

SERFF Tracking Number: HARL-125780973 State: Arkansas  
Filing Company: Hartford Life Insurance Company State Tracking Number: 40010  
Company Tracking Number: GBD\_2008\_ASSOC.\_ADD\_ENH 3  
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: GCF\_AR\_HL\_GBD-1300\_ASSOC.\_ADD\_2008\_ENH 3  
Project Name/Number: /

## Filing at a Glance

Company: Hartford Life Insurance Company

Product Name: GCF\_AR\_HL\_GBD-1300\_ASSOC.\_ADD\_2008\_ENH 3 SERFF Tr Num: HARL-125780973 State: ArkansasLH

TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed State Tr Num: 40010

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: GBD\_2008\_ASSOC.\_ADD\_ENH 3 State Status: Approved-Closed

Filing Type: Form Co Status: Initial Filing Reviewer(s): Rosalind Minor  
Author: Sarah Dennis Disposition Date: 08/24/2008  
Date Submitted: 08/20/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Authorized  
Project Number: Date Approved in Domicile: 08/14/2008  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small and Large  
Overall Rate Impact: Group Market Type: Association  
Filing Status Changed: 08/24/2008  
State Status Changed: 08/24/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

We are submitting the enclosed forms for use with our general use Certificate Form GBD-1300 A.1 et al.

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## Company and Contact

### Filing Contact Information

Sarah Dennis, Compliance Specialist sarah.dennis@hartfordlife.com  
 200 Hopmeadow St. (860) 843-3714 [Phone]  
 Simsbury, CT 06089

### Filing Company Information

Hartford Life Insurance Company	CoCode: 88072	State of Domicile: Connecticut
200 Hopmeadow Street	Group Code: 91	Company Type: Life
Simsbury, CT 06089	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0974148	
	-----	

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life Insurance Company	\$50.00	08/20/2008	22032589

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/24/2008	08/24/2008



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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	NAIC Transmittal	Approved-Closed	Yes
Supporting Document	Forms List	Approved-Closed	Yes
Form	Actively At Work	Approved-Closed	Yes
Form	Pedestrian	Approved-Closed	Yes
Form	Accidental Death Benefit with Double Indemnity While on a Common Carrier	Approved-Closed	Yes
Form	Accidental Death and Dismemberment: While on a Scheduled Aircraft, Military Transport Aircraft Benefit and Common Carrier Benefit	Approved-Closed	Yes
Form	Accident Dearth and Dismemberment: While on a Scheduled Aircraft and Military Transportation Aircraft Benefit	Approved-Closed	Yes
Form	Common Carrier Benefit	Approved-Closed	Yes
Form	Catastrophic Loss of Use Benefit	Approved-Closed	Yes
Form	Accident Total Disability Benefit	Approved-Closed	Yes
Form	Claims to be Paid	Approved-Closed	Yes
Form	Beneficiary Designation	Approved-Closed	Yes
Form	Claim Denial	Approved-Closed	Yes

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 Project Name/Number: /

## Form Schedule

Lead Form Number: PA-9221 C03 (Rev.) et.al

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	PA-9221 C03 (Rev.)	Certificate Amendmen	Actively At Work	Initial		55	PA-9221 C03 (Rev.) Actively At work.pdf
Approved-Closed	PA-9221 C30 (Rev.)	Certificate Amendmen	Pedestrian	Initial		0	PA-9221 C30 (Rev.) Pedestrian.pdf
Approved-Closed	PA-9223 F02 (Rev.)	Certificate Amendmen	Accidental Death Benefit with Double Indemnity While on a Common Carrier	Initial		0	PA-9223 F02 (Rev.) Acc Death Double-Increased Benefit Common Carrier.pdf
Approved-Closed	PA-9223 F08 (Rev.)	Certificate Amendmen	Accidental Death and Dismemberment: While on a Scheduled Aircraft, Military Transport Aircraft Benefit and Common Carrier Benefit	Initial		0	PA-9223 F08 (Rev.) Acc Death-Dismem Aircraft & Common Carrier.pdf
Approved-Closed	PA-9223 F09 (Rev.)	Certificate Amendmen	Accident Dearth and Dismemberment: While on a	Initial		0	PA-9223 F09 (Rev.) ADD Sch & Military

