

<i>SERFF Tracking Number:</i>	<i>AENX-125848676</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40472</i>
<i>Company Tracking Number:</i>	<i>LAHAR0063501F01</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>2008 Group Insurance</i>		
<i>Project Name/Number:</i>	<i>2008 Group Insurance/LAHAR0063501F01</i>		

## Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2008 Group Insurance

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AENX-125848676 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40472

Co Tr Num: LAHAR0063501F01

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: SPI AetnaSPI

Disposition Date: 10/27/2008

Date Submitted: 10/07/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: 2008 Group Insurance

Project Number: LAHAR0063501F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/27/2008

State Status Changed: 10/27/2008

Corresponding Filing Tracking Number:

Filing Description:

The conversion policy includes the following:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

1. The 2001 Commissioners Standard Ordinary (CSO) Mortality Table. This table contains updated valuations of mortality for Life Insurance and Accidental Death benefits and recognizes increases in longevity. The 2001 CSO Mortality Table continues the practice of creating separate valuation tables for males and females and having composite mortality tables and smoker/non-smoker distinct mortality tables. It also includes both the age-nearest birthday and age-last birthday bases of the mortality tables.

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2. An option for accident coverage. If the covered person was insured for an accidental death & dismemberment type insurance coverage under an Aetna group policy, the covered person will have the option of electing, as ancillary coverage, a similar benefit under the Aetna individual conversion policy. There are two options available under the conversion policy: there is an Accidental Death benefit that only pays a benefit for death caused by an accident and there is an Accidental Death & Dismemberment benefit that pays a benefit for death and other personal losses caused by an accident.

Rather than being issued as a separate rider, the description of the accident coverage will be included within the issued policy.

## Company and Contact

### Filing Contact Information

John Ciesielski, Product and Regulatory Affairs CiesielskiJW@Aetna.com  
 Manager

151 Farmington Avenue (860) 279-1282 [Phone]  
 Hartford, CT 06156 (860) 952-2069[FAX]

### Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name: Aetna	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

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## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$0.00	10/07/2008	

SERFF Tracking Number: AENX-125848676 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/27/2008	10/27/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	10/13/2008	10/13/2008	SPI AetnaSPI	10/13/2008	10/13/2008
Industry Response						

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Check # 553373	Note To Reviewer	SPI AetnaSPI	10/14/2008	10/14/2008
Filing Fee Check	Note To Filer	Linda Bird	10/14/2008	10/14/2008

*SERFF Tracking Number:* AENX-125848676      *State:* Arkansas  
*Filing Company:* Aetna Life Insurance Company      *State Tracking Number:* 40472  
*Company Tracking Number:* LAHAR0063501F01  
*TOI:* L08 Life - Other      *Sub-TOI:* L08.000 Life - Other  
*Product Name:* 2008 Group Insurance  
*Project Name/Number:* 2008 Group Insurance/LAHAR0063501F01

## **Disposition**

Disposition Date: 10/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-125848676 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 40472  
 Company Tracking Number: LAHAR0063501F01  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: 2008 Group Insurance  
 Project Name/Number: 2008 Group Insurance/LAHAR0063501F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Application		Yes
Supporting Document	Certification/Notice		Yes
Supporting Document	553373 check		Yes
Form	Life and Accidental Death and Dismemberment Insurance Conversion Policy		Yes
Form	Application for Conversion of Group Term Life & Accident Insurance		Yes

SERFF Tracking Number: AENX-125848676 State: Arkansas  
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 2008 Group Insurance  
Project Name/Number: 2008 Group Insurance/LAHAR0063501F01

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/13/2008

Submitted Date 10/13/2008

Respond By Date

Dear John Ciesielski,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Life and Accidental Death and Dismemberment Insurance Conversion Policy (Form)
- Application for Conversion of Group Term Life & Accident Insurance (Form)

Comment: The filing fee was not included under EFT on this submission. Please advise if a check for the filing fee will follow by regular mail on this filing? We will hold your filing in a pending status until the fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 10/13/2008

Submitted Date 10/13/2008

Dear Linda Bird,

### Comments:

Filing fee check pdf

### Response 1

Comments: Filing fee check

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: 553373 check

SERFF Tracking Number: AENX-125848676 State: Arkansas  
Filing Company: Aetna Life Insurance Company State Tracking Number: 40472  
Company Tracking Number: LAHAR0063501F01  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 2008 Group Insurance  
Project Name/Number: 2008 Group Insurance/LAHAR0063501F01  
Comment: copy of filing fee check 553373

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 2

Comments: Enclosed is a check number 553373 for \$50

### Related Objection 1

Applies To:

- Life and Accidental Death and Dismemberment Insurance Conversion Policy (Form)
- Application for Conversion of Group Term Life & Accident Insurance (Form)

Comment:

The filing fee was not included under EFT on this submission. Please advise if a check for the filing fee will follow by regular mail on this filing? We will hold your filing in a pending status until the fee is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

filing fee

Sincerely,  
SPI AetnaSPI

*SERFF Tracking Number:*      *AENX-125848676*                      *State:*                      *Arkansas*  
*Filing Company:*              *Aetna Life Insurance Company*                      *State Tracking Number:*      *40472*  
*Company Tracking Number:*      *LAHAR0063501F01*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *2008 Group Insurance*  
*Project Name/Number:*      *2008 Group Insurance/LAHAR0063501F01*

**Note To Reviewer**

**Created By:**

SPI AetnaSPI on 10/14/2008 12:19 PM

**Subject:**

Check # 553373

**Comments:**

I have mailed the check via US Mail

*SERFF Tracking Number:* AENX-125848676      *State:* Arkansas  
*Filing Company:* Aetna Life Insurance Company      *State Tracking Number:* 40472  
*Company Tracking Number:* LAHAR0063501F01  
*TOI:* L08 Life - Other      *Sub-TOI:* L08.000 Life - Other  
*Product Name:* 2008 Group Insurance  
*Project Name/Number:* 2008 Group Insurance/LAHAR0063501F01

**Note To Filer**

**Created By:**

Linda Bird on 10/14/2008 10:31 AM

**Subject:**

Filing Fee Check

**Comments:**

We have not received filing fee check 553373 by PDF. Please advise.

SERFF Tracking Number: AENX-125848676 State: Arkansas  
 Filing Company: Aetna Life Insurance Company State Tracking Number: 40472  
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 Project Name/Number: 2008 Group Insurance/LAHAR0063501F01

## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GR-96515	Policy/Cont Life and Accidental ract/Fratern Death and al Dismemberment Certificate Insurance Conversion Policy	Initial		49	GR-96515.PDF
	GR-66109 (6-08)	Application/ Application for Enrollment Conversion of Group Form Term Life & Accident Insurance	Initial		0	GR-66109 (6-08).PDF



# Life [and Accidental Death and Dismemberment] Insurance Conversion Policy

This Policy is entered into by and between

Aetna Life Insurance Company  
(Aetna)

and

Insured:	[John J. Doe]
Policy Owner:	[John J. Doe]
Life Sum Insured:	[\$1,000-\$10,000,000]
[Accidental Death and Dismemberment] Sum Insured:]	[\$1,000-\$10,000,000]
Policy Number:	[XXXX]
Date of Issue:	[XXXX]
Issue Age:	[XXXX]
Policy Effective Date:	[XXXX]

This policy is non-participating. This Policy is governed by applicable federal law and the applicable laws of Arkansas

This policy is underwritten by Aetna Life Insurance Company of Hartford, Connecticut (referred to as Aetna). Aetna will pay Proceeds, as described in the Proceeds section, in the event the insured dies while this policy is in force. Payment will be made to the Beneficiary. Payment will be subject to all provisions of this policy. Payment will be made after the necessary written proof supporting the death [or accident] claim is received.

