

SERFF Tracking Number: CLTR-125816348 State: Arkansas  
Filing Company: Hartford Life and Accident State Tracking Number: 40272  
Company Tracking Number: PA9355  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: GROUP TERM LIFE  
Project Name/Number: GROUP TERM LIFE ENROLLMENT FORM/PA 9355

## Filing at a Glance

Company: Hartford Life and Accident

Product Name: GROUP TERM LIFE

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: CLTR-125816348 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40272

Co Tr Num: PA9355

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Karen Pollitt, Stephanie  
Young, Linda Ryan-James, Mark  
Swercheck

Disposition Date: 09/29/2008

Date Submitted: 09/15/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: GROUP TERM LIFE ENROLLMENT FORM

Project Number: PA 9355

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer, Association,  
Blanket, Discretionary, Trust

Filing Status Changed: 09/29/2008

State Status Changed: 09/29/2008

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

On behalf of Hartford Life and Accident Insurance Company, Coulter and Associates is filing the captioned group term life enrollment form. The form will be used with currently approved group term life forms and group term life forms to be filed and approved in the future. The form will be used generically with eligible groups as defined.

For this enrollment form, the carrier will use a font size of no less than 10 point. Arial is the font style of type that will be

SERFF Tracking Number: CLTR-125816348 State: Arkansas  
Filing Company: Hartford Life and Accident State Tracking Number: 40272  
Company Tracking Number: PA9355  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: GROUP TERM LIFE  
Project Name/Number: GROUP TERM LIFE ENROLLMENT FORM/PA 9355

used; however, the carrier reserves the right to use a different font style of at least 10 points. The carrier will use black ink on white paper, but reserves the right to change ink color and/or paper color as requested. The carrier reserves the right to shade certain areas of the enrollment form to enhance usability. The carrier reserves the right to have this enrollment form as part of, or attached to, a letter or insert, with perforation, where the enrollee would detach and mail back the enrollment form to such carrier. The carrier reserves the right to add the sponsoring organization's logo and/or address, and/or administrator's logo and/or address, to this enrollment form upon request. A unique identifier, alphanumeric or bar code or both, may be inserted on the form.

This form is a new form and will not replace any form on file with the department. Rates are not impacted by this submission.

The enclosed Group Term Life Insurance Enrollment Form has been tested for readability and achieved the Flesch score shown in the enclosed Readability Certification.

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

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - coulterandassociatesinc)

Linda Ryan-James, Consultant linda@coulter-and-associates.com  
Coulter & Associates, Inc. (609) 443-7540 [Phone]  
Cranbury, NJ 08512 (609) 443-4103[FAX]

### Filing Company Information

Hartford Life and Accident CoCode: 70815 State of Domicile: Connecticut  
200 Hopmeadow Street Group Code: 91 Company Type: Accident and  
Health  
Simsbury, CT 06070 Group Name: State ID Number:  
(609) 443-7540 ext. [Phone] FEIN Number: 060838648  
-----

## Filing Fees

SERFF Tracking Number: CLTR-125816348 State: Arkansas  
Filing Company: Hartford Life and Accident State Tracking Number: 40272  
Company Tracking Number: PA9355  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: GROUP TERM LIFE  
Project Name/Number: GROUP TERM LIFE ENROLLMENT FORM/PA 9355

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: fee for form filing that is not a policy  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Accident	\$20.00	09/15/2008	22503932

SERFF Tracking Number: CLTR-125816348 State: Arkansas  
Filing Company: Hartford Life and Accident State Tracking Number: 40272  
Company Tracking Number: PA9355  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: GROUP TERM LIFE  
Project Name/Number: GROUP TERM LIFE ENROLLMENT FORM/PA 9355

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/29/2008	09/29/2008

SERFF Tracking Number: CLTR-125816348 State: Arkansas  
Filing Company: Hartford Life and Accident State Tracking Number: 40272  
Company Tracking Number: PA9355  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: GROUP TERM LIFE  
Project Name/Number: GROUP TERM LIFE ENROLLMENT FORM/PA 9355