<i>SERFF Tracking Number:</i>	<i>HARL-125780973</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Hartford Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40010</i>
<i>Company Tracking Number:</i>	<i>GBD_2008_ASSOC._ADD_ENH 3</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death &amp; Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death &amp; Dismemberment</i>
<i>Product Name:</i>	<i>GCF_AR_HL_GBD-1300_ASSOC._ADD_2008_ENH 3</i>		
<i>Project Name/Number:</i>	/		
	Page, Scheduled Aircraft Endorsement and Military Transportation Aircraft Benefit		Aircraft.pdf
Approved- Closed	PA-9223 F14 (Rev.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Common Carrier Benefit
		Initial	0
			PA-9223 F14 (Rev.) Common Carrier Benefit.pdf
Approved- Closed	PA-9223 F44 (Rev.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Catastrophic Loss of Use Benefit
		Initial	0
			PA-9223 F44 (Rev.) Catastrophic Loss of Use.pdf
Approved- Closed	PA-9223 F50	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Accident Total Disability Benefit
		Initial	0
			PA-9223 F50 [Accident] Total Disability Benefit.pdf
Approved- Closed	GBD-1300 H07 (Rev.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Claims to be Paid
		Initial	0
			GBD-1300 H07 (Rev.) Claims to be paid.pdf
Approved- Closed	GBD-1300 H08 (Rev.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Beneficiary Designation
		Initial	0
			GBD-1300 H08 (Rev.) Beneficiary Designation.p df
Approved- Closed	GBD-1300 H09 (Rev.)	Certificate Amendmen t, Insert	Claim Denial
		Initial	0
			GBD-1300 H09 (Rev.) Claim

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Page,  
Endorseme  
nt or Rider

Denial.pdf



**Actively at Work**

means [You are performing all the regular duties of [an] occupation [on a full-time basis] [(at least 20 hours per week) or at least 260 hours on an average basis per calendar quarter] [at Your customary place of employment or in the usual way.]]

PA-9221 C03 (Rev.)

**Pedestrian**

means You [or Your Dependents] while You [or they] are standing or walking on an open public street [,public sidewalk] [,parking lot] or highway.

PA-9221 C30 (Rev.)

**Accidental Death [and  
Dismemberment]  
Benefit [with Double  
Indemnity] [with an  
Increased Benefit]  
While On a Common  
Carrier:**

*When is the Accidental  
Death [and  
Dismemberment] Benefit  
[with Double  
Indemnity][with an  
increased benefit] while  
on a Common Carrier  
payable?*

If You [or Your Dependents] sustain an Injury which results in [Loss of life] [any of the following Losses] within [90 days] of the date of accident, We will pay [the deceased person's amount of] Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

If the Injury occurs while On a Common Carrier, [We will [double] [increase] the Principal Sum payable [or a portion of such Principal Sum, as shown opposite the Loss.] [However, in no event will the Principal Sum be increased [by] [to] more than the Common Carrier Limit.] [The Principal Sum will be increased [by] [to] the Common Carrier Limit.]]

[Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

**Accidental Death  
[and  
Dismemberment]  
while On a  
Scheduled  
Aircraft, Military  
Transport Aircraft  
and Common  
Carrier Benefit:**

*When is the  
Accidental Death  
[and  
Dismemberment]  
while On a  
Scheduled Aircraft,  
Military Transport  
Aircraft and  
Common Carrier  
Benefit payable?*

If You [or Your Dependents] sustain an Injury which results in [Loss of Life] [any of the following Losses] within [90 days] of the date of accident, We will pay [the injured person's amount of] Principal Sum, [or a portion of such Principal Sum, as shown opposite the Loss,] if the Injury occurred while the injured person was:

- 1) a passenger On a Scheduled Aircraft, Military Transport Aircraft or Common Carrier; or
- 2) struck by an aircraft.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

We will not pay more than the Principal Sum, [to any one person,] for all Losses due to the same accident. [Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance. ]

**Accidental Death  
[and  
Dismemberment]  
while On a  
Scheduled Aircraft  
or Military Transport  
Aircraft Benefit:**