### RIGHT OF POLICY EXAMINATION

This policy may be returned to Aetna or its representatives within 30 days after its receipt. Return this policy to Aetna at [1275 Sandusky Road, Jacksonville, Illinois 62650]. Upon its return, this policy will be deemed void from the Policy Effective Date and all premiums paid for the policy will be returned.

GUARANTEE COST WHOLE LIFE 100 INSURANCE –  
SUM INSURED PAYABLE AT DEATH  
PREMIUMS PAYABLE DURING PREMIUM PERIOD OR UNTIL PRIOR DEATH  
GUARANTEED COST – NON-PARTICIPATING  
[AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE]

Signed for Aetna on its date of issue by:

[XXXXXXXXXXXXX

(Secretary)]

[XXXXXXXXXXXXX

(President)]

[XXXXXXXXXXXXX  
(Registrar)]

AETNA LIFE INSURANCE COMPANY  
[151 Farmington Ave  
Hartford, Connecticut 06156]

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POLICY SPECIFICATIONS

INSURED: [John J. Doe]

POLICY: [State]

DATE OF ISSUE: [January 1, 2008]

PREMIUM CLASS: Standard

SEX: [M]

AGE: [48]

BENEFICIARY: Beneficiaries are stated on the attached application of coverage.

POLICY OWNER: [John J. Doe]

SUM INSURED:

LIFE INSURANCE: [\$1,000-\$10,000,000]

[ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE]: [\$1,000-\$10,000,000]

POLICY LOAN INTEREST RATE: [6%-12%] PER YEAR

PLAN:	<u>BENEFIT AMOUNT</u>	<u>YEARS PAYABLE</u>	<u>ANNUAL PREMIUM</u>
LIFE INSURANCE:	[\$1,000-\$10,000,000]	LIFE	[\$XXX.XX]
[ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE:]	[\$1,000-\$10,000,000]	[LIFE] [AGE 60-80]	[\$XXX.XX]

\*\*\*\*\*

MONTHLY [\$XXX.XX]	QUARTERLY [\$XXX.XX]	SEMI-ANNUALLY [\$XXX.XX]	ANNUAL [\$XXX.XX]
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\*\*\*\*\*

METHOD OF PREMIUM ELECTED: [XXXX]

TABLE A

LIFE INSURANCE NON-FORFEITURE VALUES AND LOAN VALUES  
 [(DOES NOT APPLY TO ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE)]

THIS TABLE SHOWS THE NON-FORFEITURE AND LOAN VALUES AT THE ENDS OF CERTAIN POLICY YEARS. VALUES AT OTHER TIMES WILL BE FURNISHED UPON REQUEST.

THIS TABLE SHOWS THE VALUES FOR THE SUM INSURED WITHOUT ANY ADJUSTMENT FOR ANY CONTRACT DEBT SECURED BY THIS POLICY.

AT END OF YEAR	* * *	EXTENDED TERM INSURANCE YEARS	* * *	PAID-UP POLICY	CASH *OR *LOAN VALUE
[ 1		NIL		NIL	NIL
2		0	0	\$0.00	\$0.00
3		0	357	\$478.00	\$210.00
4		1	341	\$1,013.00	\$460.00
5		2	274	\$1,536.00	\$720.00
6		3	157	\$2,027.00	\$980.00
7		4	0	\$2,487.00	\$1,240.00
8		4	173	\$2,921.00	\$1,500.00
9		4	321	\$3,347.00	\$1,770.00
10		5	68	\$3,747.00	\$2,040.00
11		5	149	\$4,126.00	\$2,310.00
12		5	203	\$4,481.00	\$2,580.00
13		5	239	\$4,819.00	\$2,850.00
14		5	263	\$5,139.00	\$3,120.00
15		5	280	\$5,444.00	\$3,390.00
16		5	285	\$5,723.00	\$3,650.00
17		5	285	\$5,990.00	\$3,910.00
18		5	273	\$6,232.00	\$4,160.00
19		5	255	\$6,465.00	\$4,410.00
20		5	230	\$6,692.00	\$4,660.00
21		5	198	\$6,908.00	\$4,910.00
22		5	155	\$7,102.00	\$5,150.00
23		5	109	\$7,287.00	\$5,390.00
24		5	61	\$7,471.00	\$5,630.00
25		5	10	\$7,630.00	\$5,860.00
26		4	336	\$7,785.00	\$6,090.00
27		4	296	\$7,925.00	\$6,310.00
28		4	256	\$8,051.00	\$6,530.00
29		4	219	\$8,180.00	\$6,760.00
30		4	173	\$8,290.00	\$6,990.00]

THE NON-FORFEITURE FACTOR FOR VALUES AFTER 30 YEARS IS: [0.03880]

## BRIEF POLICY SUMMARY

THIS POLICY IS A LEGAL CONTRACT BETWEEN THE POLICY OWNER AND AETNA

IT IS IMPORTANT THAT YOU UNDERSTAND YOUR INSURANCE POLICY

PLEASE READ YOUR POLICY CAREFULLY

This is a Conversion Guarantee Cost Whole Life 100 Insurance Policy [with Accidental Death and Dismemberment Insurance coverage]. Subject to all of the provisions in this policy, the Sum Insured is payable upon the death of the Insured.

You have the right to name your beneficiary and you may change your choice at any time, unless you have assigned this policy to someone else. Please refer to the Naming a Beneficiary and Assignment sections of this policy for more information.

Once this policy has been issued, the Sum Insured cannot be increased.

The first premium for this policy was due and paid in advance when you made written application for this policy. If you elect to return this policy within the Policy Examination Period, your first premium payment will be returned. If you keep this policy, subsequent premium payments must be paid within 31 days after they become due; otherwise, this policy will lapse. If this policy does lapse for non-payment of due premium, this policy may be reinstated as stated in the reinstatement provision of this policy.

Aetna has tried to use simple words to explain the policy provisions, but if you have any questions concerning the policy provisions or if you wish to change your beneficiary information, or assign your coverage, please contact Aetna at [877-665-6733].

Other rights, benefits and plan provisions are stated next.

## How this Policy Works

Insurance is an important component of your financial planning and this policy has been designed to help you meet your financial goals.

### The Life Insurance Benefit

This policy will pay a life insurance benefit to the named beneficiary if the insured dies from any cause, except suicide, while insured. If an insured dies by suicide, refer to the Suicide Exclusion provision below.

#### Suicide Exclusion

This policy will not pay a life insurance benefit if the insured dies by suicide, while sane or insane, or from an intentionally self-inflicted injury, within two years from the effective date of the insured coverage under this policy. However, in place of all other benefits, Aetna will pay a sum equal to the premiums paid on this policy.

#### Life Disability Extension

This policy does not provide a waiver of premium provision if you become disabled after this policy takes effect. However, if you purchased this policy because you did not want to be without life insurance coverage while you were waiting to qualify for the premium waiver provision of the group policy that covered you the day before this policy took effect, you have the right to a full refund of all of the premium you have paid for this policy if you surrender this policy without claim if you later become eligible for extended insurance under your prior group policy.

[If you elected to be covered by this policy's accidental death benefit insurance option and elect to surrender this policy in order to be covered under the group plan's life disability provision, the accidental death benefit insurance coverage will also end of the date you surrender this policy. Any refund of premium will also include the premium you paid for the accidental death benefit option.]

Important: If the group policy which covered you on the day before this policy took effect did not include a premium waiver provision, the above Life Disability Extension provision does not apply to your coverage under this policy.