## Disposition

Disposition Date: 09/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CLTR-125816348 State: Arkansas  
 Filing Company: Hartford Life and Accident State Tracking Number: 40272  
 Company Tracking Number: PA9355  
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
 Product Name: GROUP TERM LIFE  
 Project Name/Number: GROUP TERM LIFE ENROLLMENT FORM/PA 9355

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	authority to file		Yes
Form	GROUP TERM LIFE ENROLLMENT FORM		Yes

SERFF Tracking Number: CLTR-125816348 State: Arkansas  
 Filing Company: Hartford Life and Accident State Tracking Number: 40272  
 Company Tracking Number: PA9355  
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
 Product Name: GROUP TERM LIFE  
 Project Name/Number: GROUP TERM LIFE ENROLLMENT FORM/PA 9355

## Form Schedule

**Lead Form Number:** PA-9355

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PA-9355	Application/	GROUP TERM LIFE	Initial			Revised FINAL enrollment form - replacement ques_HLA_9- 4-08.pdf
		Enrollment Form	ENROLLMENT FORM				

**TERM LIFE INSURANCE  
ENROLLMENT FORM**



[<sup>CV1</sup> Hartford Life and Accident Insurance Company]

**Simsbury, Connecticut 06089**

[ 1 <sup>CV2</sup> Association ]		[2 Policy # ]	
Proposed Insured Name (First, Middle Initial, Last)		<input type="checkbox"/> Male	Date of Birth:
		<input type="checkbox"/> Female	
Street		[3 Social Security Number or Member Number ]	Preferred Phone No. ( )
City			
State	Zip Code		
[4 Beneficiary – Print full name & relationship to you			
Name _____		Relationship _____ ]	
Current Face Amount:			
[5 At any time during the past 12 months to the present, has anyone proposed for coverage smoked cigarettes or cigars, or used a pipe, chewing tobacco, nicotine chewing gum or snuff? <input type="checkbox"/> Yes <input type="checkbox"/> No			
[6 Proposed Insured:		Height: _____ft. _____in. Weight: _____lb. ]	

Please read carefully and sign below.

[7 I understand that this Term Life Insurance enrollment will be reviewed based on answers provided on my most recent [8 Term Life] insurance application which was approved within the last 5 years (attached). Further, I attest that there has been no change in my health status and that I have not consulted or been examined by any healthcare provider for other than a routine physical with normal findings or minor acute illness such as cold, flu or sore throat since the date of the application attached. [9 I understand that any misrepresentation contained herein may be used to reduce or deny a claim or void the contract within the contestable period if such misrepresentation materially affects the acceptance of the risk. I also agree that a copy of this application shall be attached to and form a part of any certificate issued.] I understand that this Term Life insurance coverage will become effective only after approval by the Hartford Life Insurance Company and I acknowledge that the above statements are true and accurate to the best of my knowledge.]

**[10 AUTHORIZATION TO OBTAIN, RELEASE AND DISCLOSE INFORMATION**

I hereby certify that I have read all statements and answers in this application, and in any other application or medical form required by the Company, and that they are full, complete, and true to the best of my knowledge and belief. I also understand that any misrepresentation contained herein or relied on by the Company may be used to reduce or deny a claim or void the contract [11 within the contestable period] if such misrepresentation materially affects the acceptance of the risk. I also agree that a copy of this application shall be attached to and form a part of any certificate issued. I also understand that the Company may request whatever additional evidence of insurability it needs. [12 Subject to the deferred effective date provision,] I understand that coverage will not become effective until the Company grants its underwriting approval. I do not receive temporary or conditional insurance coverage just because I submit an application and paid my first premium.