*When is the  
Accidental Death  
[and  
Dismemberment]  
while On a  
Scheduled Aircraft or  
Military Transport  
Aircraft Benefit  
payable?*

If You [or Your Dependents] sustain an Injury which results in [Loss of life] [any of the following Losses] within [90 days] of the date of accident, We will pay [the injured person's amount of] Principal Sum, [or a portion of such Principal Sum, as shown opposite the Loss,] if the Injury occurred while the injured person was:

- 1) a passenger On a Scheduled Aircraft or Military Transport Aircraft; or
- 2) struck by an aircraft.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

We will not pay more than the Principal Sum [,to any one person,] for all Losses due to the same accident. [Your amount of Principal Sum is shown in the Schedule of Insurance. The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

**Common Carrier**

**Benefit:** *When is the Common Carrier Benefit payable?*

If You [or Your Dependents] sustain an Injury while on a Common Carrier which results in [Loss of life] [any of the following Losses] within [90 days] of the date of accident, We will pay [the deceased person's amount of] [Common Carrier] Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of The Policy.

[However, in no event will the [Common Carrier] Principal Sum be more than the Common Carrier Limit.]

[Your amount of [Common Carrier] Principal Sum and Common Carrier Limit is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.] ]

**[Catastrophic]**

**Loss of Use**

**Benefit:**

*When is the [Catastrophic] Loss of Use Benefit payable?*

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90 days] of the date of accident [and before attaining the Policy Age Limit], We will pay [the injured person's amount of Principal Sum], [or a portion of such Principal Sum,] as shown opposite the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of The Policy.

We will not pay more than the Principal Sum, to any one person, under this Benefit [and the Accidental Death and Dismemberment Benefit combined] for all Losses due to the same accident.

Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

[Option A:

<u>For loss of:</u>	<u>Benefit Amount</u>
Both hands .....	[The Principal Sum]
Both feet .....	[The Principal Sum]
One Hand and One foot .....	[The Principal Sum]
[One Hand or One foot] .....	[The Principal Sum]
Sight of Both Eyes .....	[The Principal Sum]
Hearing in Both Ears .....	[The Principal Sum]
Speech .....	[The Principal Sum]
Movement of Both Upper and Lower Limbs (Quadriplegia).....	[The Principal Sum]
Movement of Both Lower Limbs (Paraplegia)	[The Principal Sum]
Movement of Both Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	[The Principal Sum]

[Loss means with regard to:

- a) hands and feet, total, permanent and irreversible paralysis of hands or feet or actual severance through or above the wrist or ankle joints;
- b) sight, speech or hearing, entire and irrecoverable loss thereof;
- c) movement of limbs, complete and irreversible paralysis of such limbs;

which have continued without interruption for a period of not less than [12] consecutive months and is determined by a Physician to be permanent, complete and irreversible.]

[Option B:

<u>For Loss of Use of:</u>	<u>Benefit Amount</u>
Four Entire Limbs.....	Principal Sum
Three Entire Limbs.....	Three-Quarters of Principal Sum
Two Entire Limbs.....	Two-Thirds of Principal Sum
One Entire Limb.....	One Half of Principal Sum]

[Entire Limb means with regard to:

- 1) [the arm, the total area from shoulder joint to finger tips;
- 2) the leg, the total area from hip joint to toes.]]

[Loss of Use means [total paralysis of an Entire Limb or Limbs which:

- 1) has continued without interruption for a period of not less than [12] consecutive months; and
- 2) is determined by a Physician to be permanent, complete and irreversible.]]

**[Accident] Total Disability Benefit:**  
*When is the [Accident] Total Disability Benefit payable?*

If You [or Your Spouse] become Totally Disabled as the result of an Injury [sustained in a Covered Accident] while covered under The Policy, We will pay the [Monthly] Benefit due for the period of Total Disability. [The period of Total Disability must require the regular care of a Physician.]

We will not pay benefits for any part of a period of Total Disability that:

- 1) [is applied to the Waiting Period; or
- 2) exceeds the Maximum Payment Period.]

