

SERFF Tracking Number: CCGN-125783157 State: Arkansas  
Filing Company: Life Insurance Company of North America State Tracking Number: 40020  
Company Tracking Number: 20957557  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Term Life Insurance  
Project Name/Number: Great West Me-Too/Look-Alike Filing/GL202

## Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Term Life Insurance

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: CCGN-125783157 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: 20957557

Co Status:

Author: Terri Jones

Date Submitted: 08/20/2008

State Tr Num: 40020

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/25/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Great West Me-Too/Look-Alike Filing

Project Number: GL202

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/25/2008

State Status Changed: 08/25/2008

Corresponding Filing Tracking Number:

Filing Description:

Life Insurance Company of North America acquired the Group Life business provided by Great-West Life & Annuity Insurance Company, on April 1, 2008. Under the terms of the purchase agreement, Life Insurance Company of North America is required to migrate all existing Great-West insurance term life insurance policyholders to Life Insurance Company of North America insurance policies.

To retain the Great-West's Group Term Life Insurance policyholders, Life Insurance Company of North America would like to be able to offer them term life policies that duplicate their existing Great-West term life policies. Life Insurance

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Company of North America would also like to be able to offer future customers the same term life policies previously offered by Great-West. Accordingly, we are submitting for your approval Life Insurance Company of North America insurance policy forms that duplicate the Great-West term life insurance policy forms previously approved by your office.

## Company and Contact

### Filing Contact Information

Terri Jones, Compliance Sr. Specialist Terri.Jones@CIGNA.com  
 1601 Chestnut St -Two Liberty (215) 761-3941 [Phone]  
 Philadelphia, PA 19192 (215) 761-5609[FAX]

### Filing Company Information

Life Insurance Company of North America CoCode: 65498 State of Domicile: Pennsylvania  
 1601 Chestnut Street Group Code: 901 Company Type:  
 TL16D  
 Philadelphia, PA 19192 Group Name: State ID Number:  
 (215) 761-8442 ext. [Phone] FEIN Number: 23-1503749  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per policy and associated forms.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	08/20/2008	22030561

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/25/2008	08/25/2008

*SERFF Tracking Number:*      *CCGN-125783157*                      *State:*                      *Arkansas*  
*Filing Company:*              *Life Insurance Company of North America*      *State Tracking Number:*      *40020*  
*Company Tracking Number:*      *20957557*  
*TOI:*                      *L04G Group Life - Term*                      *Sub-TOI:*                      *L04G.500 Other*  
*Product Name:*              *Group Term Life Insurance*  
*Project Name/Number:*      *Great West Me-Too/Look-Alike Filing/GL202*

## **Disposition**

Disposition Date: 08/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Cover Letter		Yes
<b>Supporting Document</b>	List of Forms		Yes
<b>Supporting Document</b>	Variable Memorandum		Yes
<b>Form</b>	Policy		Yes
<b>Form</b>	Summary Plan Description		Yes
<b>Form</b>	Policy Application		Yes

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## Form Schedule

Lead Form Number: GL202

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GL202	Policy/Cont	Policy ract/Fratern al Certificate	Initial			PolicyAR.pdf
	INT- GL(07/03)	Other	Summary Plan Description	Initial			SPD08AR.pdf
	GL202-A	Application/	Policy Application Enrollment Form	Initial			AppAR.pdf

**LIFE INSURANCE COMPANY OF NORTH AMERICA**  
**Executive Offices – Philadelphia, Pennsylvania (the Company)**

AGREES, under the application of

**// ABC Company //** (the Group Policyholder)

to insure the lives of Employees (Insured Persons) according to the terms of this policy.

This policy is issued in consideration of the payment of the required premiums. The Life Insurance // and Accidental Death, Dismemberment and Loss of Sight (AD&D) // benefits to which an Insured Person is entitled are described in the Booklet/Certificate which is attached to and forms a part of this policy.

**Group Policy Effective Date:**

This policy will take effect on // XXX XX XXXX // at 12:00 a.m.

**Currency:**

All money payable under this policy is payable in the lawful money of the United States of America.

**All provisions:**

- (1) on the following pages of this policy; and
- (2) in the sections of the Booklet/Certificate that apply to Life Insurance // and AD&D //;

form a part of this policy as fully as if they were stated over the signatures below and are referred to herein as the Group Policy.

This policy has been executed by the Company at its Executive Offices.

Secretary

President

For the Actuary

Group Term Life Insurance  
// - Contributory //  
- Non-Participating

Policy Format No. GL202  
**Group Policy No. // XXXXXX //GL**

## **MISCELLANEOUS PROVISIONS**

- (1) Insurance // months and years start from the Group Policy Effective Date //.
- (2) The Group Policyholder's actions will bind the Employer. Notice given to the Group Policyholder is considered to be notice given to an Employer.
- (3) All requests, notices, proofs of claim and applications must be made in writing to the Company at its Executive Offices.
- (4) Words of the masculine gender include the feminine.

## **PREMIUMS**

### **PAYMENT**

The first premium is due on the effective date of this policy. After that, premiums are due on // the first day of each insurance month //. Premiums must be paid at the Company's Executive Offices. Any premium not paid on time will be in default.

### **GRACE PERIOD**

After the first premium has been paid, // 31 days // are allowed to pay a premium in default. During this time, the policy will stay in force. If the premium is not paid by the end of the days of grace, this policy will terminate. The Group Policyholder is liable for a pro rata premium for the time this policy is in force during the grace period and for all other unpaid premiums.

### **CALCULATION**

The amount of each premium is the sum of the premiums for each insured Employee. If a premium has been waived for an Employee under the DISABILITY BENEFIT section, it will not be included in the calculation.

### **ADJUSTMENTS**

The premiums will be adjusted retroactively to reflect changes in insurance amounts. The Company must be notified promptly of a change. For a decrease in, or termination of, insurance, a credit will be given only for the 2-month period prior to receipt of such notice.

### **EXPERIENCE RATING**

After the end of the first insurance year or at any time after that, this policy may be experience rated by the Company.

### **// RENEWAL CHANGES**

After the end of the first insurance year, the Company may change the premium rates. Changes can be made on the first day of any insurance month. Written notice will be sent to the Group Policyholder 31 days before a change is made. Once the change is made, the Company cannot make another change for 12 months. However, a change can be made at any time if:

- (1) the policy provisions are changed at the request of the Group Policyholder;
- (2) there is a change in benefits required by a change in state or federal law; or

## **PREMIUMS**

- (3) there is a change in the number of Employees insured under this policy which equals or exceeds:
- (A) 10% in any insurance month when compared to the previous insurance month; or
  - (B) 20% over any period of three consecutive insurance months.

except that no increase in premium rates will take effect before 31 days after the date written notice of such increase is given to the Group Policyholder by the Company. //

## **GENERAL PROVISIONS**

### **FURNISHING OF INFORMATION: ACCESS TO RECORDS**

The Group Policyholder must forward to the Company:

- (1) required information about the eligibility of Employees;
- (2) any Employee applications; and
- (3) details about changes in insurance.

The Company may inspect the Group Policyholder's records of Employees' insurance. Such inspection can take place while this policy is in force and during the first year after it terminates.

### **ENTIRE CONTRACT**

The contract consists of:

- (1) this policy;
- (2) the attached application for this policy;
- (3) any Employee applications; and
- (4) any notices of Proof of Good Health.

Except for fraud, statements made by the Group Policyholder, or by an Employee, are deemed representations and not warranties. Only statements contained in:

- (1) the Group Policyholder's application for this policy;
- (2) any Employee applications; or
- (3) any notices of Proof of Good Health;

will void any insurance under this policy, or be used in defense to a claim under it.

## **AUTHORITY**

The provisions of this policy cannot be changed or waived except by written agreement. Such agreement must be signed by:

- (1) the President, or a Vice-President; and
- (2) the Secretary, or Actuary;

of the Company. Only by such a signed agreement can:

- (1) a premium in default be accepted;
- (2) the time for a premium payment be extended;
- (3) any of the Company's rights be waived;
- (4) the Company be bound by any promise regarding benefits; or
- (5) any applications be accepted.

## **INDIVIDUAL BOOKLET/CERTIFICATE**

The Company will issue Booklet/Certificates to the Group Policyholder to give each insured Employee. Such Booklet/Certificate will:

- (1) describe the insurance to which an Employee is entitled;
- (2) describe the CONVERSION PRIVILEGE;
- (3) detail how an Employee's insurance can reduce or terminate; and
- (4) state that the Employee may inspect this policy at the Group Policyholder's office.

## TERMINATION OF THE POLICY

The Group Policyholder may terminate this policy by giving // 31 days // written notice to the Company.

The Company may terminate this policy:

(1) If the Group Policyholder fails to:

- (A) adhere to the terms and conditions set out in this policy; or
- (B) pay the required premium as set out in the PREMIUMS section; or

// (2) If the number of insured Employees is less than:

- (A) 25; or
- (B) 75% of those eligible for insurance if the Employer requires his Employees to contribute to the premium for their insurance under the policy.
- (C) 100% of those eligible for insurance if the Employer does not require his Employees to contribute to the premium for their insurance under the policy; or

(3) If the number of insured Dependents is:

- (A) less than 85% of those eligible for insurance if the Employer requires his Employees to contribute to the premium for their Dependent insurance under the policy. For the purposes of this item only, a Dependent will not be considered eligible for insurance if his insurance under this policy is waived because he is insured elsewhere; or
- (B) less than 100% of those eligible for insurance if the Employer does not require his Employees to contribute to the premium for their Dependent Insurance under the policy. //

The Company must give written notice of termination to the Group Policyholder // 31 days // in advance. This policy will terminate at 11:59 p.m. on the Group Policy termination date.