### [The Accidental Death and Dismemberment Insurance Benefit]

[If you elected to be covered by this policy's accidental death insurance option, this policy will pay an accidental death benefit if you suffer solely, and as a direct result of a bodily injury, the loss of your life. The loss must be caused directly and apart from any other cause, by that bodily injury within [90-365 days] after the accident. You must also be under the age of [60-80] when the accident occurs to be eligible for this benefit payment. Once you reach age [60-80], the accidental death insurance option ends and you will no longer be eligible for this benefit.]

[Accidental death and dismemberment insurance covers losses you suffer solely and as a direct result of an accidental bodily injury that occurs while insured. If you elected to be covered by this policy's accidental death and dismemberment benefit insurance option, this policy will pay a benefit if you suffer solely, and as a direct result of a bodily injury, one of the following covered losses. The loss must be caused directly and apart from any other cause, by that bodily injury within [90-365 days] after the accident. You must also be under the age of [60-80] when the accident occurs to be eligible for this benefit payment. Once you reach age [60-80], the accidental death and dismemberment insurance option ends and you will no longer be eligible for a benefit payment if the loss is caused by an accident.]

[Loss means:

- § Loss of life.
- § Loss of a hand by actual and permanent severance at or above the wrist joint.
- § Loss of a foot by actual and permanent severance at or above the ankle joint.
- § Complete and irrecoverable loss of sight in the eye.
- § Total and permanent loss of speech or hearing in both ears. Loss of speech or hearing is considered permanent if it has lasted for 12 months in a row, unless the attending physician states otherwise.
- § Loss of the thumb and index finger of the same hand by actual and permanent severance at or above the metacarpophalangeal joint of both fingers.
- § Quadriplegia: paralysis of both upper and lower limbs.\*
- § Paraplegia: paralysis of both lower limbs.\*
- § Hemiplegia: paralysis of the upper and lower limbs on one side of the body.\*
- § Uniplegia: paralysis of one limb.\*

\* A loss due to paralysis must be complete and irrecoverable and the paralysis must begin within 30 days of the accident. A limb means the entire arm or leg.

#### Accidental Death & Dismemberment Losses and Benefits Payable

The benefit is expressed as a percentage of the Sum Insured for covered accidents. The following table defines the benefit payable for each type of loss.

Covered Loss	Percentage of the Sum Insured Paid By the Plan
Loss of Life	100%
Loss of both feet, both hands, or the sight in both eyes	100%
Loss of both speech and hearing in both ears	100%
Quadriplegia	100%
Loss of one hand, one foot or the sight in one eye	50%
Paraplegia or hemiplegia	50%
Loss of speech or hearing in both ears	50%
Loss of thumb and index finger of the same hand	25%
Uniplegia	25%

#### Maximum Benefit

This policy will pay up to the Sum Insured for all losses that result from one accident, but not more.]

[Accidental Death and Dismemberment Exclusions

Not all events which may be ruled accidental are covered by this policy. No benefits are payable for a loss caused or contributed by:

- Air or space travel. This does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo.)
- Bodily or mental infirmity.\*
- Commission of, or attempting to commit, a criminal act.
- Illness, ptomaine or bacterial infection.\*
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release.
- Intentionally self-inflicted injury.
- Ligature strangulation resulting from auto-erotic asphyxiation.
- Medical or surgical treatment\*.
- Suicide or attempted suicide [(while sane or insane)].
- Taking a drug or chemical not administered by a physician.
- Third degree burns resulting from sunburn.
- Travel in; travel on; fall from; or descent from; any aircraft (including a hang glider) while such aircraft is in flight. This will not apply if you are traveling solely: as a fare paying passenger on a licensed, commercial, regularly scheduled non-military aircraft; or in a civil aircraft having a current and valid "Standard Federal Aviation Agency Airworthiness Certificate" and is piloted by a person with a current and valid pilot's certificate with proper ratings for the type of flight and aircraft involved.
- Use of alcohol.
- Use of intoxicants.
- Use of alcohol, intoxicants or drugs while operating any form of a motor vehicle whether or not registered for land, air or water use. A motor vehicle accident will be deemed to be caused by the use of alcohol, intoxicants or drugs if it is determined that at the time of the accident you were:
  - Operating the motor vehicle while under the influence of alcohol at a level which meets or exceeds the level at which intoxication would be presumed under the laws of the state where the accident occurred. If the accident occurs outside of the United states, intoxication will be presumed if the person's blood alcohol level meets or exceeds .08 grams per deciliter; or
  - Operating the motor vehicle while under the influence of an intoxicant or illegal drug; or
  - Operating the motor vehicle while under the influence of a prescription drug in excess of the amount prescribed by the physician; or
  - Operating the motor vehicle while under the influence of an over the counter medication taken in an amount above the dosage instructions.]
- Use of drugs, except as prescribed by a physician when taken in accordance with the prescribed dosage instructions.
- [Voluntary] inhalation of poisonous gases.
- Voluntary taking of poison.
- War or any act of war (declared or not declared).

Deleted: An accident in which the blood alcohol level of the operator of the motor vehicle meets or exceeds the level at which intoxication would be presumed under the law of the state where the accident occurred shall be deemed to be caused by the use of alcohol.]

\*These do not apply if the loss is caused by:

- An infection which results directly from the injury.
- Surgery needed because of the injury.

The injury must not be one which is excluded by the terms of this section.]

## Reporting a Claim

All claims must be submitted in writing. Claim forms may be obtained by calling Aetna. The claim must give proof of the nature and extent of the loss. The person filing the claim must furnish true and correct information as Aetna may reasonably request. At any time, Aetna may require copies of documents to support the claim, including data from investigating agencies or authorities. The person filing the claim must also provide Aetna with authorization to investigate the claim.

### [Accidental Death and Dismemberment Claims

In addition to the above, the deadline for filing an accident insurance benefit claim is 90 days after the date of the loss causing the claim. If, through no fault of your own, or if through no fault of the person filing the claim the claim filing deadline cannot be met, late claims will still be accepted if the claim is filed as soon as possible. Unless you or the person submitting the claim are legally incapacitated, late accident insurance claims will not be covered if they are filed more than one year after the 90 day deadline.]

### Life Insurance Claims

In addition to the above, the claim must be submitted to Aetna in writing within [7-10] years of the date of the insured's death. Aetna will not pay a benefit for life insurance beyond [7-10] years from the date of death. If, through no fault of the person filing the claim, they are not able to meet the deadline for filing claim, the insured's claim will still be accepted if it is filed as soon as possible. Unless the person filing the claim is legally incapacitated, late claims will not be covered if they are filed more than one year after the [7-10] year deadline.

## Payment of Benefits

All Proceed payments to a beneficiary will be made in a lump sum.

Important: Aetna pays life insurance [and accident insurance] Proceeds in accordance with the beneficiary designation it has on record at the time of your death. Any life insurance [or accident insurance] Proceeds payment made before Aetna receives the Policy Owner's request for a beneficiary change will be made to the Policy Owner's previously designated beneficiary. Aetna will be fully discharged of its duties as to any payment made before Aetna receives the Policy Owner's written notification of a change in beneficiary. This applies no matter the reason for the delay in Aetna receiving the change in your beneficiary information. [If a beneficiary is eligible to receive a payment under this policy's accident insurance option because of the insured's death, the payment will be made to the beneficiary.] [If the accident payment is being made for one of the other covered losses, payment will be made to the insured.]

### If A Beneficiary Is a Minor

The method of payment will differ if your primary or contingent beneficiary is a minor, or, legally unable to give a valid release for payment of any of the policy Proceeds, in Aetna's opinion, then Aetna will issue (as permitted by applicable state law) the life [and accidental death] insurance Proceeds to:

- The guardian of your beneficiary's estate;
- The custodian of the beneficiary's estate under the Uniform Transfer to Minors Act; or
- An adult caretaker or legal guardian.