I authorize any: doctor or counselor; health practitioner; hospital, clinic or medical facility; insurer or reinsurer; Medical Information Bureau, Inc.; or employer; to give Hartford Life Insurance Company or its legal representative information about my or my dependent's physical or mental health, (including history, condition, diagnosis and treatment), drug or alcohol use history, other insurance coverage or employment status. Hartford Life Insurance Company will use the above information to decide if and to what extent I or my dependents are eligible for insurance coverage or benefits under the policy. This information will be treated as confidential. I understand the Medical Information Bureau, Inc. will release records or information only to the Hartford Life Insurance Company. I authorize the Hartford Life Insurance Company to give information about me or my dependents to any other insurance company to whom I or my dependents may apply for Life and Health Insurance, the Medical Information Bureau, Inc., or other persons or organizations handling a claim, underwriting coverage applied for or administering coverage issued as a result of this application or as required by law. I understand that upon written request I may revoke this authorization except to the extent that action has already been taken in reliance on the authorization. This authorization expires two (2) years from the effective date of my coverage or my dependent's coverage or if no coverage has been issued, one (1) year from the date of this application. I understand that a photocopy of this form is as valid as the original, and that I have a right to receive a copy of this form upon request.]

#### **FRAUD NOTICE**

**Residents of All States Except California, Pennsylvania and New York:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California Residents:** For your protection, California law requires the following to appear on this form: any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

**New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Is the insurance applied for intended to replace, discontinue or change any existing insurance? Yes  No

Member's signature (Sign name in full) \_\_\_\_\_ Date \_\_\_\_\_

*SERFF Tracking Number:* CLTR-125816348      *State:* Arkansas  
*Filing Company:* Hartford Life and Accident      *State Tracking Number:* 40272  
*Company Tracking Number:* PA9355  
*TOI:* L04G Group Life - Term      *Sub-TOI:* L04G.500 Other  
*Product Name:* GROUP TERM LIFE  
*Project Name/Number:* GROUP TERM LIFE ENROLLMENT FORM/PA 9355

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CLTR-125816348 State: Arkansas  
Filing Company: Hartford Life and Accident State Tracking Number: 40272  
Company Tracking Number: PA9355  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: GROUP TERM LIFE  
Project Name/Number: GROUP TERM LIFE ENROLLMENT FORM/PA 9355

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

09/15/2008

**Comments:**

The Consumer Information Notice is included in the certificate or rider for the program.

**Attachments:**

Readability Certification HLA.pdf

AR Rule 19 Certification(2).pdf

### Review Status:

**Satisfied -Name:** authority to file

09/15/2008

**Comments:**

**Attachment:**

9-9-08\_Authorization\_HLA.pdf

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY  
Readability Certification

I, Dana MacKinnon, an officer of Hartford Life and Accident Insurance Company, certify that the form listed below satisfies the NAIC standards of policy language simplification legislation.

Form Number	Flesch Score
PA-9355	41.8



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

Title: Vice President and Chief Compliance Officer

Date: September 15, 2008

TO: Arkansas Commissioner of Insurance

RE: Hartford Life and Accident Insurance Company

RULE AND REGULATION 19 CERTIFICATION  
RULE AND REGULATION 49 CERTIFICATION

This is to certify that the referenced Enrollment Form complies with the provisions of Rule and Regulation 19 and 49 as well as all applicable requirements of the Arkansas Insurance Department.

Signed for Hartford Life and Accident Insurance Company by:



September 15, 2008

---

**Signature**

**Date**

Dana MacKinnon, Vice President and Chief Compliance Officer

Date: September 5, 2008

To: State Insurance Departments

Subject: Filing Authority for Coulter & Associates, Inc.

Hartford Life and Accident Insurance Company has authorized Coulter and Associates, Inc., acting as our Contracts Consultant, to file products and correspond with your Department on our behalf.



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

Printed Name: Dana MacKinnon

Title: Vice President and Chief Compliance Officer

Date: September 15, 2008