# **GROUP LIFE**

**SPD/Booklet Filing**

**State of ARKANSAS**

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## **INTRODUCTION**

### **■ Notices**

#### **//NOTICIA PARA LOS PARTICIPANTES DEL PLAN**

SI USTED NO SABE LEER INGLES COMUNIQUESE CON EL ADMINISTRADOR DEL PLAN. EL LE EXPLICARA EN ESPANOL LOS TERMINOS DEL PLAN, SUS DERECHOS Y BENEFICIOS.

Literally translated, this means:

#### **Notice To Plan Participants**

If you are unable to read English, contact the Plan Administrator who will arrange to have the terms of the Plan, your rights and the benefits available under the plan explained to you in Spanish.//

#### **Coverage for Residents of Certain Other States**

If you are a resident of a state other than AR and the life insurance //and accidental death & dismemberment insurance// laws of the state in which you reside require the Plan to provide coverage in excess of what is described in this booklet, the Plan will be administered to comply with such law(s).

### **■ About This Plan**

//This summary plan description describes the benefits available to //DESCRIPTION OF EMPLOYEE CLASS(ES) ELIGIBLE FOR COVERAGE//.//

//A separate summary plan description describes a separate option available to //DESCRIPTION OF EMPLOYEE CLASS(ES) COVERED IN SEPARATE SPD(s)// //all employees//.//

//Benefits for other Employees are described in separate summary plan descriptions.//

//Separate summary plan descriptions describe separate options available to //DESCRIPTION OF EMPLOYEES ELIGIBLE FOR COVERAGE IN A SEPARATE SPD//.//

// //ABC COMPANY// (the Employer) has established an Employee Welfare Benefit Plan //within the meaning of the Employee Retirement Income Security Act of 1974 (ERISA)//. As of //POLICY EFFECTIVE DATE//, the Life Insurance //and Accidental Death & Dismemberment (AD&D)// benefits described in this booklet form a part of the Employee Welfare Benefit Plan and are referred to collectively in this booklet //section// as the Plan. The Employee Welfare Benefit Plan will be maintained pursuant to the Life Insurance //and AD&D// benefit terms described in this booklet. The Plan may be amended from time to time.//

//If a booklet was issued to you under the Employer's prior plan, this is your new booklet. This new booklet replaces your old booklet in its entirety. If you were covered under the replaced booklet on the day before the effective date of the Plan, you will be covered under this booklet as of the date shown above.//

//If on the date shown above you are not Actively at Work //or your Dependent is confined in the Hospital//, see "Will My Coverage Change?" in WHEN COVERAGE BEGINS & ENDS for details as to when a change in coverage will become effective.//

//The Life Insurance //and AD&D// benefits described in this booklet are fully insured by Life Insurance Company of North America (referred to as LINA or Company in this booklet), //8505 E. Orchard Road, Greenwood Village, CO 80111//.//

//The Life Insurance //and AD&D// benefits that form a part of the Plan and that are described in this booklet are fully insured through the group policy issued by Life Insurance Company of North America (LINA) to the Trustee of The //TRUST COMPANY NAME// Group Insurance Trust (the Trustee). Liability for all benefits provided under the group policy is shared by the Trustee and LINA, //8505 E. Orchard Road, Greenwood Village, CO 80111//.//

//This booklet becomes your certificate of insurance for Life Insurance //and AD&D// benefits only if you complete the appropriate application forms and are approved for coverage by LINA.//

Defined terms are capitalized and have specific meaning with respect to Life Insurance //and AD&D// benefits, see GLOSSARY.

//Discretionary Authority

LINA, as the claims administrator for Life Insurance //and AD&D// benefits, has the discretionary authority, subject to review by state insurance regulatory agencies and courts of competent jurisdiction, to determine benefit eligibility, construe the terms of the Plan and resolve any disputes which may arise with regard to the rights of any person under the terms of the Plan, including but not limited to eligibility for participation and claims for benefits.//

Plan Modification/Termination

The Employer may:

- change the contributions a Member must pay for benefits; or
- amend or terminate the benefits provided to you in the Plan.

If the Plan is amended or terminated it will not affect coverage for services provided prior to the effective date of the change.

**LIFE INSURANCE //AND ACCIDENTAL DEATH & DISMEMBERMENT// BENEFITS SUMMARY**

//Life Insurance //and Accidental Death & Dismemberment// benefits are available only to //DESCRIPTION OF INCLUDED CLASS(ES)//

//Life Insurance //and Accidental Death & Dismemberment// benefits are available to all Employees except those classified as //DESCRIPTION OF EXCLUDED CLASS(ES)//

This summary provides a general description of your Life Insurance //and Accidental Death & Dismemberment// benefits. It does not list all benefits. The Plan contains limitations and restrictions that could reduce the benefits payable under the Plan. Please read the entire booklet for details about your benefits.

**//STANDARD// LIFE INSURANCE BENEFITS**

//All //Active// Employees \$//XXXX// //

//The amount will be based on the following schedule:

// //DESCRIPTION OF EMPLOYEE CLASS// //DESCRIP-  
TION OF EMPLOYEE CLASS// //DESCRIPTION OF  
EMPLOYEE CLASS// //DESCRIPTION OF EMPLOYEE  
CLASS// \$//XXXX// //

//Retired Employees \$//XXXX// //

//Proof of Good Health is required for amounts of standard life insurance in excess of \$//XXXX//

//Spouse \$//XXXX// //

//Children who are:

- at least 14 days but less than 6 months \$100.00

- 6 months and over \$//XXXX// //

//In addition to your standard life insurance, you may purchase optional life insurance. See “Optional Life Insurance” for details.

**//SUPPLEMENTAL LIFE INSURANCE BENEFITS**

Employee //\$15,000.00//

// Spouse //\$5,000.00//

// Children who are:

- at least 14 days but less than 6 months \$100.00

- 6 months and over \$//XXXX// // //

**//ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) BENEFITS**

//Employee //\$XXXX// //

// Children who are:

- at least 14 days but less than 6 months \$100.00

- 6 months and over

\$//XXXX// // //

//The amount of AD&D Benefit that an //active// Employee may receive is based on a Principal Sum. The amount of the Principal Sum is equal to the amount of Standard Life Insurance. //Dependents are not eligible to receive AD&D Benefits.// //

**//AD&D Benefit for the Loss of:**

**Amount Payable**

Life	Principal Sum
Both hands or both feet or sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
One hand or one foot and sight of one eye	Principal Sum
One hand or one foot	1/2 of Principal Sum
Sight of one eye	1/2 of Principal Sum

Loss of hands and feet means permanent dismemberment by severance through or above the wrist or ankle joints. Loss of sight means total and permanent loss of sight beyond remedy by surgical or other means.// //

**//REDUCTIONS IN LIFE INSURANCE //AND AD&D BENEFIT//**

The amount of an Employee's Life Insurance //and AD&D Benefit// in effect at the time the Employee reaches age // 65 will reduce by 35% at age 65, 55% or 35% at age 70, 70% or 50% at age 75, 80% at age 80 and 85% at age 85//.

//Any amount of the Spouse Supplemental Life //and AD&D Benefit// will also reduce if affected by the Employee's reduction. The amount of the Spouse's Supplemental Life Insurance //and AD&D Benefit// in effect at the time the Spouse reaches age 70 will reduce by 35% at age 70 and 55% at age 75.//

## **ELIGIBILITY**

### **■ Eligible Employees**

For the purpose of Life Insurance //and Accidental Death & Dismemberment// benefits, an eligible Employee is a person who //is in an eligible class as defined below, //is in the Service of the Employer and is a resident of the United States //or Puerto Rico// //is a Retired Employee as defined below//.

//A person who is a Retired Employee, as defined below, is also an eligible Employee.//

#### **//Eligible Classes**

“Eligible Classes” mean //DESCRIPTION OF EMPLOYEES ELIGIBLE FOR COVERAGE IN THIS SPD// //including //DESCRIPTION OF INCLUDED CLASS(ES)// // //all Employees except those classified as //DESCRIPTION OF EXCLUDED CLASS(ES)// //.

#### **Service**

“Service” means work with the Employer on an active, full-time and full pay basis for at least //17.5// hours per week.

//For Retired Employees, “Service” means the period during which you are retired according to the definition of “Retired Employee”.//

#### **//Retired Employee**

“Retired Employee” means a person //who has been retired on pension by the Employer// //who has been retired from active service with the Employer// //who has been retired on pension by the Employer and just prior to the date of his retirement had completed at least //XX// years of Service with the Employer// //who has been retired from active Service with the Employer and just prior to the date of his retirement had completed at least //XX// years of Service with the Employer// //who has been retired from active Service with the Employer, has attained at least age //XX// on the date he retires and just prior to the date of his retirement had completed at least //XX// years of Service with the Employer// //who has been retired from active Service with the Employer and has attained at least age //XX// on the date he retires// //who has been retired on pension by the Employer and has attained at least age //XX// on the date he retires// //who has been retired on pension by the Employer, just prior to the date of his retirement had completed at least //XX// years of Service with the Employer and has attained at least age //XX// on the date he retires//.