[The benefit amount payable will be the lesser of:

- 1) the Monthly Benefit Amount; or
- 2) [X%] of Your [or Your Spouse's] Basic Monthly Pay, minus any benefit for loss of income:
  - a. As a result of the period of Disability for which You [or Your Spouse] is claiming benefits under this plan [and all Policies combined which provide an Accident Total Disability Benefit, issued by Us to the Policyholder;] [and
  - b. pursuant to any temporary or permanent disability benefits under a Workers' Compensation Law, occupational disease law or similar law, including those for which You [or Your Spouse] could collect but did not apply;] [and
  - c. pursuant to any plan or arrangement of coverage, [other than income from any accumulated sick time, salary continuation, or paid time off,] whether insured or not, [which is received from Your [or Your Spouse's] employer as a result of employment by or association with such employer] [or which is the result of membership in or association with any group, association, union or other organization] for which You [or Your Spouse] are eligible or that are paid to You [or Your Spouse]. ]

[If the injured person has more than one Covered Accident under this benefit, only one benefit, the largest, will be payable.]

[The Waiting Period, Maximum Payment Period, Monthly Benefit Amount are shown in the Schedule of Insurance. The Waiting Period and Maximum Payment Period apply separately to each period of Total Disability.]

Option 1:

**Basic Monthly Pay** means Your [or Your Spouse's] regular monthly rate of pay, [not counting bonuses, commissions, tips and tokens, overtime pay or any other fringe benefits or extra compensation] in effect on the last day You [or Your Spouse] were Actively at Work before You [or Your Spouse] became Disabled.

[Option 2:

**Basic Monthly Pay** means the 12 month average of Your regular monthly rate of pay, [not including commissions, bonuses, overtime pay or any other fringe benefit or extra compensation,] with such 12 month period ending on the last day of active employment prior to becoming Disabled.]

**Period of Disability** means a continuous length of time during which You [or Your Spouse] are Disabled under The Policy.

**Successive Periods of Disability:**

Periods of Disability:

- 1) due to the same or related medical causes; and
- 2) separated by less than [90 days] during which You [or Your Spouse] are Actively at Work;

will be considered one Period of Disability.

Periods of Disability separated by at least [90 days] during which You [or Your Spouse] are Actively at Work will be considered separate Periods of Disability.

Benefits during any Period of Disability as the result of more than one Injury will be considered the same as if the disability resulted from only one cause.

**Totally Disabled or Total Disability**, for the purpose of this Benefit, means Your [or Your Spouse's:]

- 1) inability to perform the material and substantial duties of Your [Your Spouse's] usual occupation [any occupation for which You [or Your Spouse] is suited by education, training and experience]; or
- 2) with respect to a Spouse who is unemployed, his or her inability to engage in the normal and customary activities of a person of like age and gender in good health.

Your unemployed Spouse must be:

- 1) regularly attended by a Physician; and
- 2) continuously confined within his or her house or a Hospital, provided such house or Hospital confinement will not preclude transportation of Your Spouse to or from a Hospital or Physician's office for necessary treatment at the direction of his or her Physician.]

**Waiting Period** means the number of consecutive days at the beginning of a period of Total Disability which must elapse before benefits are payable. The Waiting Period:

- a) begins on the first day of Your [or Your Spouse's] Total Disability; and
- b) is satisfied when You [or Your Spouse] have been continuously Totally Disabled for the number of days shown [above/in the schedule].

[If You [or Your Spouse] cease to be Totally Disabled and return to work for a total of [14 days] or less during the Waiting Period, the Waiting Period will not be interrupted. Except for the [14 days] or less that You [or Your Spouse] work, You [or Your Spouse] must be Totally Disabled by the same condition for the total Waiting Period.]

**Claims to be Paid:**

*To whom will benefits for my claim be paid?*

[Benefits for Loss of Life will be paid in accordance with the Beneficiary Designation. [If no beneficiary is named, payment will be made according to the beneficiary designation under the group life policy issued to the Policyholder and in effect at the time of death.] ]

[If no beneficiary is named, or if no named beneficiary survives You, We may, at Our option, pay:

- 1) [the executors or administrators of Your estate; or all to Your surviving Spouse; or
- 2) if Your Spouse does not survive You, in equal shares to Your surviving Child(ren); or
- 3) if no Child survives You, in equal shares to Your surviving parents.]]

