

SERFF Tracking Number: HARL-125767125 State: Arkansas
Filing Company: Hartford Life Insurance Company State Tracking Number: 40271
Company Tracking Number: GBD 2008 LIFE ENHS 3
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3
Project Name/Number: /

Filing at a Glance

Company: Hartford Life Insurance Company

Product Name: GCF_AR_HL_Life_GBD-1000 SERFF Tr Num: HARL-125767125 State: ArkansasLH

D.1 (Rev.)_2008 Enh 3

TOI: L04G Group Life - Term

SERFF Status: Closed

State Tr Num: 40271

Sub-TOI: L04G.500 Other

Co Tr Num: GBD 2008 LIFE ENHS 3 State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Yolanda Topps, Sarah
Dennis

Disposition Date: 09/19/2008

Date Submitted: 09/15/2008

Disposition Status: Approved

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:

Requested Filing Mode:

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: Employer, Association

Filing Status Changed: 09/19/2008

State Status Changed: 09/19/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting the enclosed forms, for general use with our Policy of Incorporation GBD-1000 A.1 et al. previously approved by your Department and Certificate Form GBD-1100 A.1 et al., previously approved by your Department. The forms include revisions of language previously filed and approved by your Department, as well as one form describing a new benefit.

SERFF Tracking Number: HARL-125767125 State: Arkansas
 Filing Company: Hartford Life Insurance Company State Tracking Number: 40271
 Company Tracking Number: GBD 2008 LIFE ENHS 3
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3
 Project Name/Number: /

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: \$50.00 per filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life Insurance Company	\$50.00	09/15/2008	22508323

SERFF Tracking Number: HARL-125767125 State: Arkansas
Filing Company: Hartford Life Insurance Company State Tracking Number: 40271
Company Tracking Number: GBD 2008 LIFE ENHS 3
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/19/2008	09/19/2008

SERFF Tracking Number: *HARL-125767125* *State:* *Arkansas*
Filing Company: *Hartford Life Insurance Company* *State Tracking Number:* *40271*
Company Tracking Number: *GBD 2008 LIFE ENHS 3*
TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.500 Other*
Product Name: *GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3*
Project Name/Number: /

Disposition

Disposition Date: 09/19/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HARL-125767125 State: Arkansas
 Filing Company: Hartford Life Insurance Company State Tracking Number: 40271
 Company Tracking Number: GBD 2008 LIFE ENHS 3
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Filing Letter of September 15, 2008		Yes
Supporting Document	Form List of September 15, 2008		Yes
Supporting Document	NAIC Transmittal		Yes
Form	Premium Provisions		Yes
Form	Policy Provisions		Yes
Form	Evidence of Insurability Requirements		Yes
Form	Dependent Evidence of Insurability Requirements		Yes
Form	Change in Family Status		Yes
Form	Continuity from a Prior Policy		Yes
Form	Increase in Amount of Life Insurance		Yes
Form	Termination		Yes
Form	Dependent Termination		Yes
Form	Disability Extension		Yes
Form	Conditions for Qualification		Yes
Form	When Premiums Are Waived		Yes
Form	Disability Extension Ceases		Yes
Form	Hospital, et al.		Yes
Form	Life Insurance Benefit		Yes
Form	Exclusions		Yes
Form	Accelerated Benefit		Yes
Form	Portability Benefits		Yes
Form	Qualifying Events		Yes
Form	Electing Portability		Yes
Form	Limitations		Yes
Form	Guaranteed Purchase Option		Yes
Form	Claims to be Paid		Yes
Form	Incontestability		Yes

SERFF Tracking Number: HARL-125767125 State: Arkansas
 Filing Company: Hartford Life Insurance Company State Tracking Number: 40271
 Company Tracking Number: GBD 2008 LIFE ENHS 3
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3
 Project Name/Number: /

Form Schedule

Lead Form Number: GBD-1100 B.3 (Rev.)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GBD-1000 D.1 (Rev.)	Policy/Cont ract/Fratern al Certificate	Premium Provisions	Initial		52	POI GBD-1000 D1.pdf
	GBD-1000 F.2 (Rev.)	Policy/Cont ract/Fratern al Certificate	Policy Provisions	Initial		0	POI GBD-1000 F.2.pdf
	GBD-1100 D05 (Rev.)	Certificate t, Insert Page, Endorseme nt or Rider	Evidence of Insurability Requirements	Initial		52	D05 Evidence of Insurability.pdf
	GBD-1100 D06 (Rev.)	Certificate t, Insert Page, Endorseme nt or Rider	Dependent Evidence of Insurability Requirements	Initial		0	D06 Dep Evidence of Insurability.pdf
	GBD-1100 D08 (Rev.)	Certificate t, Insert Page, Endorseme nt or Rider	Change in Family Status	Initial		0	D08 Change in Family Status.pdf
	GBD-1100 E05 (Rev.)	Certificate t, Insert Page, Endorseme nt or Rider	Continuity from a Prior Policy	Initial		0	E05 Continuity from a Prior Policy.pdf

SERFF Tracking Number: HARL-125767125 State: Arkansas
 Filing Company: Hartford Life Insurance Company State Tracking Number: 40271
 Company Tracking Number: GBD 2008 LIFE ENHS 3
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3
 Project Name/Number: /