### **■ //Eligible Dependents**

*It is your responsibility to notify the Employer when a covered Dependent is no longer eligible for coverage.*

Your Dependents must live in the United States //or Puerto Rico// to be eligible for coverage.

//A spouse //or domestic partner// or child who is covered under this Plan as an Employee may also be covered as a Dependent.//

//A spouse //or domestic partner// who is covered under this Plan as an Employee may also be covered as a Dependent. A child who is covered under this Plan as an Employee may not be covered as a Dependent.//

//A spouse //or domestic partner/ or child who is covered under this Plan as an Employee may not be covered as a Dependent.//

Eligible Dependents are:

- your legal spouse //or, as defined below, your Domestic Partner//.
- an unmarried child, as defined below.

## ■ //Domestic Partner

“Domestic Partner” means the person //of your same gender// //of your opposite gender// //regardless of gender// named in the Affidavit of Domestic Partnership that you have submitted to and has been approved by the Employer.//

### Child

“Child” means:

- your natural child.
- your stepchild.
- //a natural child of your covered minor Dependent.//
- your adopted child. This includes a child placed with you for adoption.

“Placed for adoption” means the assumption and retention of a legal obligation for the total or partial support of a child in anticipation of the adoption of such child. The child’s placement is considered terminated upon the termination of such legal obligation.

- //a child who is recognized under a medical child support order as having a right to enrollment under the Plan.//
- //a foster child.//
- //a child of your covered domestic partner.//

//The child must meet the age requirement(s) described below and depend on you for financial support. The support requirement does not apply to a child who is recognized under a medical child support order as having a right to enrollment under the Plan.//

//The child must meet the age requirement(s) described below.//

### ***Dependent Child Age Requirement(s)***

//The child is under age //19//.//

//The child is:

- under age //19//.
- over the age limit and under age //23//, if a full-time student in an accredited school. Proof of the child’s student status must be provided upon request, and may be required before paying a claim.//

## **WHEN COVERAGE BEGINS & ENDS**

### ■ **When Will Coverage Begin?**

The definition of //Employee// //Dependent// //Retired Employee// in ELIGIBILITY will determine who is eligible for coverage under the Plan.

//Coverage will begin //on the first day of the month coinciding with or next following the date// //on the first day following the date// //on the date// you satisfy any eligibility waiting periods required by the Employer.//

//Coverage will begin if you are //DESCRIPTION OF EMPLOYEE CLASS(ES)// //on the first day of the month coinciding with or next following the date// //on the first day following the date// //on the date// you satisfy any eligibility waiting periods required by the Employer.//

Before coverage can start, you must:

- Submit an application within 31 days after becoming eligible;
- Pay any required contribution; and
- Be Actively at Work on the eligibility date.

//For a Dependent who is Totally Disabled when your coverage begins, coverage will start on the date he or she ceases to be Totally Disabled.//

//Coverage for a newly acquired Dependent will begin on the date you acquire the Dependent if you are covered and if you apply for coverage within 31 days after acquiring the new Dependent.//

### ■ **What If I Don't Apply On Time?**

You are a late applicant under the Plan if you don't apply for coverage within 31 days of the date you become eligible for coverage. //Your Dependent is a late applicant if you elect not to cover a Dependent and then later want coverage for that Dependent.//

//Late applicants must provide the Company with Proof of Good Health at their own expense. Coverage for a late applicant will begin on the date the Company approves Proof of Good Health.//

### ■ **Will My Coverage Change?**

If the Employer amends the benefits or amounts provided under the Plan, a Member's coverage will change on the effective date of the amendment. //If a Member changes classes, coverage will begin under the new class on the date that the Member's class status changes.// //If a Member changes classes, coverage will begin under the new class the first day of the month coinciding with or next following the date the Member's class status changes.// //If a Member changes classes, coverage will begin under the new class on //ANNIVERSARY or OTHER// date.//

//If you are an active Employee and you are not Actively at Work when either of these changes occurs, the change in your coverage will not take place until you return to work with the Employer for one full day.//

//If one of your covered Dependents is confined in the Hospital //or if you are a Retired Employee confined in the Hospital//, any change in coverage will not take place until you //or your Dependent// is released from the Hospital.//

//If //you are a Retired Employee and// you are confined in the Hospital, any change in coverage will not take place until you are released from the Hospital.//

All claims will be based on the benefits in effect on the date the claim was incurred.

### ■ **When Will My Coverage End?**

Your coverage will end on the earliest of the following dates:

- The date the Employer terminates the benefits described in this booklet.
- //The date you are no longer eligible or your Service ends.// //The date you are no longer eligible or the last day of the month coinciding with or next following the date your Service ends.// //If you are //DESCRIPTION OF EMPLOYEE CLASS(ES)// the date you are no longer eligible or the date your Service ends. //If you are //DESCRIPTION OF EMPLOYEE CLASS(ES)//, the date you are no longer eligible or the last day of the month coinciding with or next following the date your Service ends.//
- //The due date of the first contribution toward your coverage that //you or// the Employer fails to make.//
- //The date Loss of Residence occurs.//

//Your Dependent coverage will end on the earliest of the following dates:

- The date your coverage ends; or
- //The date Loss of Residence occurs; or//
- The date your Dependent is no longer eligible for benefits; or
- The due date of the first contribution toward Dependent coverage that //you or// the Employer fails to make.

### ■ **Can I Continue or Convert My Coverage If I Become Ineligible?**

If you become ineligible for coverage under the Plan, you may be able to continue coverage for certain benefits.

//Continuation of Life Insurance during an Illness, Approved Leave of Absence or Temporary Layoff

If your Service ends due to Illness, Life Insurance will continue for //XX// //days// //months// after your Service ends.

//If you are continuously covered under this provision and this group life policy terminates before you are eligible to qualify for coverage under the provision “What If I Become Disabled? (Waiver of Premium)”, you must convert to an individual life insurance policy within 31 days in order to continue your life insurance.//

//If your coverage under this provision ends before you are eligible to qualify for coverage under the provision “What If I Become Disabled? (Waiver of Premium)”, you must convert to an individual life insurance policy within 31 days in order to continue your life insurance.//

If your Service ends due to approved leave of absence or temporary layoff, Life Insurance will continue for 31 days after the date your Service terminates.

Your coverage will end sooner than stated above if you and/or your Employer fails to pay for this continuation coverage.

There is no continuation for AD&D benefits.

### **Continuation of Coverage under Federal Laws and Regulations**

If coverage would otherwise terminate under this Plan, you may be eligible to continue coverage under certain federal laws and regulations. See //USERRA// //FMLA//.

### **Conversion of Life Insurance Benefits**

If all or part of your group term life insurance ends, you may apply for an individual life insurance policy. //Your Dependents may also convert to an individual policy if all or part of their life insurance ends.//

Proof of Good Health is not required. You must apply for the life conversion coverage within 31 days after your life insurance coverage ends. You are entitled to written notice of your right to convert. If you do not receive written notice within 16 days of the date your coverage ends, the 31 days will be extended to the earlier of:

- 91 days after the date coverage ends; and
- 15 days after the date on which you receive written notice.

The policy will be one of LINA’s standard conversion policies and will not contain a disability benefit or an accidental death benefit. The amount of coverage chosen can never be more than your current amount of insurance. The amount of the premium will depend on your age and class of risk.

You are allowed 31 days to apply for the individual policy. If you die within this period, your beneficiary will receive a death benefit. The amount of this benefit will be the maximum amount of group term life insurance which you would have been eligible to convert under this provision.

However, if the amount of your insurance had been reduced during this 31-day period because of age or retirement, the death benefit will be the amount of your group term life insurance before the reduction. This death benefit is payable even if you had not applied for an individual policy.

### ***Employee Conversion of Life Insurance Benefits***

If the group policy is still in force, you may convert all or part of your insurance to an individual policy if your coverage ends. If your coverage reduces due to age or retirement you may convert up to the amount of the reduction.

If the group policy is terminated or amended you may convert your life insurance if all or part of your coverage ends. However:

- You must have been insured under the group policy for at least five consecutive years; and
- The amount of the individual policy will be the lesser of \$10,000.00 and the current amount of your group term life insurance.

If your insurance is being continued under the disability benefit, you may convert your coverage if your coverage ends or reduces due to age or retirement. You may convert this coverage even if the group policy is not in force.

### ***//Dependent Conversion of Life Insurance Benefits***

If the group policy is still in force, a Dependent may convert all or part of his or her insurance to an individual policy if your Service terminates, you die, or you become ineligible for life insurance coverage. A Dependent may also convert this coverage if his or her coverage ends only because he or she no longer meets the definition of Dependent.

If the group policy is terminated or amended, your Dependent may convert to an individual policy if all or part of his or her coverage ends. However:

- He or she must have been insured under the group policy for at least five consecutive years; and
- The amount of the individual policy will be the lesser of \$10,000.00 and the current amount of the Dependent's life insurance.