[In addition, We may, at Our option, pay a portion of Your Accidental Death Benefit up to [\$500] to any person equitably entitled to payment because of expenses from Your burial. Payment to any person, as shown above, will release Us from liability for the amount paid.]

[If any beneficiary is a minor, We may pay his or her share, until a legal guardian of the minor's estate is appointed, to a person who at Our option and in Our opinion is providing financial support and maintenance for the minor. We will pay:

- 1) [\$200.00] at Your death; and
- 2) monthly installments of not more than [\$200.00].

Payment to any person as shown above will release Us from all further liability for the amount paid.]

[We will pay the Accidental Death [and Dismemberment] Insurance Benefit at Your Dependents' death to You, if living. Otherwise, it will be paid, at Our option, to Your surviving Spouse or the executors or administrators of Your estate.]

[If benefits are payable and meet Our guidelines, then We may pay benefits into a draft book account (checking account) which will be owned by:

- 1) You, if living; or
- 2) Your beneficiary, in the event of Your death.]

[The account owner may elect a lump sum payment by writing a check for the full amount in the account. However, an account will not be established for:

- 1) a benefit payable to Your estate;
- 2) [an Accidental Death and Dismemberment Principal Sum that is less than \$10,000; or
- 3) benefits due at Your Dependent's death.] ]

[We will make any payments, other than for loss of life, to You. We may make any such payments owed at Your death to Your estate. If any payment is owed to:

- 1) Your estate;
- 2) a person who is a minor; or
- 3) a person who is not legally competent,

then We may pay up to [\$1,000] to a person who is related to You and who, at Our sole discretion, is entitled to it. Any such payment shall fulfill Our responsibility for the amount paid.]

**Beneficiary  
Designation:**

*How do I designate or  
change my  
beneficiary?*

[You may designate or change a beneficiary by doing so in writing on a form satisfactory to Us [and filing the form with the Employer. Only satisfactory forms sent to the Employer prior to Your death will be accepted.]

Beneficiary designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a beneficiary change [from the Employer].

[In no event may a beneficiary be changed by a Power of Attorney.] ]

GBD-1300 H08 (Rev.)

**Claim Denial:** *What notification will [my Beneficiary or] I receive if a claim is denied?*

If a claim for benefits is wholly or partly denied, You [or Your Beneficiary] will be furnished with written notification of the decision.

This written decision will:

- 1) give the specific reason(s) for the denial;
- 2) make specific reference to provisions on which the denial is based;
- 3) provide a description of any additional information necessary to perfect a claim and an explanation of why it is necessary; and
- 4) provide an explanation of the review procedure.

GBD-1300 H09 (Rev)

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Dismemberment      Dismemberment  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b> Certification/Notice	<b>Review Status:</b> Approved-Closed	08/24/2008
<b>Comments:</b>		
<b>Attachment:</b> HL Readability.pdf		
<b>Bypassed -Name:</b> Application	<b>Review Status:</b> Approved-Closed	08/24/2008
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		
<b>Satisfied -Name:</b> Cover Letter	<b>Review Status:</b> Approved-Closed	08/24/2008
<b>Comments:</b>		
<b>Attachment:</b> 08-19-08_Filing Letter_HL.pdf		
<b>Satisfied -Name:</b> NAIC Transmittal	<b>Review Status:</b> Approved-Closed	08/24/2008
<b>Comments:</b>		
<b>Attachment:</b> 8-19-08_NAIC Transmittal_Forms_HL.pdf		
<b>Satisfied -Name:</b> Forms List	<b>Review Status:</b> Approved-Closed	08/24/2008
<b>Comments:</b>		
<b>Attachment:</b> _Forms List.pdf		

**CERTIFICATION OF READABILITY**

**HARTFORD LIFE INSURANCE COMPANY**

Certification of Readability for PA-9221 C03 (Rev.) et al., which will be used in conjunction with group Accidental Death and Dismemberment certificate form GBD-1300 et al.