### If A Beneficiary Dies Before You

If you name more than one primary beneficiary and one of your named primary beneficiaries dies before you, his or her share will be payable in equal shares to any other named primary beneficiaries who survive you.

If you named a contingent beneficiary, your contingent beneficiary will only be paid if all of the primary beneficiaries die before you.

If you have not named a primary or a contingent beneficiary or if the person or persons you have named as your primary or contingent beneficiary dies before you leaving no named beneficiary when you die, the policy Proceeds will be payable to the executor or administrator of your estate.

## Additional Provisions

### Policy Owner (Owner)

The policy owner is the person who owns this insurance policy. During the lifetime of the Insured, all rights granted by this policy or allowed by Aetna belong to the Owner.

### Your Beneficiary

This policy will pay a benefit to your beneficiary if you die while this policy is in force.

### Naming a Beneficiary

A primary beneficiary is the person you designate to receive the life insurance [and accident insurance] Proceeds if you should die. You have the right to name more than one primary beneficiary and you have the right to change your choice at any time while the policy is in force by completing a new beneficiary designation form. The beneficiary change will be effective on the date the Owner signs a new beneficiary designation form.

If you name more than one primary beneficiary, the life insurance [and accident insurance] Proceeds will be paid out equally unless you stipulate otherwise on the form. If you name more than one primary beneficiary and the amount or the percentage does not equal 100% of your Face Amount, the difference will be paid equally to your named primary beneficiaries.

You may also name a contingent beneficiary. A contingent beneficiary is the person who will receive the life insurance [and accident insurance] Proceeds if there are no living primary beneficiaries at the time of your death.

Once a beneficiary has been named, the Owner is the only person who can change the beneficiary. No other person can change the beneficiary, including, but not limited to, any agent under power of attorney, whether durable or non-durable, or other power of appointment.

If you wish to change your beneficiary, please contact Aetna for a change of beneficiary form.

### Assignment

An assignment is the transfer of all of your rights under this policy to a person you name. You may assign, as a gift only, all ownership of your policy. Aetna must give its consent to the assignment.

If you wish to assign your coverage, you can obtain the form from Aetna. Prior to assigning your life insurance [or accident insurance] rights under this policy, you may wish to consult with legal counsel.

Important: If you assign the policy coverage to another person, Aetna does not guarantee and does not assume any obligation concerning the validity or sufficiency of the assignment for purposes of your tax or estate planning.

### Proceeds

The policy Proceeds is the sum that will be payable to the beneficiary upon the insured's death. The policy Proceeds at death will equal the following.

#### Life Insurance:

- The Sum Insured; less
- Debt; less
- The portion of any overdue premium which applies to this policy in which the death occurred; plus
- The portion of any paid premium which is for a period of coverage that is beyond the death of the insured.

#### [Accidental Death and Dismemberment Insurance:

- The Sum Insured, less
- The portion of any overdue premium which applies to this policy in which the death occurred; plus
- The portion of any paid premium which is for a period of coverage that is beyond the death of the insured.]

### Claim of Creditors

Life [and Accidental Death and Dismemberment] Insurance Proceeds are exempt from legal or equitable process for your debts, where permitted by law. The exemption applies to the debts of your beneficiary too.

## General Provisions

### The Policy

The Entire Policy consists of:

- This policy form;
- The Application, copy attached;
- The Statement of Policy Cost and Benefit Information; and
- Any riders, or amendments to this policy that may be issued with this policy or may be added in the future.

### Conformity with Law

Any provisions of this Policy which, on its effective date, is in conflict with any applicable statute, regulations or other law is hereby amended to conform with the minimum requirements of such law.

### Policies and Procedures

We have the right to adopt reasonable policies; procedures; rules; and interpretations of this policy in order to promote orderly and efficient administration.

### Policy Changes

This policy shall be deemed to be automatically amended to conform with the provisions of laws and regulations that apply. No one other than an authorized officer of Aetna may change or waive any of the policy terms. If an authorized officer of Aetna changes a policy provision or term, you will be notified in writing.

### Misstatements [- Life Insurance]

If any fact is found to have been misstated, a fair change in premium will be made if the insured is still living.

If the insured's age was misstated when this policy was issued and this is not found out until after the insured dies, the Sum Insured will be the amount that the premium would have purchased had the insured's correct age been provided.

All statements made by the insured or the Owner shall be deemed representations and not warranties. No written statement made by the insured or the Owner shall be used by Aetna in a contest unless a copy of the statement is or has been furnished to the insured, the Owner or his or her beneficiary, or the person making the claim.

With respect to statements made in an application for reinstatement, Aetna will not contest the validity of any statements made in that application after this policy has been in force for 2 years from the date the reinstatement application was made.

### [Misstatements – Accidental Death and Dismemberment Insurance

Except as to a fraudulent misstatement, or issues concerning due premium, no statement made by the insured or the Owner shall be the basis for voiding coverage or denying coverage or be used in defense of a claim unless it is in writing.

No statement made by the insured or the Owner shall be the basis for voiding this Policy after it has been in force for 2 years from its effective date. No statement made by the insured or the Owner shall be used in defense of a claim for loss incurred or starting after coverage as to which claim is made has been in effect for 2 years.

All statements made by the insured or the Owner shall be deemed representations and not warranties. No written statement made by the insured or the Owner shall be used by Aetna in a contest unless a copy of the statement is or has been furnished to the insured, the Owner or his or her beneficiary, or the person making the claim.]

#### Incontestability

The validity of this policy shall not be contested, except for non-payment of premiums, after it has been in force for 2 years. No statement made by the insured or the Owner shall be used by Aetna in contesting the validity of the policy as to which such statement was made if the insurance has been in force prior to the contest for 2 years during the insured's lifetime; nor unless such statement is contained in a written form signed by the insured or the Owner.

#### Insurance Fraud

Insurance fraud occurs when you or the Owner knowingly and with intent to defraud an insurance company or other person, provide us with false information or files a claim for benefits that contains any material false information or conceals for the purpose of misleading, information concerning any material fact. It is a crime if you or the Owner commits insurance fraud and may subject such person to criminal and civil penalties. Such penalties include, but are not limited to: fines; denial or termination of insurance benefits; recovery of any amounts paid; civil damages; criminal prosecution; and penalties. Aetna shall have the right to use all means available to us to detect; investigate; deter; and prosecute those who commit insurance fraud. Aetna shall have the right to pursue all legal remedies if you and/or the policyholder perpetrate insurance fraud.

#### Non-Participation Policy

This policy is not entitled to share in surplus distribution.

#### Policy Settlement

All Proceeds payable under this policy are payable at Aetna's Home Office. Any owed Debt will be deducted from the Proceeds at the time of settlement. Aetna may require the return of this policy.

## Premium and Reinstatements

### Premium

Premium due dates, policy anniversaries, and policy years are all measured from the Date of Issue. The first premium was due on the Date of Issue. Subsequent premium payments must be paid on or before they are due. Payment may be made at Aetna's Home Office, or its authorized representative. Any premium not paid when due is in default.

### Premium Frequency

You have the option to pay your premium monthly, quarterly, semi-annually or annually.

### Premium Method

The method you have selected is shown on the Policy Specifications page. A change to any other method will take effect when Aetna accepts the premium for the new method. If you wish to change your method of premium payment, please contact Aetna or its representative. Premium rates will continue to be based on the rates in effect on the Date of Issue.