#### *//Conversion of Optional Life Insurance*

The same conversion privilege that applies to your standard life insurance applies to optional life insurance. If your spouse has optional life insurance, he or she will have the same conversion rights as you; however, the amount your spouse may convert would be based on his or her present coverage.//

#### *// Conversion of Supplemental Life Insurance*

The same conversion privilege that applies to your standard life insurance applies to supplemental life insurance. //If your spouse has supplemental life insurance, he or she will have the same conversion rights as you; however, the amount your spouse may convert would be based on his or her present coverage.// //

#### *//Conversion of AD&D Benefits*

Conversion coverage is not available for AD&D benefits.//

### ■ **Can Coverage Be Reinstated?**

//If your coverage ended because of termination of your Service, it will be reinstated on the date you return to work with the Employer. You must return within //XX// month(s) to be reinstated.//

//On the date you return to work, coverage for you //and your eligible Dependents// will be on the same basis as that provided for any other active Employee //and his or her Dependents// as of that date. However, any restrictions on your coverage that were in effect before your reinstatement will still apply.//

See USERRA RIGHTS AND RESPONSIBILITIES for information about reinstatement of coverage upon return from leave for military service.

#### //Reinstatement When Coverage Ends Due to Loss of Residence

Coverage for a Member whose coverage ended due to Loss of Residence will be reinstated:

- for an Employee, on the day after completing 30 consecutive days of Work in the United States //or Puerto Rico//;
- for a Dependent, on the day after completing 30 consecutive days residence in the United States //or Puerto Rico//.

The Member must return to the United States //or Puerto Rico// within three months of the date the Loss of Residence occurred to be reinstated. Coverage will be on the same basis as that being provided for any other active Employee and his or her Dependents on the date coverage is reinstated. However, any restrictions on the coverage that were in effect before reinstatement will continue to apply.

## **LIFE INSURANCE BENEFITS**

//Life Insurance benefits are available only to //DESCRIPTION OF INCLUDED CLASS(ES)//

//Life Insurance benefits are available to all Employees except Employees classified as //DESCRIPTION OF EXCLUDED CLASS(ES)//

### ■ **Standard Life Insurance**

If you die from any cause while covered under the life insurance Plan, your amount of standard life insurance will be paid to your beneficiary. The amount is shown in the LIFE INSURANCE //AND ACCIDENTAL DEATH & DISMEMBERMENT// BENEFITS SUMMARY.

### ■ **//Optional Life Insurance**

// //If you are an active Employee, // in addition to your standard life insurance, you may purchase optional life insurance for yourself. //

// //If you are an active Employee, // in addition to your standard life insurance, you may purchase optional life insurance for yourself and for your legal spouse //or Domestic Partner. //

//However, optional life insurance is not available for a spouse //or domestic partner // if the spouse //or domestic partner // is eligible for insurance under this life insurance Plan as an Employee. //

//You may choose for yourself any multiple of \$10,000.00 up to a maximum of \$250,000.00, but not more than five times your salary. //

//You may choose:

- For yourself, any multiple of \$10,000.00 up to a maximum of \$250,000.00, but not more than five times your salary.
- For your spouse, any multiple of \$10,000.00 up to a maximum of \$250,000.00, but not more than five times your salary. // Your spouse's amount of optional life insurance may not be more than 50% of your total amount of life insurance. This includes your standard life insurance and your optional life insurance. // //The sum of:
  - Your spouse's amount of optional life insurance; and
  - Any amount of dependent life insurance for which your spouse is insured under this Plan;may not be more than 50% of your total amount of life insurance. This includes your standard life insurance and your optional life insurance. //

If you //or your spouse // dies as the result of an Injury, then the amount of benefits the beneficiary receives will be twice the amount of your //or your spouse's // optional life insurance.

Optional life insurance will not become effective until LINA approves Proof of Good Health.

//If you choose optional life insurance for your spouse, it will not become effective until LINA approves Proof of Good Health for your spouse. //

If you //or your spouse //:

- Apply for optional life insurance when first eligible; but
- Die before LINA approves Proof of Good Health;

the amount of optional life insurance payable to the beneficiary will be the amount applied for on the application. However, your //or your spouse's // death must occur before the earlier of:

- The date that is 75 days after you completed the Individual Application for optional life insurance; or
- The date LINA declines your Application for optional life insurance.

Until LINA approves Proof of Good Health, the amount payable to the beneficiary will *not* include:

- Any increases in the amount of optional life insurance you //or your spouse // applies for; or
- The amount of optional life payable if you //or your spouse // dies as the result of an Injury.

### Can I Increase the Amount of My Optional Life Insurance?

You //and your spouse// may increase the amount of optional life insurance after you first apply. The increase will become effective when LINA approves Proof of Good Health.

### Who Will Receive Payment of Optional Life Insurance?

//LINA will pay the optional life insurance to your beneficiary.//

//LINA will pay the optional life insurance:

- To your beneficiary, if the coverage is on your life; or
- To you, if the coverage is on your spouse's life.//

### Suicide Exclusion

If your death //or your spouse's death// results from suicide:

- The initial amount of optional life insurance will not be paid if the death occurs within 24 months after the date the initial amount became effective.
- Any increase in the optional life insurance for you //or your spouse// will not be paid if the death occurs within 24 months after the date the increase became effective.

If state law where you //or your spouse// reside(s) requires a period shorter than 24 months for this suicide exclusion, the shorter period will apply.

LINA will refund the premiums paid for the amount of the optional life insurance that is not payable to the beneficiary.//

### ■ **//Supplemental Life Insurance**

If you are an active Employee, in addition to your standard life insurance, you may choose supplemental life insurance.

If you die from any cause while covered for supplemental life insurance under this Plan, LINA will pay the supplemental life insurance to your beneficiary.

You may increase the amount of Supplemental Life Insurance after you first apply. The increase will become effective when LINA approves Proof of Good Health.

If you do not apply for Supplemental Life Insurance within 31 days of when you're first eligible, you may apply at a later date. However, you will not become covered for Supplemental Life Insurance until LINA approves Proof of Good Health.//

### ■ **//Dependent Life Insurance**

You may elect insurance for your spouse and Dependent children. If your Dependent dies while covered under this life insurance Plan, you will be paid the amount of his or her life insurance.

Your Dependent's amount of life insurance may not be more than 50% of your total amount of life insurance. This includes your standard life insurance and your optional life insurance.//

### ■ **How Do I Name a Beneficiary?**

A beneficiary is the person who will receive payment of the life insurance amount if you die. You should name a beneficiary when you first apply for insurance. Unless legally restricted, you can change the beneficiary at any time by giving written notice. The beneficiary's consent is not required unless the designation of the beneficiary is irrevocable.

Naming or changing a beneficiary must be in writing, signed by you and //filed with your Employer// //filed with LINA at its //Executive// //Administrative// Offices//.

If a named beneficiary dies before you, the amount of the life insurance that beneficiary would have received will be paid to any remaining named beneficiaries who survive you, unless you have specified otherwise on your application or state law does not allow this.

When there are two or more named beneficiaries the life insurance will be divided in equal shares, unless you have specified otherwise.

Subject to state law, if no named beneficiary survives you or if you have not named a beneficiary, the amount of insurance will be paid to your surviving spouse; if none, then to your surviving child or children; if none, then to your surviving parent or parents; if none, then to your surviving brothers or sisters; if none, then to your estate.

### ■ **How Will Benefits Be Paid?**

Proof of death must be sent to LINA. LINA will pay the amount of insurance (the death benefit) to the beneficiary.

If any person has incurred expenses related to your last illness or death, LINA can deduct up to \$500.00 from the death benefit to pay the person who incurred these expenses.

The life insurance will be paid to the beneficiary. Prior to your death, you may elect to have your life insurance paid to your beneficiary in any manner to which LINA agrees.

If you do not elect an optional payment method prior to your death, then after your death the beneficiary may elect to have the life insurance paid to him or her in any manner to which LINA agrees.

Payments will not be made more than once a year unless each payment is at least \$25.00.

### ■ **//What If I Become Disabled? (Waiver of Premium) //- Option 1//**

After you have been Totally Disabled for //9// consecutive months, insurance for yourself //and your Dependents// may be continued without further premium payment. To qualify for this benefit:

- You must become Totally Disabled while insured under this life insurance Plan;
- Your Total Disability must continue without interruption for at least //9// months;
- You must be under age //60// when you become Totally Disabled;
- You must send proof of your Total Disability to LINA within 12 months of the start of the disability.

If you were continuously covered under the provision "Continuation of Life Insurance During an Illness, Approved Leave of Absence or Temporary Layoff" when you qualified for this disability waiver of premium benefit, you will be notified of the date when you will no longer be required to pay life insurance premium.

If you have converted to an individual policy because this group life policy terminated or the continuation benefit ended during your qualifying period, you must surrender it. See the provision "Conversion of Life Insurance Benefits" in WHEN COVERAGE BEGINS & ENDS. All premiums paid for the individual policy after you have been Totally Disabled for //9// months will be returned. If you die during this //9// month period, the amount of insurance will be paid under either this life insurance Plan or the individual policy but *not* under both.

If you qualify for this disability waiver of premium benefit, you must send proof of the continuance of your Total Disability to LINA when requested.

The amount of life insurance continued will be the amount in effect under this Plan on the date you became disabled. However, the amount of insurance may reduce or terminate due to age or retirement according to the provisions of the Plan that were in effect on the date you became Totally Disabled.

This life insurance Plan does not have to be in force at the time of death for life insurance to be paid.

Your disability waiver of premium benefit will terminate:

- On the date you recover from your Total Disability; or
- If you do not send LINA proof of the continuance of your Total Disability when requested. //

### ■ **//What If I Become Disabled? (Waiver of Premium) //- Option 2//**

If you become Totally Disabled, insurance for yourself/dep/ may be continued without further premium payment. To qualify for this benefit:

- You must have become Totally Disabled while insured under this life insurance Plan; and
- You must be under age //60 or 65// when you become Totally Disabled; and

- You must send proof of your Total Disability to LINA within 12 months of the start of your disability. If you die within 12 months after the start of your disability but before proof is submitted, proof must be received within 12 months after your death; and
- You must send proof of the continuance of your Total Disability to LINA once each year within 3 months before the anniversary of the date your first proof was sent. LINA at its expense may require that you be examined by a Doctor of its choice.