I hereby certify that the above named modules comply with the N.A.I.C. Model Policy Language Simplification Act. The modules have been tested by an acceptable method specified in the model law and an average Flesch score of 54.6 was obtained.

Unless we hear from you to the contrary, we will assume that this certification satisfies the certification requirements for compliance with any present or future readability law enacted by your state. We understand that this certification will not be valid to the extent that there is a material difference between the readability law of your state and the N.A.I.C. model.



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Dana MacKinnon  
Vice President and Chief Compliance Officer

August 13, 2008  
Date

August 19, 2008



Arkansas Department of Insurance  
1200 W. Third St.  
Little Rock, Arkansas 72201-1904

Sarah Dennis  
Compliance Specialist  
GBD Compliance

Hartford Life and Accident Insurance Company  
NAIC #: 70815 FEIN #: 06-0838648

PLEASE NOTE: An identical filing was submitted for Hartford Life Insurance Company.

RE: New Submission Group Accidental Death and Dismemberment Insurance  
PA-9221 C03 (Rev.) et. al Certificate Enhancements

Dear Sir or Madam:

**Purpose.** We are submitting the enclosed forms for use with our general use Certificate Form GBD-1300 A.1 et al., previously approved by your Department on January 9, 2004. A list of all forms included in this filing is enclosed for your convenience.

The forms include revisions of language previously filed and approved by your Department, as well as a new form describing a new benefit.

**For use with Association and Employer Market Cases**

**Form PA-9221 C03 (Rev.) Actively At Work** – the language within the form remains unchanged. We have added additional brackets within the previously approved language to allow for greater flexibility.

**For use with Association Market Cases**

**Form PA-9221 C30 (Rev.) Pedestrian** – form is revised to offer additional benefits of coverage.

**Form PA-9223 F02 (Rev.) Accidental Death Benefit with Double Indemnity While on a Common Carrier** – form has been revised to include additional flexibility for Dismemberment and Principle Sums.

**Form PA-9223 F08 (Rev.) Accidental Death and Dismemberment: While on a Scheduled Aircraft, Military Transport Aircraft Benefit and Common Carrier Benefit** – form has been revised to allow the optional use of Dismemberment within the provision.

**Form PA-9223 F09 (Rev.) Accidental Death and Dismemberment: While on a Scheduled Aircraft and Military Transport Aircraft Benefit** – form is revised to allow the optional use of Dismemberment within the provision.

**Form PA-9223 F14 (Rev.) Double Indemnity While on a Common Carrier** – form has been revised to allow for a stand-alone Common Carrier Benefit without an underlying Accidental Death or Accidental Death and Dismemberment benefit and to increase flexibility of Principle Sums.

**Form PA-9223 F44 (Rev.) Loss of Use Benefit** – form is revised to include an additional loss schedule and optional name for benefit.

**Form PA-9223 F50 Accident Total Disability Benefit** – new offering of an Accident benefit.

Hartford Life  
200 Hopmeadow Street  
Simsbury, Ct 06089

Hartford Life  
Mailing Address  
P.O. Box 2999  
Hartford, CT 06104-2999

**Form GBD-1300 H07 (Rev.) Claims to be Paid** – form is revised to include added flexibility and additional claim settlement options.

**Form GBD-1300 H08 (Rev.) Beneficiary Designation** – form revised to allow provision to become optional for use without a death benefit.

**Form GBD-1300 H09 (Rev.) Claim Denial** – form revised to include the beneficiary as an additional point of contact when a claim decision is made.

**Domiciliary state approval.** The enclosed modules have been submitted to our domiciliary state of Connecticut and were approved on August 14, 2008.

When issuing our certificates and policies of incorporation, we will use a font size of no less than 10 point. Arial is the font style of type that will be used; however, we reserve the right to use a different font style of at least 10 points. With respect to numbered or lettered lists, if any item from a list is deleted, the remaining items will be re-numbered or re-lettered successively. If only one item from a list remains, then no number or letter will appear and the spacing will be adjusted as needed.