### Grace Period

The grace period is the 31 consecutive day period immediately following the Premium Due Date. During this period, the policy will remain in force and will not lapse. If premium is still unpaid at the end of the grace period, this policy will only be in force as described in the Nonforfeiture Options.

### Reinstatements

Within five years after the due date of the first premium payment in default, this policy, if it has not been surrendered, may be reinstated. You will be required to submit evidence of good health which Aetna must approve before this policy can be reinstated. All premiums in default with compound interest at the rate of [6%-12%] must be paid. Any Debt, with interest at the same compound [6%-12%] rate from the date of default must be paid or reinstated.

## Nonforfeiture Options

### General

If a premium is still unpaid at the end of the grace period, any Net Cash Value will be paid under one of the Options shown below. The Owner has until three months after the due date of the unpaid premium to make a written choice of an Option. If no choice is made, Option "B" will apply, if it is available. Otherwise, Option "C" will apply.

Your choices are:

#### Option A – Cash

The Owner can surrender this policy for its Net Cash Value.

- A policy surrender will be effective on the date of your written request.
- Aetna may defer payment for up to six months.
- Aetna may require return of this policy.

#### Option B – Extended Term Insurance

The Owner can continue the life insurance portion of this policy as term insurance on the life of the Insured.

- If the Premium Class shown on the Policy Specification page is other than Standard, this policy may be continued as term insurance with Aetna's consent.
- The amount of the term insurance will be the Sum Insured minus any Debt.
- The first of the term will be the due date of the unpaid premium.
- The length of the term will be the period of time the Net Cash Value will purchase for the Owner when used as a single premium of that first day.
- The amount of term insurance will be paid if the insured dies within the term.
- Before the term ends, there will still be a Cash Value, but no Loan Value.
- [If this Option is elected, the Accidental Death and Dismemberment Insurance option will end on the first day of the term.]

#### Option C – Paid-up Insurance

The Owner can continue this policy as Paid-up Life Insurance, in a reduced amount, on the life of the Insured.

- The amount of insurance will be the amount which the Net Cash Value will purchase for the Owner when used as a single premium on the due date of the unpaid premium.
- The first day of the paid-up insurance will be the due date of the unpaid premium.
- The paid-up insurance will have Cash Values, but no Loan Values.
- Proceeds will be payable on the death of the Insured.
- [If this Option is elected, the Accidental Death and Dismemberment Insurance option will end on the day the paid-up insurance takes effect.]

Options B & C may be surrendered at any time for the remaining Net Cash Value.

These Nonforfeiture Options are not less than the minimum benefits required by the insurance law of the state in which this policy is delivered.

## Basis of Calculations

### Cash Values

Cash Values are shown in Table A on the Policy Specifications Page. After 30 years, the Cash Value is determined by the standard nonforfeiture value method, but only if no premium is in default. The factors shown below Table A are used in this calculation.

During a policy year, the Cash Value will be adjusted for the part of the year which has passed and the date to which premiums have been paid. The Cash Values will not decrease during the first 31 days of each policy year. However, the Cash Value within three months after the due date of a premium in default will equal the Cash Value as of that date. After three months the Cash Value for Extended Term Insurance and Paid-up Insurance will be the net single premium for such insurance.

### Net Premiums and Present Values

All net premiums and present values are based on the attained age of the Insured and the ultimate and composite mortality rates in the 2001 Commissioners Standard Ordinary (CSO) Mortality Table. These mortality rates are blended assuming a 60% male population. The calculations also assume compound interest at the rate of 5% per year for 30 years and 4% per year after that. Death is assumed to occur at the end of the policy year and the value of any rider benefits is not counted.

All values are at least as great as those required by law in which this policy is delivered. Details as to how values are computed have been filed with the insurance regulators of the state where this policy is delivered.

## Policy Loans

### General

The provisions listed below are not available to the Owner if this policy is in force as Extended Term Insurance or Paid-up Insurance as provided in Nonforfeiture Options. At any other time, Aetna will grant loans while this policy is in force. The amount of the loan will not be more than the Net Loan Value. Loan Values are shown on the Policy Specifications page.

For Paid-up Insurance, policy anniversaries are used instead of premium due dates.

A loan agreement which assigns this policy as sole security for the loan will be required. Aetna may defer loans for up to six months. Aetna will not defer a loan if it is used to pay premiums as described next in the Automatic Premium Loans provision.

If the Debt exceeds the Cash Value, notice will be sent to the last known address of the Owner and any assignee of record. The notice will state the amount that must be paid to keep this policy in force. This policy will become void 31 days after the date on which this notice is sent if that amount has not been paid.

### Automatic Premium Loans

The Owner may make written request to have the automatic premium loans provision operative. If this is done, Aetna will make automatic loans to pay unpaid due premium at the end of the Grace Period. If the available Net Loan Value is not sufficient to do this or if the request has been revoked, no loan will occur.

If a third premium is to be paid by automatic loan, its method of premium, if more frequent than annual, may be changed to annual by Aetna. This may be done only if the annual premium is not more than the available Net Loan Value.

### Loan Interest

Loans bear interest at the rate of [6%-12%] per annum. Interest accrues daily from the date of the loan and is due at the end of each policy year. If not paid when due, the interest will be added to the loan and it too will bear interest on the same terms.

### Repayment

Any Debt may be repaid in full or in part at any time while the Insured is living and this policy is in force. However, Debt which exists at the end of the Grace Period for any unpaid premium may not be repaid unless this policy is reinstated. Any Debt will be deducted from any settlement.

## Definitions

### [Accident

This means a sudden external trauma that is unexpected and unforeseen and is an identifiable occurrence or event producing, at the time, objective symptoms of an external bodily injury. The accident must occur while the person is covered under this Policy. The occurrence or event must be definite as to time and place. It must not be due to, or contributed to by, an illness or disease of any kind. This includes a reaction to a condition that manifests within the human body or a reaction to a drug or medication regardless of the reason you have consumed the drug or medication.

### [Accident Insurance

This means Accidental Death and Dismemberment Insurance.]

### Debt

This policy's Debt consists of all outstanding loans. This includes accrued interest.

### Home Office

Aetna's Home Office is located at: [151 Farmington Avenue, Hartford, Connecticut 06156].

### [Illness

A pathological condition of the body that presents a group of clinical signs and symptoms and lab findings peculiar to it and that sets the condition apart as an abnormal entity differing from other normal or pathological body states.]

### [Injury

An accidental bodily injury that is the sole and direct result of:

- an unexpected or reasonably unforeseen occurrence or event; or
- the reasonably unforeseeable consequences of a voluntary act by the person.

The act or event must be definite as to time and place. An injury is not the direct result of illness.]

### Loan Value

That amount, which together with interest at the loan interest rate, will equal the cash value as of the next Premium Due Date.

### [Motor Vehicle

This is a vehicle or vessel that is powered by any form of a motor, whether or not registered for land, air or water use and it is:

- A passenger land or water vehicle of pleasure design which includes autos; vans; trucks; three or four-wheel all terrain vehicles (ATV); motorcycles; motor scooters; four wheel drive vehicles; snowmobiles and self-propelled motor homes;
- A vehicle of commercial use or design which includes, but is not limited to: a cab; limousine; tractor trailer or box truck; a bus; or lawn tractor;
- Any form of motorized equipment designed for use in construction or demolition which includes, but is not limited to: a bulldozer; crane; front-loader; backhoe; steam roller; or paver;
- A vehicle designed for water use which includes, but is not limited to: a boat; ship; jet-ski or personal water craft of any design. This includes sail-boats or other wind powered water craft;
- A vehicle designed for air use which includes, but is not limited to: a plane (including a glider); jet; an ultra-light aircraft; or helicopter;
- A vehicle used for any form of racing or any other type of competitive event; or
- A vehicle designed for use in farming.]