Before payment is made under this benefit, LINA must receive within 12 months after your death or as soon as reasonably possible:

- proof of your death; and
- proof that you remained Totally Disabled until your death.

This life insurance Plan does not have to be in force at the time of death for life insurance to be paid.

The amount of life insurance continued will be the amount in effect under this Plan on your last day of active, full-time work. However, if the amount of insurance would reduce or terminate due to age or retirement according to the provisions of the Plan that were in effect on the date you became Totally Disabled, those reductions will apply here.

This amount will be reduced by the amount of any benefit payable on account of your death if you have converted to a LINA individual life insurance policy. It will also be reduced by any amount LINA has paid under the Accelerated Benefit. See “Life Insurance Benefits If Terminally Ill”.

If you have converted to an individual policy under this Plan, you must surrender it. See “Conversion of Life Insurance Benefits” in WHEN COVERAGE BEGINS & ENDS. All premiums paid for the individual policy after you have been Totally Disabled for 6 months will be returned. If you die during this 6 month period, the amount of insurance will be paid under either this life insurance Plan or the individual policy but *not* under both.

Your disability waiver of premium benefit will terminate:

- on the date you recover from your Total Disability;
- if you do not send LINA proof of the continuance of your Total Disability when requested;
- if you refuse to be examined by a Doctor of our choice;
- on the date you reach age 70.

After this benefit ends, you have 31 days to apply for an individual life insurance policy. See “Conversion of Life Insurance Benefits” in WHEN COVERAGE BEGINS & ENDS. If you return to work during these 31 days and become insured again under this Plan, you can not then convert to individual insurance.

#### ***//Extended Waiver of Premium Benefit***

If you are Totally Disabled on the date premium payments for your life insurance under this Plan end, your life insurance will continue for 12 months from that date without further premium payment. To qualify for this benefit your Total Disability must start:

- while you are insured under this Plan; and
- //on or after you reach age 60 and before you reach age 70.//
- //before you reach age 70.//

While your insurance is being continued LINA at its expense may require that you be examined by a Doctor of its choice.

Before payment will be made under this benefit, LINA must receive:

- proof of your death; and
- proof that you remained Totally Disabled until your death.

The amount of life insurance continued will be the amount for which you were insured under this Plan on the date your premium payments stopped. However, if this amount would reduce prior to age 70, that reduction will apply here.

This amount will be reduced by the amount of any benefit payable on account of your death if you have converted to a LINA individual life insurance policy. It will also be reduced by any amount paid under any Accelerated Benefit. See "Life Insurance Benefits If Terminally Ill".

Before payment will be made under this benefit, LINA must receive:

- proof of your death; and
- proof that you remained Totally Disabled until your death.

If you have converted to an individual policy under this Plan, you must surrender it without claim before any payment will be made under this benefit. See "Conversion of Life Insurance Benefits" in WHEN COVERAGE BEGINS & ENDS. All premiums paid for the individual policy will be returned.// //

### ■ **Is the Amount of My Insurance Reduced As I Grow Older?**

If you are an Active Employee, your// //Your// amount of standard life, //AD&D benefit, // //supplemental life, // //optional life// insurance will be reduced according to the LIFE INSURANCE //AND ACCIDENTAL DEATH & DISMEMBERMENT// BENEFITS SUMMARY - REDUCTIONS IN LIFE INSURANCE //AND AD&D BENEFIT//. //Your spouse's optional life insurance is subject to the same age based reductions as your life insurance.//

### ■ **//Life Insurance Benefits If Terminally Ill**

*Any Accelerated Benefit that you receive may be treated as taxable income and may affect your eligibility for Medicaid or other government benefits or entitlements. You should consult your personal tax and/or legal advisor before you apply for an Accelerated Benefit.*

If you are terminally ill, you may apply to receive a portion of your life insurance as an Accelerated Benefit. In order to do this, you must be covered under this Plan and you must give LINA satisfactory proof of having a Qualifying Medical Condition.

Qualifying Medical Condition means you are terminally ill, with a life expectancy of 24 months or less. In considering a request for an Accelerated Benefit, LINA at its expense, may require that you be examined by a Doctor of its choice.

//If //your spouse// //one of your Dependents// has a Qualifying Medical Condition, Accelerated Benefits are available for Dependent Life coverage. The amount of the Accelerated Benefit available will be based on the amount of Dependent Life Insurance coverage provided by LINA at the time the request for the Accelerated Benefit is made.//

To apply for an Accelerated Benefit you must:

- contact your Employer for the appropriate application form; and
- send your application to LINA along with a statement from your Doctor certifying the Qualifying Medical Condition.

For purposes of this benefit, the Doctor cannot be:

- yourself; or
- a person who is part of your immediate family (your parent, spouse, sibling or child); or
- a person who lives with you.

The request for an Accelerated Benefit must be made by the terminally ill insured person. However, if he or she is legally incapacitated or a minor child, the request must be made by a person with legal authority to act on the insured person's behalf.

You may request an Accelerated Benefit of up to 50% of the amount of your life insurance to a maximum of \$100,000.00. The minimum Accelerated Benefit is \$1,000.00.

The amount of the Accelerated Benefit available to you will be based on the amount of life insurance coverage provided to you by LINA under this Plan when you request the Accelerated Benefit. This includes Standard Life Insurance, //and any //Optional// //Supplemental// Life Insurance, // not within the 2 year contestability period. See incontestability provision described under “Other Information a Member Needs to Know” within the booklet section entitled CLAIMS & LEGAL ACTION.

For any life insurance scheduled to be reduced within 36 months of the date of application for the Accelerated Benefit, the amount of the Accelerated Benefit will be based on the reduced amount.

The Accelerated Benefit will be paid in a lump sum and is available only one time while covered by LINA. If you recover from your Qualifying Medical Condition after receiving an Accelerated Benefit, LINA will not ask you for a refund of the Accelerated Benefit. However, your amount of life insurance will be reduced as described below.

After payment of the Accelerated Benefit, the amount of your life insurance coverage under this Plan will be reduced by the amount of the Accelerated Benefit. If the Accelerated Benefit amount is equal to or exceeds the amount of life insurance in force at the time of your death, no additional amounts of life insurance will be payable upon your death.

//Anyone approved for an Accelerated Benefit may also be approved for disability waiver of premium. See “What If I Become Disabled? (Waiver of Premium)”. Anyone already on disability waiver of premium when approved for an Accelerated Benefit, will continue on premium waiver.//

No Accelerated Benefit will be paid if:

- All or part of your insurance must be paid to your children or your spouse or former spouse as part of a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
- You are married and live in a community property state, unless you provide us with a signed statement from your spouse consenting to payment of the Accelerated Benefit.
- You have made an assignment of all or part of your life insurance, unless you provide LINA with a signed statement from your assignee consenting to payment of the Accelerated Benefit.
- You have filed for bankruptcy, unless you provide LINA with written approval from the bankruptcy court for payment of the Accelerated Benefit.
- You have previously received an Accelerated Benefit while covered under this Plan.//

## ■ Other Information About Life Insurance

### Absolute Assignment

You can transfer all your rights of ownership in your life insurance. This is known as absolute assignment. LINA is not responsible for the validity or effect of any assignment.

To assign your life insurance, notify your Employer, who will contact LINA for an assignment form. LINA will not recognize an assignment until the original assignment form has been noted at its //Executive// //Administrative// Offices.

### Collateral Assignment

You cannot assign your insurance as collateral for a loan.

### Proof of Age

Before benefits are paid, LINA may request proof of age. An adjustment may be made if:

- The Member’s age was misstated; and
- A different premium rate would have been charged for the person’s true age.

The difference between the premiums actually paid, and those that should have been paid, will be calculated. Any difference will be paid:

- By your Employer to LINA, if the age was understated; and
- By LINA to your Employer, if the age was overstated.

## **//AD&D BENEFITS**

//AD&D benefits are available only to //DESCRIPTION OF INCLUDED CLASS(ES)//.

//AD&D benefits are available to all Employees except Employees classified as //DESCRIPTION OF EXCLUDED CLASS(ES)//.

Your AD&D benefits are payable if you //are an active Employee and// are Injured while covered under this AD&D Plan and suffer a loss:

- Within //XX// days of the Injury; and
- As a result of the Injury.

//AD&D benefits do not cover your Dependents//.

The amount of AD&D benefits that you may receive is based on a Principal Sum. The amount of your Principal Sum is equal to the amount of your Standard Life Insurance. See "Standard Life Insurance" in LIFE INSURANCE BENEFITS. LINA will pay all or part of the Principal Sum according to the AD&D Benefit shown in the LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS SUMMARY.

Only one of the amounts, the largest, will be paid for all Injuries that result from any one accident.

//An additional benefit equal to the Principal Sum will be paid if you die as a result of an accident while riding as a fare paying passenger in a public conveyance. The conveyance must be provided by a common carrier licensed to carry passengers//.

