disposition Date: 09/08/2008

Date Submitted: 09/03/2008

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 5-10-10 Endorsement Project

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Form is being filed
concurrently in the state of Domicile

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 09/08/2008

State Status Changed: 09/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The "5-10-10" Endorsement is a new, optional product enhancement to be sold with our medical stop loss offering. It is similar to the previously approved "CAP Endorsement" (HCCL MSL-2004 CAP) in that it promises not to attach an optional Separate Specific Individual Deductible to an individual covered under the policyholder's employee benefit plan if they renew their stop loss coverage with HCC Life. HCC Life further agrees not to increase Specific Monthly Premium Rates by more than 10%, if the policyholder agrees to increase its Specific Deductible by (at least) 10%. The cost of the

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optional endorsement will a 5% increase to current Specific Monthly Premium Rates, hence the "5-10-10" title.

Company and Contact

Filing Contact Information

Stephanie Dawson, Compliance Assistant sdawson@hcclife.com
 225 TownPark Drive (770) 693-6455 [Phone]
 Kennesaw, GA 30144 (770) 973-9854[FAX]

Filing Company Information

HCC Life Insurance Company CoCode: 92711 State of Domicile: Indiana
 225 TownPark Dr., NW Group Code: Company Type:
 Suite 145
 Kennesaw , GA 30144-5885 Group Name: State ID Number:
 (770) 693-6441 ext. [Phone] FEIN Number: 35-1817054

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HCC Life Insurance Company	\$50.00	09/03/2008	22267303

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/08/2008	09/08/2008

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Disposition

Disposition Date: 09/08/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	5-10-10 Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: HCCL MSL-2009 51010

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HCCL MSL-2009 51010	Policy/Cont 5-10-10 ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		43	5-5-10 endorsement - final.pdf

HCC LIFE INSURANCE COMPANY
STOP LOSS POLICY
"5-10-10" ENDORSEMENT

Policy Number:

Endorsement Number:

Policyholder:

Effective:

You and We agree that above policy is amended as follows:

In exchange for premium considerations provided for on the attached Application (or Renewal Certificate), We guarantee that if You renew Your Specific Stop Loss Insurance with Us on [January 1, 2010], Your renewal Stop Loss Policy will not contain any additional Covered Persons with a Separate Individual Specific Deductible. We reserve the right to carry over to the renewal policy any or all Covered Persons that already have a Separate Individual Specific Deductible shown on the attached Application (or Renewal Certificate).

Additionally, We guarantee that the Specific Monthly Premium Rates on Your renewal Stop Loss Policy will be increased by no more than [10%] over the Specific Monthly Premium Rates shown on the attached Application (or Renewal Certificate). Further, the Specific Deductible on Your renewal Stop Loss Policy will be increased as follows:

<u>Current Specific Deductible</u>	<u>Increase</u>
[\$10,000 to \$34,999	10% rounded to the closest \$2,500, with a minimum of \$2,500
35,000 and higher	10% rounded to the closest \$5,000, with a minimum of \$5,000]

We reserve the right to change, modify or cancel this endorsement, at our discretion, should You amend or change Your Employee Benefit Plan in any way that materially affects our risk or liability with regards to the Policy or this Endorsement, or if Your renewal Stop Loss Policy:

1. Contains coverage options for Covered Expenses related to Plan Benefits that are different than those selected on the attached Application (or Renewal Certificate), or
2. Contains a Contract Period that is longer in duration than the Contract Period shown on the attached Application (or Renewal Certificate), or
3. Includes Retirees as Covered Persons, if Retirees were not considered to be Covered Persons on this Policy, or
4. Contains a Specific Deductible that is less than the Specific Deductible calculated as per the method outlined above, or
5. Contains a Contract Basis that is not identical to the Contract Basis shown on the attached Application (or Renewal Certificate), or
6. Contains a Specific Lifetime Reimbursement Maximum that is higher than the Specific Lifetime Reimbursement Maximum shown on the attached Application (or Renewal Certificate), or
7. Contains a Specific Percentage Reimbursable that is higher than the Specific Percentage Reimbursable shown on the attached Application (or Renewal Certificate).

If, for one or more reasons outlined above, this endorsement is canceled, our normal renewal rating practices shall govern the renewal offer, if provided.

If You purchase a Split Funded Endorsement, at renewal, We will calculate a Current Year Premium Equivalent by annualizing Your current monthly specific premium payments and adding to that total Your Split Funded Liability. This Current Year Premium Equivalent will be used as the starting point for calculating the [10%] increase on Your renewal Monthly Specific Premium Rates and the [10%] Specific Deductible increase as outlined above. Using this methodology, a Premium Equivalent Renewal Offer is provided and at that time, You may elect another Split Funded Endorsement in any amount mutually agreeable between You and Us. The mutually agreed upon Split Funded Liability will be deducted from the Premium Equivalent Renewal Offer to create the renewal Specific Monthly Premium Rates.

THERE ARE NO POLICY CHANGES UNDER THIS ENDORSEMENT OTHER THAN STATED ABOVE.

Full Legal Name of Applicant/Policyholder:

Signed At / Date Signed

Officer/Partner Signature (print name)

Witnessed (Licensed Agent) Signature

FOR HCC LIFE INSURANCE COMPANY USE ONLY:

ACCEPTANCE

Accepted on behalf of the Company, this _____ day of _____, _____

By _____

Title: _____

<i>SERFF Tracking Number:</i>	<i>HCCH-125794429</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HCC Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40153</i>
<i>Company Tracking Number:</i>	<i>HCCL MSL-2009 51010</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>HCCL MSL-2009 51010</i>		
<i>Project Name/Number:</i>	<i>2008 5-10-10 Endorsement Project/</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 09/08/2008
Comments:
Attachments:
AR 5_10_10 Endorsement Readability Cert.pdf
AR 5_10_10 Endorsement Compliance Cert.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 09/08/2008
Bypass Reason: This is an endorsement filing submitted to enhance HCC Life's stop loss forms which were approved on 12-29-06. This is not a policy filing.

Comments:

Bypassed -Name: Health - Actuarial Justification **Review Status:** Approved-Closed 09/08/2008
Bypass Reason: This is not an individual health product, nor are any rates being included in this filing.

Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Approved-Closed 09/08/2008
Bypass Reason: This is not an individual health product

Comments:

HCC LIFE INSURANCE COMPANY




225 TownPark Drive, Suite 145, Kennesaw, Georgia 30144 Telephone: (770) 973-9851 Facsimile: (770) 973-9854

Certificate of Readability

Please be advised that the following Readability Score is for HCC Life Insurance, Group Stop Loss Policy "5-10-10" Endorsement that we are submitting to your department for review and approval. This policy meets all of the readability rules and regulations of the Arkansas Insurance Code. This score reflects the reading ease for the complete endorsement.

Form Number	Form Type	Score
HCCL MSL-2009 51010	Stop Loss Policy Endorsement	42.7



Officer Signature

Brad Long AUP Compliance

Print name and title

9-3-08

Date

HCC LIFE INSURANCE COMPANY



225 TownPark Drive, Suite 145, Kennesaw, Georgia 30144 Telephone: (770) 973-9851 Facsimile: (770) 973-9854


Certificate of Compliance

Company Name: HCC Life Insurance Company

Form Title(s): 5-10-10 Endorsement

Form Number(s): HCCL MSL-2009 51010

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as other laws and regulations in the state of Arkansas.



Officer Signature

Brad Long AVP Compliance

Print name and title

9-3-08

Date