Net Cash Value

The policy's Cash Value minus any Debt.

Net Loan Value

The Loan Value less any unpaid premium for the current premium period, less any Debt.

[Occurrence

This means a period of disease or injury. An occurrence ends when 60 consecutive days have passed during which the covered person:

- receives no medical treatment; services; or supplies; for a disease or injury; and
- neither takes any medication; nor has any medication prescribed; for a disease or injury.]

Physician

A duly licensed member of a medical profession who:

- Has an M.D. or D.O. degree;
- Is properly licensed or certified to provide medical care under the laws of the jurisdiction where the individual practices; and
- Provides medical services which are within the scope of his or her license or certificate.

A physician is not you or related to you.

[Prescription Drug

A drug, biological, or compounded prescription which, by State and Federal Law, may be dispensed only by prescription and which is required to be labeled "Caution: Federal Law prohibits dispensing without prescription." This includes an injectable drug prescribed to be self-administered or administered by any other person except one who is acting within his or her capacity as a paid healthcare professional. Covered injectable drugs include insulin.]

[Third Degree Burns

A full thickness burn which is the most severe of the three burns extending near to the bone.]

## Extended Maturity Provision

If this policy is still in effect when the insured reaches age 100 and coverage under this policy has not previously been converted to Extended Term Insurance or Paid-up Insurance, then the Life Sum Insured will equal the Policy Cash Value. When this occurs, this policy is said to have matured and the Owner will not be required to make any additional premium payments for this policy to remain in effect.

When premium payments are no longer required because this policy has matured, the Policy Cash Value will begin to accrue policy maturity interest at a rate of [1%-12%] per year. Interest on the Policy Cash Value will continue to accrue until the life insurance claim has been paid by Aetna.

In lieu of allowing this policy to remain in effect beyond its date of maturity, the Owner may surrender this policy for the Policy Cash Value. This policy may also be surrendered at any time after the policy maturity date for the Policy Cash Value plus any interest this policy may have accrued prior to its surrender.

Before surrendering this policy for the Policy Cash Value, you should consult a legal or tax professional in order to determine the potential tax consequences for surrendering this policy prior to the insured's death.

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**Application for Conversion of Group Term Life [& Accident] Insurance**  
**Aetna Life Insurance Company**

**Life • Disability**

Application and payment of the first premium must be made within the time limit shown in your certificate or policy.

**BRIEF DESCRIPTION OF CONVERSION PRIVILEGE**

Subject to the terms of the Group Policy (as described in your group insurance certificate): (1) you may apply for an individual insurance policy in conversion of your Group Term Life [& Accident] Insurance and (2) the individual policy may be for the same amount which you are losing by termination of your insurance under the Group Policy, or for a lesser amount, depending upon the circumstances of the termination. Amounts previously received by you under the Group Policy are not eligible for conversion.

No medical examination is required, but application and payment of the first premium must be made within 31 days of the date your Group Term Life [& Accident] Insurance terminates. Note that the converted policy may have different terms and conditions than the Group Term Life [& Accident] Insurance plan. It may contain exclusions, or exclusions different from those in the group policy.

Premiums may be paid annually, semi-annually, or quarterly by direct bill; or monthly by Aetna's Automatic Check Plan (ACP). Premiums may be paid other than annually only if the periodic premium is at least \$15.

**NOTICE OF ELIGIBILITY STATEMENT (TO BE COMPLETED BY THE EMPLOYER)**

1. Name of Employer .....
2. Group Policy (Control) Number or Employee Policy Number .....
3. Suffix and Account Number (example 12-345) .....
4. Name of Employee.....
5. Employee Social Security Number.....
6. a. Date coverage began (fill in date): Basic Life \_\_\_\_\_ Supp Life \_\_\_\_\_ [AD&D/ADPL] \_\_\_\_\_ .....
- b. If insured for Supplemental Life insurance, date of last increase, (fill in date or if not applicable, write N/A).....
7. a. Date employment or eligibility terminated .....
- b. If totally disabled at this time, please state specific cause .....
- c. Last day worked if other than date in 7(a) .....
8. a. Date Life and/or [AD&D/ADPL] insurance canceled (Do not include 31 day extended coverage period.) .....
- b. Reason for cancellation of coverage .....
9. a. Amount of insurance canceled: Basic Life \_\_\_\_\_ Supp Life \_\_\_\_\_ [AD&D/ADPL] \_\_\_\_\_ Total .....
- b. Amount of Life Insurance remaining in force (when insurance is reduced due to an age or retirement reduction rule or due to payment of an Accelerated Death Benefit) .....
10. a. Date written notice of conversion right given to Employee (required in most states, strongly encouraged in others) .....
- b. If notice not furnished, show "None Given" and Why.....
11. Complete for Dependent Conversion
  - a. Name of Dependent .....
  - b. Amount of Dependent Insurance canceled: Life \_\_\_\_\_ [AD&D/ADPL] \_\_\_\_\_ .....
12. Employee Home Telephone Number .....

Signature (Employer Authorized Representative)	Date
Address	Telephone Number

**HOME OFFICE USE ONLY**

Name	Group Control Number	SCD
Regular Group Life	Control/Suffix	Claim/Account
Pooled Group Life	Control/Suffix	Claim/Account
Regular Group [AD&D/ADPL]	Control/Suffix	Claim/Account

**WHERE TO SEND YOUR APPLICATION**

You should send your application and check or money order for the initial premium to: [Aetna Life Insurance Company  
 Life Conversion Unit  
 151 Farmington Avenue  
 Hartford, CT 06156-1992]

NOTE: Be sure the above NOTICE OF ELIGIBILITY STATEMENT has been completed by the employer.

NOTE: This folder shows premium rates for a non-participating permanent type life insurance plan. It is offered in accordance with the conversion privilege contained in the group policy. The premiums for this plan do not vary based on the sex of the applicant.

The signature of the Proposed Insured (the person requesting to be insured) is required otherwise, the form will be returned. If other than the Proposed Insured is to be the Policy Owner, the person who will be the Policy Owner should sign the application as Applicant. (Where this occurs, use Section 7 "Additional Information" to designate a contingent Policy Owner.)





# Application for Conversion of Group Term Life [& Accident] Insurance

Aetna Life Insurance Company, Hartford, Connecticut 06156

I hereby apply for a policy of insurance upon my life in accordance with the provisions of Group Policy Number \_\_\_\_\_  
insuring my life as an employee of \_\_\_\_\_

1. Proposed Insured (Print Name - First, Initial, Last)*	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Telephone Number
2. Residence (Number, Street, City, County, State, Zip)		Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3. Occupation when employment terminated. Full Details.			
4. a. Plan Whole Life Insurance		b. Amount of Insurance (Must not exceed amount of term insurance in effect less any previously paid Accelerated Death Benefit, when employment terminated.) Basic and/or Supp Life \$ _____ [AD&D/ADPL] \$ _____	
c. Premium Payable *Complete Deduction Form <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> ACP/Monthly*		d. Make Automatic Premium Loan Provision operative, if available. <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Premium Notices to be sent <input type="checkbox"/> Insured at Residence <input type="checkbox"/> Other _____			
6. a. Beneficiary (NAME AND RELATIONSHIP TO PROPOSED INSURED) (NAME AND RELATIONSHIP TO PROPOSED INSURED) Primary _____ Contingent _____ Unless otherwise requested herein, payment is to be made to primary beneficiaries who survive the Insured, equally, or if none survives, to contingent beneficiaries who survive, equally, or if none survives, to Insured's estate.			
b. Policy Owner (Unless otherwise requested, Proposed Insured is to be Policy Owner.)			
7. Additional Information (Refer to specific question number.)			