//An additional benefit equal to 10% of the Principal Sum will be paid if you die as a result of an accident while driving or riding in a private passenger automobile and your seat belt was properly fastened. Verification of actual seat belt use at the time of the accident must be made part of the official accident report or must be certified in writing by the investigating official. This additional benefit will not be greater than \$10,000.00, nor will it be less than \$1,000.00//.

Loss of hands and feet means permanent dismemberment by severance through or above the wrist or ankle joints. Loss of sight means total and permanent loss of sight beyond remedy by surgical or other means.

If you die, the benefit will be paid to the beneficiary you name for life insurance. If you suffer any other loss, the benefit will be paid to you.

To claim AD&D benefits, written proof of loss must be sent to LINA as soon as reasonably possible. In any case, the proof required must be given no later than 15 months from the date of loss unless the claimant was legally incapable of doing so.

Your amount of AD&D Principal Sum is subject to the same age-based reductions as your life insurance//.

## **//AD&D BENEFIT LIMITATIONS**

*No amount will be payable for any loss caused by or in connection with:*

- Intentionally self-inflicted Injury.
- War or any act relating to war.
- Any form of disease.
- Physical or mental infirmity.
- The medical or surgical treatment of a disease or infirmity.
- Suicide.
- Ptomaine poisoning.
- Bacterial infections.
- Commission of a felony.
- //Air travel, unless you are a passenger without any duties relating to the aircraft or the flight. We will not cover any training flight or flight on a military aircraft if you are a member of the armed forces.//
- //Your being intoxicated. This includes, but is not limited to, operating a motor vehicle while intoxicated. Intoxicated means that your blood alcohol content meets the legal presumption of intoxication under the law of the state where the accident took place.//
- An Injury or death that occurs while working for pay or profit.//

## **CLAIMS & LEGAL ACTION**

### **■ How To File Claims**

A claim for benefits may be filed by a Member, beneficiary or Authorized Representative. An *Authorized Representative* means a person authorized in writing by the Member or a court of law to represent the Member's interests for claim submission and appeals.

All claim forms include instructions on how to complete and submit a claim. Claim forms may be requested from the Plan Administrator. Complete and accurate claim information is necessary to avoid claim processing delays. Claim decisions will not exceed the time frames described below, unless the Member, beneficiary or Authorized Representative agrees to a longer period of time.

#### **//Disability Waiver of Premium Benefits**

To apply for disability waiver of premium benefits, the Plan Administrator, Member and the Member's Doctor must complete the Waiver of Premium Disability Claim Report. The Plan Administrator will submit the report to LINA for processing.

Claims for which determination of disability is involved will be processed within 45 days of the date received by LINA. If a decision cannot be made within this time period for reasons beyond the control of the Plan, the Member will be notified of:

- the reasons for the delay;
- any information needed to perfect the claim; and
- the date by which a decision is expected.

The Member will have 45 days from the date the notice is received to provide the requested information. If the requested information is not provided within this time period, the Member should consider the claim to be denied.

This denial will be reconsidered if the information is subsequently received. If the necessary information is received within the 45-day period, a decision will be made within 30 days of the date the information is received, unless a decision still cannot be made. If this is the case, the above notification process will be repeated within the 30-day decision period.

The Member will again have 45 days from receipt of the notice to provide the requested information. If the information is received within the 45-day period, a decision will be made within 30 days of the date the information is received, unless the Member agrees to a longer period of time.

#### **Life Insurance //and Accidental Death & Dismemberment// Benefits**

For life insurance //and accidental death// claims, the beneficiary must request a claim form from the Plan Administrator, complete the form and return it with the certified proof of death to the Plan Administrator, who will submit to LINA for processing.

//To apply for accelerated benefits, the Plan Administrator, Member and the Member's Doctor must complete the Accelerated Living Request form. The Plan Administrator will submit the form to LINA for processing.//

//For accidental dismemberment and loss of sight claims, the Member must request a claim form from the Plan Administrator, complete the form and return it with the accident or police report to the Plan Administrator, who will submit to LINA for processing.//

Life insurance //and accidental death & dismemberment// claims will be processed within the earlier of 90 days of the date received by LINA or 15 working days of receipt of all information necessary to pay the claim. If a claim decision cannot be made within the initial 15-day period because of special circumstances, LINA may request an extension of up to 90 days. LINA will notify the Member or beneficiary in writing of the reason(s) for the extension, whether additional information is required and why this information is needed, and the date that LINA expects to make a claim decision. This notice will be sent before the end of the initial 15-day period and the first extension, and every 45 days after. Claim decisions will not exceed the above time frames unless the beneficiary agrees to a longer period of time. Once the decision is made, LINA will either pay the allowable amount of insurance to the beneficiary(ies) or send written notice of benefits denied.

### **Claim Communication**

LINA will acknowledge receipt of a claim within 15 working days. LINA will respond to any pertinent inquiry regarding status of a claim within 15 working days.

### **■ If A Claim Is Denied**

If benefits are denied, in whole or in part, LINA will send the Member or beneficiary a written or electronic notice within the established time periods described in “How To File Claims”. The denial may be appealed as described below. The adverse determination notice will include the reason(s) for the denial, reference to the Plan provision(s) on which the denial is based, whether additional information is needed to process the claim and why the information is needed, the claim appeal procedures and time limits, //and the right to bring civil action by the Member or beneficiary under ERISA Section 502(a) after required Plan appeals have been exhausted//.

//If the denial involves a disability claim, the notice will also specify:

- whether an internal rule, guideline, protocol or other criterion was relied upon in making the claim decision and that this information is available upon request and at no charge.
- that an explanation of the scientific or clinical judgment for a decision based on medical necessity, experimental treatment or a similar limitation is available upon request and at no charge.//

### **//Appeal of a Disability Waiver of Premium Claim Denial**

After receiving notice of a claim denial, in whole or in part, the Member, the Member’s beneficiary, provider or other Authorized Representative can appeal by submitting a written request to the address shown on the adverse determination letter within:

- 180 days of the date the notice of denial of the initial claim is received; or
- 60 days of the date the notice of the initial appeal decision is received.

In connection with the review, the Member has the right to:

- review and request copies of relevant documents, free of charge; and
- submit issues and comments in writing; and
- have a representative act on his or her behalf in the appeal.

The appeal will be reviewed by an individual who was not involved in the prior adverse determination and who is not a subordinate of the individual who made the prior determination. If the prior determination was based on medical judgment, a health care professional with appropriate training in the field of medicine that is the subject of the claim will be consulted and identified.

The decision on the appeal will be made within 45 days of the date the appeal is received. If special circumstances require it, the time period may be extended up to an additional 45 days provided that within the initial 45-day review period the Member is informed of the special circumstances and the date a decision is expected. If the special circumstances include the need for additional information from the Member in order for a decision to be made, the necessary information will be requested. The Member will have 45 days from the date the request is received to provide the information. If the requested information is not provided within this time period, the appeal may be denied. If the additional information is received within the 45-day period, a decision on the appeal will be made within 45 days of the date the information is received, unless the Member agrees to a longer period of time.

In the case of an adverse decision of an appeal, the notice of the decision will include the information described above for a claim denial.

Two appeals are required //before a Member may bring civil action under ERISA Section 502(a) as described in the STATEMENT OF ERISA RIGHTS//.

Once the required appeals have been exhausted, additional appeals are allowed on a voluntary basis upon request when new and substantial information is provided. Voluntary reviews must be requested within 60 days of the date the notice of the appeal decision is received.

There are no voluntary appeal rights following the required appeal process when the denial was based on medical judgment.

The Member //may// //has a right to// request information regarding voluntary appeal procedures. //Any statute of limitations or other defense based on timeliness is suspended during the time that a voluntary appeal is pending. Voluntary appeals do not need to be exhausted in order to bring civil action under ERISA Section 502(a).// //

#### **Appeal of a Life Insurance //or Accidental Death & Dismemberment// Claim Denial**

After receiving notice of a claim denial, in whole or in part, the Member, beneficiary, or Authorized Representative can appeal a claim denial by submitting a written request to the address shown on the adverse determination letter within 60 days of the date the denial notice is received.

An appeal includes the right to review and request copies of relevant documents, free of charge, and to submit issues and comments in writing.

The appeal request should include the following information:

- The name of the Member, Employee and the deceased; and
- The Member's group plan number and claim number, as shown on the adverse determination letter; and
- Any relevant information in support of the appeal.

The appeal will be reviewed by an individual who was not involved in the prior adverse determination and who is not a subordinate of the individual who made the prior determination. If the prior determination was based on medical judgment, a health care professional with appropriate training in the field of medicine that is the subject of the claim will be consulted and identified.

The decision on the appeal will be made within 60 days of the date the appeal is received. If special circumstances require it, the decision may be extended up to an additional 60 days provided the Member or beneficiary is informed of the special circumstances within the initial 60-day review period.

Two appeals are required //before a Member may bring civil action under ERISA Section 502(a) as described in the STATEMENT OF ERISA RIGHTS//.

Once the required appeals have been exhausted, additional appeals are allowed on a voluntary basis upon request when new and substantial information is provided. Voluntary reviews must be requested within 60 days of the date the notice of the appeal decision is received.

There are no voluntary appeal rights following the required appeal process when the denial was based on medical judgment.