**Flesch Test.** The modules have been tested for readability and achieve a Flesch readability score of 54.6.

**Variability.** The variable material is set off by brackets, to indicate it may be added to, deleted from or changed.

If you have any questions or comments, please don't hesitate to call me, collect, at 860-843-3714. If it would be more convenient to fax or email your comments, my fax number is 860-843-3608 and my email address is Sarah.Dennis@hartfordlife.com.

Sincerely,



Sarah Dennis  
Compliance Specialist  
GBD Compliance

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

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas					
<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						
<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	Hartford Life Insurance Company 200 Hopmeadow St Simsbury, CT 06089	CT	Life - Health	091	88072	06-0974148	
<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>			
	Sarah J. Dennis P. O Box 2999 Hartford, CT 06104-2999	(860) 843-3714	(866) 843-3608	Sarah.Dennis@Hartfordlife.com			
<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
<b>6.</b>	<b>Company Tracking Number</b>	HARL-125780973					
<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b>	<input type="checkbox"/> <b>Resubmission</b>	Previous file # _____				
<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
<b>9.</b>	<b>Type of Insurance</b>	H03G Accidental Death and Dismemberment					
<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	H03G.000 Accidental Death and Dismemberment					
<b>11.</b>	<b>Submitted Documents</b>	<input checked="" type="checkbox"/> <b>Forms</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>Rates</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum					

		<input type="checkbox"/> Other <u>  I  </u>
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<b>12.</b>	<b>Filing Submission Date</b>	08/19/2008	
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount <u>50.00</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Date <u>EFT</u> Check Number
<b>14.</b>	<b>Date of Domiciliary Approval</b>		

<b>15.</b>	<b>Filing Description:</b>
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Please see cover letter and filing documents.

**16. Certification (If required)**

**I HEREBY CERTIFY** that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.

Print Name Sarah J. Dennis Title Compliance Specialist

Signature  Date: August 19, 2008

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	PA-9221 C03 (Rev.) et. al	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Actively at Work Certificate	PA-9221 C03 (Rev.)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	PA-9221 C03
02	Pedestrian Certificate	PA-9221 C30 (Rev.)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	PA-9221 C30
03	Accidental Death Benefit with Double Indemnity While on a Common Carrier Certificate	PA-9223 F02 (Rev.)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	PA-9223 F02
04	Accidental Death and Dismemberment: While on a Schedule Aircraft, Military Aircraft Benefit and Common Carrier Benefit Certificate	PA-9223 F08 (Rev.)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	PA-9223 F08
05	Accidental Death and Dismemberment: While on a Scheduled Aircraft and Military Transportation Aircraft Benefit Certificate	PA-9223 F09 (Rev.)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	PA-9223 F09
06	Common Carrier Benefit Certificate	PA-9223 F14 (Rev.)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	PA-9223 F14
07	Catastrophic Loss of Use Benefit Certificate	PA-9223 F44 (Rev.)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	PA-9223 F44
08	Accident Total Disability Benefit Certificate	PA-9223 F50	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
09	Claims to be Paid Certificate	GBD-1300 H07 (Rev.)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1300 H07

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

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
10	Beneficiary Designation Certificate	GBD-1300 H08 (Rev.)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1300 H08
11	Claim Denial Certificate	GBD-1300 H09 (Rev.)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1300 H09
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
13			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
14			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
15			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
16			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
17			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
18			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1

<b>List of Modules</b>	
<b>Module #</b>	<b>Description</b>
PA-9221 C03 (Rev.)	Actively At Work
PA-9221 C30 (Rev.)	Pedestrian
PA-9223 F02 (Rev.)	Accidental Death Benefit with Double Indemnity While on a Common Carrier
PA-9223 F08 (Rev.)	Accidental Death and Dismemberment: While on a Scheduled Aircraft, Military Transport Aircraft Benefit and Common Carrier Benefit
PA-9223 F09 (Rev.)	Accident Death and Dismemberment: While on a Scheduled Aircraft and Military Transportation Aircraft Benefit
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PA-9223 F50	Accident Total Disability Benefit
GBD-1300 H07 (Rev.)	Claims to be Paid
GBD-1300 H08 (Rev.)	Beneficiary Designation
GBD-1300 H09 (Rev.)	Claim Denial