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Arkansas and Louisiana Residents: 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.

Attention California, Ohio and Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Oregon Residents: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

IT IS MUTUALLY AGREED THAT: (1) the statements and answers made herein are complete and true to the best of my knowledge and belief; (2) issuance of the policy applied for shall be exchanged for all privileges and benefits with respect to the full amount of term insurance (minus any age or retirement reduction rule or Accelerated Death Benefit) on my life under the Group Policy; (3) I understand that the converted policy may have different terms and conditions than the Group Policy; (4) no person other than an officer of Aetna can make, modify, or discharge a contract or waive any of Aetna's rights or requirements.

Signed at \_\_\_\_\_ on \_\_\_\_\_  
(City, State) (Month-Day-Year)

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Proposed Insured\* Signature of Applicant (if other than Proposed Insured)\*

\*See "WHERE TO SEND YOUR APPLICATION" on page one for information regarding signatures.  
\*If you are applying for coverage for your spouse and/or child in addition to yourself, make a copy of this application for that person.

RECEIVED \_\_\_\_\_

INDIVIDUAL POLICY TO BE DATED \_\_\_\_\_

GR-66109 (6-08)

2

**PREMIUM RATES FOR THE NONPARTICIPATING WHOLE LIFE 100 PLAN**

Description: Premium rates for your Life Insurance coverage are based upon your age (nearest birthday) when the policy takes effect and do not change thereafter. [Premium rates for the optional Accident coverage do not vary by age. The premium rate for the Accident coverage is a fixed rate of: {\$XXXX} for each \$1,000 of coverage. This coverage must be elected.]

The rates included in the tables below were appropriate for the plans at the time they were prepared. The rates are subject to change without notice. If you have any questions, want to confirm that the rates shown are the current rates or would like to know the rates for age 81 and up, call: [1-800-523-5065].

If your Life Insurance coverage under this policy will be at least \$10,000, Tables 1 & 3 are used.

If your Life Insurance coverage under this policy will be less than \$10,000, Tables 1, 2, & 3 are used.

TABLE 1 — BASIC PREMIUM RATES FOR EACH \$1,000 OF LIFE INSURANCE									
Age As of Your Nearest Birthday	Annual	Semi-Annual	Quarterly	ACP/ Monthly	Age As of Your Nearest Birthday	Annual	Semi- Annual	Quarterly	ACP/ Monthly
[0-1	5.12	2.64	1.34	0.44	41	20.68	10.65	5.43	1.76
2	5.04	2.60	1.32	0.43	42	21.66	11.15	5.69	1.84
3	5.23	2.69	1.37	0.44	43	22.69	11.69	5.96	1.93
4	5.43	2.80	1.43	0.46	44	23.77	12.24	6.24	2.02
5	5.64	2.90	1.48	0.48	45	24.89	12.82	6.53	2.12
6	5.85	3.01	1.54	0.50	46	26.06	13.42	6.84	2.22
7	6.07	3.13	1.59	0.52	47	27.29	14.05	7.16	2.32
8	6.30	3.24	1.65	0.54	48	28.57	14.71	7.50	2.43
9	6.54	3.37	1.72	0.56	49	29.91	15.40	7.85	2.54
10	6.80	3.50	1.79	0.58	50	31.31	16.12	8.22	2.66
11	7.07	3.64	1.86	0.60	51	32.80	16.89	8.61	2.79
12	7.34	3.78	1.93	0.62	52	34.36	17.70	9.02	2.92
13	7.61	3.92	2.00	0.65	53	36.00	18.54	9.45	3.06
14	7.88	4.06	2.07	0.67	54	37.74	19.44	9.91	3.21
15	8.16	4.20	2.14	0.69	55	39.59	20.39	10.39	3.37
16	8.45	4.35	2.22	0.72	56	41.54	21.39	10.90	3.53
17	8.75	4.51	2.30	0.74	57	43.61	22.46	11.45	3.71
18	9.04	4.66	2.37	0.77	58	45.81	23.59	12.03	3.89
19	9.34	4.81	2.45	0.79	59	48.13	24.79	12.63	4.09
20	9.64	4.96	2.53	0.82	60	50.59	26.05	13.28	4.30
21	10.01	5.16	2.63	0.85	61	53.18	27.39	13.96	4.52
22	10.33	5.32	2.71	0.88	62	55.94	28.81	14.68	4.75
23	10.66	5.49	2.80	0.91	63	58.88	30.32	15.46	5.00
24	11.02	5.68	2.89	0.94	64	61.98	31.92	16.27	5.27
25	11.40	5.87	2.99	0.97	65	65.29	33.62	17.14	5.55
26	11.79	6.07	3.09	1.00	66	68.80	35.43	18.06	5.85
27	12.19	6.28	3.20	1.04	67	72.53	37.35	19.04	6.17
28	12.60	6.49	3.31	1.07	68	76.47	39.38	20.07	6.50
29	13.02	6.71	3.42	1.11	69	80.62	41.52	21.16	6.85
30	13.46	6.93	3.53	1.14	70	85.01	43.78	22.32	7.23
31	13.90	7.16	3.65	1.18	71	89.63	46.16	23.53	7.62
32	14.37	7.40	3.77	1.22	72	94.46	48.65	24.80	8.03
33	14.87	7.66	3.90	1.26	73	99.65	51.32	26.16	8.47
34	15.40	7.93	4.04	1.31	74	105.21	54.18	27.62	8.94
35	15.99	8.23	4.20	1.36	75	111.07	57.20	29.16	9.44
36	16.62	8.56	4.36	1.41	76	117.58	60.55	30.86	9.99
37	17.31	8.91	4.54	1.47	77	124.49	64.11	32.68	10.58
38	18.07	9.31	4.74	1.54	78	131.88	67.92	34.62	11.21
39	18.88	9.72	4.96	1.60	79	139.76	71.98	36.69	11.88
40	19.75	10.17	5.18	1.68	80	148.09	76.27	38.87	12.59]

TABLE 2 — Annual Premium Surcharge		TABLE 3 — Policy Fee	
If the amount of your Life Insurance coverage under this Policy will be less than \$10,000: The annual rates shown in Table 1 are added to the surcharge shown below:			
If your Policy will be:	Annual Premium Surcharge	Annual	\$ 15.00
\$ 9,000 - 9,999	\$ 1.00	Semi-Annual	8.00
8,000 - 8,999	2.00	Quarterly	4.50
7,000 - 7,999	3.00	ACP/Monthly	2.00
6,000 - 6,999	4.00		

Less than \$6,000	5.00
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NOTE: To determine your premium, see page entitled "HOW TO CALCULATE YOUR PREMIUM."

GR-66109 (6-08)

## HOW TO CALCULATE YOUR PREMIUM FOR THE NONPARTICIPATING WHOLE LIFE 100 PLAN

IF YOUR LIFE INSURANCE COVERAGE UNDER THIS POLICY WILL BE AT LEAST \$10,000

All of the following premium modes (premium frequencies) are available to you if your policy will be at least \$10,000. Use Annual if you wish to pay your premiums annually, Semi-Annual if you wish to pay semi-annually, Quarterly if you wish to pay quarterly, or ACP/Monthly if you wish to pay monthly by Aetna's Automatic Check Plan.

TO CALCULATE your cost estimate use the appropriate age, policy amount, and selected premium mode.

EXAMPLE OUTLINED BELOW: AGE 40 - \$20,000 Policy - Annual Premium payments.