The Member or beneficiary //may// //has a right to// request information regarding voluntary appeal procedures. //Any statute of limitations or other defense based on timeliness is suspended during the time that a voluntary appeal is pending. Voluntary appeals do not need to be exhausted in order to bring civil action under ERISA Section 502(a).// //

#### **■ Other Information a Member Needs to Know**

##### **Incontestability**

After the Plan has been in force for 2 years, its validity can only be contested due to non-payment of premiums. During the first 2 years a Member is covered under this Plan, only a written statement signed by the Member can be used to contest the validity of the coverage. After the Member's coverage has been in force for 2 years during the Member's lifetime, no statement by the Member can be used to contest the validity of the Member's coverage.

**Proof of Claim**

Send written claim to LINA as soon as reasonably possible. A written claim must be submitted no later than 15 months from the date the claim is incurred, unless the claim can not be filed for legal reasons.

**Benefit Payments**

The death benefit will be paid to the beneficiary(ies).

**Legal Actions**

A Member may bring a legal action to recover under the Plan. Such legal action may be brought no sooner than 60 days, and no later than 3 years, after the time written proof of loss is required to be given under the terms of the Plan.

**Physical Examinations**

The Company, at its own expense, has the right to have the person for whom a claim is pending examined as often as reasonably necessary.

**Autopsy**

The Company may have an autopsy performed unless prohibited by law.

**Notice to Arkansas Residents**

Arkansas law requires that the following information be provided to all Arkansas residents:

REGIONAL SALES OFFICE - 622 Emerson Road, Suite #250, St. Louis, MO 63141-6708, Telephone (800) 234-2636.

LOCAL INSURANCE DEPARTMENT - Arkansas Insurance Department, Consumer Service Division, 1200 West 3rd Street, Little Rock, Arkansas 72201-1904, Telephone (501) 371-2600 or (800) 282-9134.

## **GLOSSARY**

### **Actively at Work**

Employment on an active and full-time basis at the Employer's usual place of business.

### **Annual Earnings**

//Twelve times the current monthly pay from your Employer.// //Twelve times the monthly pay from your Employer in effect on //DATE//. //This includes //EARNINGS//.// //This does not include //commissions// //overtime// //bonuses// //or// earnings from other employers.// //Annual commissions means 12 times the average monthly commission you received while working for your Employer during the preceding calendar year.//

### **//Dependent**

See ELIGIBILITY.//

### **Doctor/Physician**

A person licensed to practice medicine or osteopathy. This also includes any other practitioner of the healing arts if:

- He or she performs a service within the scope of his or her license; and
- State law requires such practitioner to be covered.

### **Employee**

See ELIGIBILITY.

### **Employer**

- //ABC Company//; and
- Any affiliated companies listed in the application of the Employer. The Employer may add an affiliated company after the effective date of the Plan. For that company only, the effective date of the Plan will be considered to be the effective date of the amendment that adds that company.

### **Hospital**

An institution licensed as a Hospital by the proper authority of the state in which it is located. An institution recognized as a Hospital by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This does not include any institution that is used primarily as a place for treatment of alcoholism or substance abuse, unless required by state law, a clinic, convalescent home, rest home, home for the aged, nursing home, custodial care facility, or training center.

### **Illness**

An Injury, a sickness, a disease, a bodily or mental disorder or pregnancy. Conditions that exist and are treated at the same time or are due to the same or related causes are considered to be one Illness.

### **Injury**

Injury or injuries sustained by the Member which are the direct cause of the loss, independent of disease or bodily infirmity, and occur while the Plan is in force.

### **Loss of Residence**

Being outside the United States //or Puerto Rico// for more than //60 days//. However, a Member will continue to be eligible for the benefits provided under this Plan if he or she is temporarily outside of the United States //or Puerto Rico//:

- On vacation;
- To study; or
- To conduct business for your Employer;

For a period of up to, but not exceeding, //60 continuous days//.

**Member**

An Employee //and any covered Dependent//.

**Plan**

The Life Insurance //and AD&D// benefits described in this booklet.

**Proof of Good Health**

Written evidence that the person meets LINA's general underwriting standards. Such evidence includes but is not limited to medical evidence.

**//Retired Employee**

See ELIGIBILITY.//

**Service**

See ELIGIBILITY.

**Totally Disabled and Total Disability**

***//Active// //Employee// Life Insurance***

*//Being under the care of a Doctor and prevented by Illness from working for pay or profit in any job for which you are or may become suited by reason of education, training or experience.//*

*//Either:*

- Unable to work at all at any job or business for pay or profit due to Injury or Illness for at least 6 months in a row; or
- Unable to work at your own job or business due to Injury or Illness, and certified by a Doctor as having a sickness or condition that can reasonably be expected to result in death within 24 months of the date of certification.//

*// You are not able to work at all at any job or business for pay or profit due to Injury or Illness. Even if you can work, you will be considered Totally Disabled if you suffer any of these losses:*

- the complete and permanent loss of sight in both eyes; or
- severance of two limbs at or above the wrist or ankle. //

***// //Retired Employee// //and// //Dependent// Benefits***

*Being under the care of a Doctor and prevented by Illness from engaging in substantially all of the normal activities of a person of the same age and sex who is in good health.//*

**You and Your**

An Employee.

## **USERRA RIGHTS AND RESPONSIBILITIES**

The federal Uniformed Services Employment and Reemployment Rights Act (USERRA), establishes requirements for Employers and certain Employees who terminate Service with the Employer for the purpose of Uniformed Service.

“Uniformed Service” means the performance of active duty in the Uniformed Services under competent authority which includes training, full-time National Guard duty and the time necessary for a person to be absent from employment for an examination to determine the fitness of the person to perform any of the assigned duties.

You must notify your Employer verbally or in writing of your intent to leave employment and terminate your Service with the Employer for the purpose of Uniformed Service. The notice must be provided at least 30 days prior to the start of your leave, unless it is unreasonable or impossible for you to provide advance notice due to reasons such as military necessity.

### **Continued Life Insurance Benefits**

If you are covered under the Employer’s Plan for life insurance and the Plan includes continuation of life insurance benefits for an approved leave of absence, then you are eligible for this continuation when you take a leave for Uniformed Service. Continuation of such coverage is subject to the same conditions, limitations and payment provisions that apply to continuation of life insurance benefits for any other approved leave of absence. //No continuation is available for AD&D benefits.//

### **Reinstatement of Coverage**

Coverage for an Employee who returns to Service with the Employer following Uniformed Service will be reinstated upon request from the Employee and in accordance with USERRA.

Reinstated coverage will not be subject to any exclusion or waiting period, if such exclusion and/or waiting period would not have been imposed had coverage not terminated as a result of Uniformed Service.

## **//CONTINUATION OF COVERAGE - FMLA**

If the Employer approves your FMLA leave pursuant to the Family and Medical Leave Act of 1993 (as amended) (FMLA), coverage under the Plan will continue during your leave. Contributions must be paid by you and/or the Employer. If contributions are not paid, your coverage will cease. If you return to work on your scheduled date, coverage will be on the same basis as that provided for any active Member on that date. If you have questions about FMLA leave, see the Plan Administrator.//

## **//ERISA GENERAL INFORMATION**

The following information is required by the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan Sponsor/Employer is //ABC Company//.

The address of the Plan Sponsor/Employer is //ADDRESS//. The telephone number is //PHONE NUMBER//.

The Employer Identification Number (EIN) is //EIN NUMBER//. The Plan Number assigned by the Plan Sponsor is //EMPLOYER PLAN NUMBER//.

The Plan Administrator is //NAME OF PLAN ADMINISTRATOR// //TITLE OF PLAN ADMINISTRATOR//.

//The address of the Plan Administrator is //ADDRESS//.// //The Plan Administrator telephone number is //PHONE NUMBER//.//

//The Agent for Service of Legal Process is //the Plan Trustee or// the Plan Administrator.//

//The Agent for Service of Legal Process is //ADDRESS//.//

//Service of legal process may also be made upon //the Plan Trustee or// the Plan Administrator.//

The Plan provides Life //and AD&D// Insurance.

//The Life Insurance //and AD&D// benefits described in this booklet are fully insured by LINA.//

The Life Insurance //and AD&D// benefits described in this booklet are fully insured through the group policy issued by LINA to the Trustee of the //TRUST COMPANY NAME Group Insurance Trust (the Trustee). Liability for all benefits provided under the group policy is shared by the Trustee and LINA.

Life Insurance Company of North America (LINA) provides Contract Administration.

The eligibility requirements, termination provisions and a description of the circumstances that may result in disqualification, ineligibility, or denial or loss of any benefits are described in this booklet.

Contributions are determined by the Employer. Employee contributions, if any, for a time period for which the Employee is not covered under the Plan may be refunded by the Employer. Please see your Plan Administrator for details.

The fiscal records of the Plan are maintained on the basis of Plan years ending //DATE//.

Procedures to be followed in presenting claims for Life Insurance //and Accidental Death & Dismemberment// benefits and what to do when claims are denied in whole or in part are described in "How To File Claims" under the LIFE INSURANCE //AND ACCIDENTAL DEATH & DISMEMBERMENT// BENEFITS SECTION of this booklet.

## **STATEMENT OF ERISA RIGHTS**

This provision applies to Life //and AD&D/ Insurance.

As a participant in this Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

- Receive Information About Your Plan and Benefits.

You may examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest Annual Report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

You may obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, copies of the latest annual report (Form 5500 Series) and an updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

- You may receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

**However, Employers with fewer than 100 Participants at the beginning of the Plan Year are not required to:**

- **furnish statements of the plan's assets and liabilities and receipts and disbursements or allow examination of the Annual Report; or**
  - **furnish copies of the Annual Report or any Terminal Report.**
- Prudent Actions by Plan Fiduciaries.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your Employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

- Enforce Your Rights.

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain without charge copies of documents relating to the decision and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

- Assistance With Your Questions.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

#### //Plan Trustees

The Plan Trustees are //NAMES//

#### The Following May Be Obtained Upon Written Request to the Plan Administrator:

//A copy of any collective bargaining agreement pursuant to which the Plan is maintained.//

//Either a complete list of the employers and employee organizations (if any) sponsoring the Plan or information as to whether a particular employer or employee organization is a sponsor, and, if so, the address of that sponsor.//

//Either a complete list of the employers and employee organizations (if any) sponsoring the Plan or information as to whether a particular employer or employee organization is a sponsor, and, if so, the address of that sponsor.

- A copy of any collective bargaining agreement pursuant to which the Plan is maintained.

- Either a complete list of the employers and employee organizations (if any) sponsoring the Plan or information as to whether a particular employer or employee organization is a sponsor, and, if so, the address of that sponsor.
- The name of the association, committee, joint board of trustees, parent or most significant employer of a group of employers all contributing to the same Plan, or other similar representative of the parties who established or maintain the Plan: //NAME(S)//

**LIFE INSURANCE COMPANY OF NORTH AMERICA  
Executive Offices – Philadelphia, Pennsylvania**

**APPLICATION FOR GROUP POLICY**

**// ABC COMPANY //**

(the Applicant) hereby applies to Life Insurance Company of North America (the Company) for **Group Policy No. // XXXXXXX // GL** in the attached form. The Applicant has approved this Group Policy and has accepted its terms.

Dated // XXX XX XXXX //  
// ABC Company //

BY:

Title:

Witness:

Licensed Resident Agent (if required by state law):

*SERFF Tracking Number:*      *CCGN-125783157*                      *State:*                      *Arkansas*  
*Filing Company:*              *Life Insurance Company of North America*      *State Tracking Number:*      *40020*  
*Company Tracking Number:*      *20957557*  
*TOI:*                      *L04G Group Life - Term*                      *Sub-TOI:*                      *L04G.500 Other*  
*Product Name:*              *Group Term Life Insurance*  
*Project Name/Number:*      *Great West Me-Too/Look-Alike Filing/GL202*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CCGN-125783157 State: Arkansas  
Filing Company: Life Insurance Company of North America State Tracking Number: 40020  
Company Tracking Number: 20957557  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Term Life Insurance  
Project Name/Number: Great West Me-Too/Look-Alike Filing/GL202

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 08/20/2008

**Comments:**

Acknowledged. A Flesch Certification is attached.

**Attachment:**

Flesch Cert.pdf

### Review Status:

**Satisfied -Name:** Application 08/20/2008

**Comments:**

Acknowledged. The policy application has been submitted under the Form Schedule tab.

### Review Status:

**Satisfied -Name:** Cover Letter 08/20/2008

**Comments:**

**Attachment:**

filing Letter.pdf

### Review Status:

**Satisfied -Name:** List of Forms 08/20/2008

**Comments:**

**Attachment:**

ListofFormsLIFEAR.pdf

### Review Status:

**Satisfied -Name:** Variable Memorandum 08/20/2008

**Comments:**

**Attachment:**

VariableMemoLIFEAR.pdf

**Life Insurance Company of North America  
1601 Chestnut Street  
P.O. Box 7716  
Philadelphia, PA 19192-2235**

**READABILITY CERTIFICATION**

We, the Life Insurance Company of North America, certify that we have carefully scored the forms listed below, using the Flesch Readability Test, in accordance with applicable readability standards. Each form was scored separately and in its entirety. These scores are set forth below.

<b>Form Number</b>	<b>Description of Form</b>	<b>Score</b>
GL202	Policy/SPD	51.0
GL202-A	Application	53.1



Signature: \_\_\_\_\_

Name: Steven G. Mellas  
\_\_\_\_\_

Title: Assistant-Vice President Compliance  
\_\_\_\_\_

Date: 8/19/08  
\_\_\_\_\_

Terri M. Jones  
Compliance Specialist  
Product Filing



**CIGNA Group Insurance**  
Life • Accident • Disability

TL16D  
1601 Chestnut Street  
Philadelphia, PA 19192  
Telephone 215-761-3941  
Facsimile 215-761-5609  
*terri.jones@cigna.com*

August 20, 2008

Insurance Commissioner Julie Benafield Bowman  
Compliance - Life and Health  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn: Mr. John Shields, Officer in Charge of Life & Health Insurance

**Re: Life Insurance Company of North America (LINA)  
"Me-Too"/"Look-Alike" Filing of Great-West Life & Annuity Insurance  
Company's Group Term Life Policy Forms  
LINA NAIC Company ID#: 901 65498  
LINA FEIN#: 23-1503749  
Group Term Life Insurance Policy Forms Included - List of Forms  
Attached**

Dear Commissioner Bowman:

Life Insurance Company of North America acquired the Group Life business provided by Great-West Life & Annuity Insurance Company, on April 1, 2008. Under the terms of the purchase agreement, Life Insurance Company of North America is required to migrate all existing Great-West insurance term life insurance policyholders to Life Insurance Company of North America insurance policies.

To retain the Great-West's Group Term Life Insurance policyholders, Life Insurance Company of North America would like to be able to offer them term life policies that duplicate their existing Great-West term life policies. Life Insurance Company of North America would also like to be able to offer future customers the same term life policies previously offered by Great-West. Accordingly, we are submitting for your approval Life Insurance Company of North America insurance policy forms that duplicate the Great-West term life insurance policy forms previously approved by your office.

Please note that these forms contain nonmaterial changes in the form of text formatting, page layout, corrections to typos and other minor wording changes to clarify intent.

August 20, 2008

Page 2

For your convenience, we have included a listing of the approved Great-West policy forms. It includes the Form Number, Form Type, Approval Date and State/SERFF Filing Identifier (when available).

These forms have been written in readable language and are being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than that required under your law.

We appreciate your review of this submission and trust that you will find everything in order. If you should have any questions or require additional information, please feel free to contact me by phone (215.761.3941) or email (terri.jones@cigna.com).

Sincerely,

A handwritten signature in cursive script that reads "Terri M. Jones". The signature is written in dark ink and is positioned above the printed name.

Terri M. Jones

**GROUP LIFE INSURANCE – POLICY and SPD  
LIST OF FORMS - ARKANSAS**

<b>Form Description</b>	<b>State Approval Date</b>	<b>State/SERFF Filing Identifier</b>	<b>Form Number</b>
<b>Policy</b>			
Life Policy Application	8/21/03	Not Available	GL202-A
Life Policy	8/21/03	Not Available	GL202
<b>Summary Plan Description (SPD)</b>			
INTRODUCTION	8/21/03	Not Available	INT-GL(7/03)
BENEFITS SUMMARY	6/18/03	Not Available	SUM-GL
ELIGIBILITY and WHEN COVERAGE BEGINS & ENDS	6/18/03	Not Available	ELG-GL
LIFE INSURANCE BENEFITS	8/21/03	Not Available	LIF-GL(7/03)
AD&D BENEFITS	6/18/03	Not Available	ADD
AD&D BENEFIT LIMITATIONS	6/18/03	Not Available	ADDLIM-GL
CLAIMS & LEGAL ACTION	8/21/03	Not Available	CLM-GL(7/03)
GLOSSARY	8/21/03	Not Available	GLS-GL(7/03)
USERRA RIGHTS AND RESPONSIBILITIES, FMLA  <i>Note: These provisions are intended to provide information about certain federal laws relative to insurance, and are not a description of Plan coverage. Therefore, this form is filed for informational purposes only.</i>	6/18/03	Not Available	<i>These provisions were previously included on form ELG-GL.  The form number associated with these provisions has been changed to FED.</i>
ERISA GENERAL INFORMATION and STATEMENT OF ERISA RIGHTS  <i>Note: These provisions contain information that is required to be included in SPDs under the federal Employee Retirement Income Security Act (ERISA), issued to groups that are subject to ERISA. Therefore, this form is filed for informational purposes only.</i>	8/21/03	Not Available	<i>These provisions were previously included on form CLM-GL(7/03).  The form number associated with these provisions has been changed to ERISA.</i>

**GROUP LIFE INSURANCE – POLICY and SPD  
VARIABLE MEMORANDUM – ARKANSAS**

1. Forms may be included or omitted according to the benefits selected by the policyholder.
2. All bracketed numbers and numerical amounts are variable. Any limits are indicated by either the symbol  $\leq$  or  $\geq$ . Otherwise, limits are governed by Company policy and practices and state or federal law.
3. Specific items on a form may be included or omitted according to the particular policyholder's specific plan of insurance.
4. Specific items may appear on different pages within the form depending upon how the provisions applicable to the policyholder fit on the page.
5. Capitalization may vary depending upon the omission of a beginning double-slashed phrase or by policyholder request.
6. Commas will be omitted when the optional item is omitted.
7. Colons, semicolons, semicolons followed by either the words, "or", "and" or "and/or" may be omitted. If omitted, a period will be substituted, if necessary.
8. Definitions may vary to the extent that the definition may be included, omitted or appear in a different location on the form to suit the needs of a particular policyholder.
9. In the INTRODUCTION section, the form shows a sample Spanish version of the federal ERISA-required Foreign Language Notice. Other foreign language notices, as applicable, would be included here.