	EXAMPLE	OUR COST ESTIMATE
1. Enter the amount of Life Insurance requested:	\$20,000	_____
2. Enter the amount of AD&D Insurance coverage requested:	\$20,000	_____ ]
3.] Amount of insurance requested in #1 divided by 1,000 equals:	20	_____
4.] Amount of insurance requested in #2 divided by 1,000 equals:	20	_____
5.] From Table 1, enter premium rate which corresponds with your age and selected premium mode:	19.75	_____
6.] Multiply [#3] x [#5]:	395.00	_____
7. Premium rates for <u>optional</u> Accident coverage are fixed at a rate of [\$XXXX]	.05	_____ ]
8. Multiply #4 x #7	1.00	_____ ]
9.] From Table 3, enter appropriate policy fee based on the selected premium mode:	15.00	_____
10.] Add [#6], [#8] + [#9]. This equals your periodic premium payment for the premium mode you selected:	\$411.00	_____

IF YOUR LIFE INSURANCE COVERAGE UNDER THIS POLICY WILL BE LESS THAN \$10,000

If you wish to pay your premiums Annually, omit steps [#6] + [#7]. If you wish to pay your premiums Semi-Annually, Quarterly, or ACP/Monthly, include steps [#6] + [#7].

TO CALCULATE your cost estimate use the appropriate age and policy amount.

EXAMPLE OUTLINED BELOW: AGE 40 - \$8,500 Policy - Semi-Annual Premium payments.

	EXAMPLE	OUR COST ESTIMATE
1. Enter the amount of Life insurance requested:	\$8,500	_____
2. Enter the amount of AD&D Insurance coverage requested	8,500	_____ ]
3.] Amount of insurance requested in #1 divided by 1,000 equals:	8.5	_____
4. Amount of insurance requested in #2 divided by 1,000 equals:	8.5	_____ ]
5.] From Table 1, enter Annual premium rate (regardless of premium mode selected) that corresponds with your age:	19.75	_____
6.] From Table 2, enter Annual Premium Surcharge based on the amount of your policy:	2.00	_____
7.] Add [#5] + [#6]. If you wish to pay your premiums Annually, omit steps [#6] & [#7]:	21.75	_____
8.] If your premium is to be paid Semi-Annually, enter If your premium is to be paid Quarterly, enter If your premium is to be paid ACP/Monthly, enter	.5150 .2625 .085	.5150
9.] Multiply [#7] x [#8]:	11.20	_____
10. Premium rates for Accident coverage are fixed at a rate of [\$XXXX]	.05	_____ ]
11. Multiply #4 X #10 (round to the next higher penny if not already an even penny multiple of)	.43	_____ ]
12. Multiply #11 X 1 for monthly; X 3 for quarterly; X 6 for semi-annual and X 12 for annual	2.58	_____ ]
13.] Multiply [#4] x ([#5] for Annual Payments) or ([#9] for any other payment mode):	95.20	_____
14.] From Table 3, enter appropriate policy fee based on the selected premium mode:	8.00	_____

[15.] Add [#12], [#13] + [#14]. This equals your periodic premium payment for the mode selected

\$105.78

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GR-66109 (6-08)

<i>SERFF Tracking Number:</i>	<i>AENX-125848676</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40472</i>
<i>Company Tracking Number:</i>	<i>LAHAR0063501F01</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>2008 Group Insurance</i>		
<i>Project Name/Number:</i>	<i>2008 Group Insurance/LAHAR0063501F01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-125848676  
Filing Company: Aetna Life Insurance Company  
Company Tracking Number: LAHAR0063501F01  
TOI: L08 Life - Other  
Product Name: 2008 Group Insurance  
Project Name/Number: 2008 Group Insurance/LAHAR0063501F01

State: Arkansas  
State Tracking Number: 40472  
Sub-TOI: L08.000 Life - Other

## Supporting Document Schedules

**Review Status:** 10/07/2008  
**Satisfied -Name:** Application  
**Comments:**  
application is included as a filed form

**Review Status:** 10/07/2008  
**Satisfied -Name:** Certification/Notice  
**Comments:**  
**Attachments:**  
AR - READABILITY CERTIFICATION.PDF  
AR - NAIC TRANSMITTAL DOC.PDF  
AR - NAIC FORM FILING ATTACHMENT.PDF

**Review Status:** 10/13/2008  
**Satisfied -Name:** 553373 check  
**Comments:**  
copy of filing fee check 553373  
**Attachment:**  
553373 check.PDF

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Aetna Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
GR-96515	49.4
GR-66109 (6-08)	0

Signed: \_\_\_\_\_

Name:

Title:

Date: \_\_\_\_\_

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Aetna Life Insurance Company 151 Farmington Avenue Hartford CT 06156	CT		001	60054	06-6033492	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
John Ciesielski 151 Farmington Avenue, Mail Stop RW61 Hartford CT 06156	860-279-1282	860-952-2069	CiesielskiJW@Aetna.com

<b>5. Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6. Company Tracking Number</b>	LAHAR0063501F01
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<b>7.</b>	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission      Previous file # _____
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<b>8. Market</b>	Group	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

<b>9. Type of Insurance</b>	L08 Life - Other
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<b>10. Product Coding Matrix Filing Code</b>	L08.000 Life - Other
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<b>11. Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	<b>Filing Submission Date</b>	
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	
15.	<b>Filing Description:</b>	
<p>The conversion policy includes the following:</p> <p>1. The 2001 Commissioners Standard Ordinary (CSO) Mortality Table. This table contains updated valuations of mortality for Life Insurance and Accidental Death benefits and recognizes increases in longevity. The 2001 CSO Mortality Table continues the practice of creating separate valuation tables for males and females and having composite mortality tables and smoker/non-smoker distinct mortality tables. It also includes both the age-nearest birthday and age-last birthday bases of the mortality tables.</p> <p>2. An option for accident coverage. If the covered person was insured for an accidental death &amp; dismemberment type insurance coverage under an Aetna group policy, the covered person will have the option of electing, as ancillary coverage, a similar benefit under the Aetna individual conversion policy. There are two options available under the conversion policy: there is an Accidental Death benefit that only pays a benefit for death caused by an accident and there is an Accidental Death &amp; Dismemberment benefit that pays a benefit for death and other personal losses caused by an accident.</p> <p>Rather than being issued as a separate rider, the description of the accident coverage will be included within the issued policy.</p>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>John Ciesielski</u> Title <u>Product and Regulatory Affairs Manager</u></p>		
<p>Signature _____ Date _____</p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		LAHAR0063501F01
<b>This filing corresponds to rate filing company tracking number</b>		

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01	Life and Accidental Death and Dismemberment Insurance Conversion Policy	GR-96515	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02	Application for Conversion of Group Term Life & Accident Insurance	GR-66109 (6-08)	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	



Aetna Inc.  
Aetna Accounts Payable, RWS1  
151 Farmington Avenue  
Hartford, CT 06156-9132

Issuing Dept.: Accounts Payable  
Vendor Number: 32364

No. 553374

82-20/311

02/26/2008

PAY *Fifty and 00/100 Dollars*

TO THE  
ORDER OF

STATE OF ARKANSAS  
ARKANSAS INSURANCE DEPT  
1200 WEST THIRD STREET  
LITTLE ROCK, AR 72201  
United States

\*\*\*\*\*\$50.00

NOT VALID AFTER 1 YEAR

AUTHORIZED SIGNATURE

CITIBANK N.A.  
ONE PENNS WAY NEWCASTLE, DELAWARE 19720

DO NOT CASH IF EITHER BLUE BACKGROUND OR WATERMARKED PAPER IS MISSING! - HOLD TO LIGHT TO VERIFY WATERMARKED PAPER

⑆0000553374⑆ ⑆031100209⑆ 38591731⑆