GBD-1100 E15 (Rev.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Increase in Amount	Initial	0	E15 Increase in Amount of Life Insurance.pdf
GBD-1100 E18 (Rev.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Termination	Initial	0	E18 Termination.p df
GBD-1100 E21 (Rev.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Dependent Termination	Initial	0	E21 Dependent Termination.p df
GBD-1100 E29 (Rev.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Disability Extension	Initial	0	E29 Disability Extension.pdf
GBD-1100 E34 (Rev.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Conditions for Qualification	Initial	0	E34 Conditions for Qualification.p df
GBD-1100 E36 (Rev.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	When Premiums Are Waived	Initial	0	E36 When Premiums are Waived.pdf
GBD-1100 E40 (Rev.)	Certificate Amendmen	Disability Extension Ceases	Initial	0	E40 Disability Extension

SERFF Tracking Number: HARL-125767125 State: Arkansas
 Filing Company: Hartford Life Insurance Company State Tracking Number: 40271
 Company Tracking Number: GBD 2008 LIFE ENHS 3
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3
 Project Name/Number: /

	t, Insert Page, Endorseme nt or Rider					Ceases.pdf
GBD-1100 E49 (Rev.)	Certificate Hospital, et al. Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0		E49 Hospital et.al.pdf
GBD-1100 F02 (Rev.)	Certificate Life Insurance Amendmen Benefit t, Insert Page, Endorseme nt or Rider	Initial		0		F02 Life Insurance Benefit.pdf
GBD-1100 F05 (Rev.)	Certificate Exclusions Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0		F05 Exclusions.pdf
GBD-1100 F06 (Rev.- 1)	Certificate Accelerated Benefit Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0		F06 Accelerated Benefit (AR).pdf
GBD-1100 F14 (Rev.)	Certificate Portability Benefits Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0		F14 Portability Benefits.pdf
GBD-1100 F15 (Rev.- 1)	Certificate Qualifying Events Amendmen t, Insert Page,	Initial		0		F15 Qualifying Events.pdf

SERFF Tracking Number: HARL-125767125 State: Arkansas
 Filing Company: Hartford Life Insurance Company State Tracking Number: 40271
 Company Tracking Number: GBD 2008 LIFE ENHS 3
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
 Product Name: GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3
 Project Name/Number: /

Endorseme
nt or Rider

GBD-1100 F16 (Rev.-1)	Certificate Amendment, Insert Page, Endorsement or Rider	Electing Portability	Initial	0	F16 Electing Portability.pdf
GBD-1100 F17 (Rev.)	Certificate Amendment, Insert Page, Endorsement or Rider	Limitations	Initial	0	F17 Limitations.pdf
GBD-1100 F24	Certificate Amendment, Insert Page, Endorsement or Rider	Guaranteed Purchase Option	Initial	0	F24 Guarantee Purchase Option Benefit.pdf
GBD-1100 H07 (Rev.)	Certificate Amendment, Insert Page, Endorsement or Rider	Claims to be Paid	Initial	0	H07 Claims to be Paid (AR).pdf
GBD-1100 H13 (Rev.)	Certificate Amendment, Insert Page, Endorsement or Rider	Incontestability	Initial	0	H13 Incontestability.pdf

Premium Provisions

Individual Premiums: Premiums for each Insured Person are [stated in the table on the following page(s)].

Premiums are based on the Insured Person's[:

- 1) age on his or her effective date and on each premium due date thereafter;
- 2) sex and occupational class; and
- 3) Plan and Amount of Insurance/Principal Sum/Monthly Benefit Amount, Maximum Payment Period, and Waiting Period Options].

[The premiums shown are for Quarterly periods of coverage. If a premium becomes due for a different period of time, it will be pro-rated.

Premiums for ages 65 and over are renewal premiums only.]

Individual Premiums: Premiums for Covered Persons are [stated in the table on the following pages] [on file at the offices of the Policyholder].

Premiums are based on:

- 1) the Covered Person's age [on his or her effective date] [at the time of application]; and
- 2) the Covered Person's Plan and Amount of Insurance; and
- 3) the Covered Person's [rating] class; and
- 4) the Covered Person's gender; and
- 5) the Covered Person's status as a smoker or non smoker.

[The rate shown is the [monthly] [annual] rate for [\$10,000] in the Life Insurance Benefit under the [Ten] Year Level Term Plan. Annual rates are 12 times the monthly rate. Semi-annual rates are 6 times the monthly rate, and quarterly rates are 3 times the monthly rate.] [Monthly rates are [.0875] times the annual rate; quarterly rates are [.2625] times the annual rate and semi-annual rates are [.5250] times the annual rates.]

Individual Premium Due Dates: The first premium for each eligible person is due on the date he or she becomes covered under the Policy. Each premium after that is due at the end of the period for which his or her preceding premium was paid.

Individual Grace Period: A Grace Period of [31 days] from the Individual Premium Due Date is allowed each person covered under The Policy for payment of each premium due after the initial premium. The Company will continue the insurance covered under The Policy during the Grace Period.

The Grace Period will not continue coverage beyond a date stated in the Termination Provision.

Policy Premium: The premium for The Policy is the sum of the Individual Premiums for each person covered under The Policy.

[Policy Premium Due Dates: The Policy Premium is payable on:

- 1) the Policy Effective Date; and
- 2) the first day of each third month thereafter.]

Each Policy Premium is due on or in advance of the Premium Due Date. The Policy terminates on the last day of the period for which premium is paid.

Premium Provisions (continued)

Policy Payment: The Policy Premiums are to be paid to The Company by the Policyholder. However, they may be paid to The Company by any other person according to a mutual agreement among the other person, the Policyholder and us.

Change of Premiums: The Company has the right to change the premium rate [on the first Policy Anniversary and on any Premium Due Date thereafter]. This includes the right to change premium rates for a benefit that applies to all individuals of the same [class, age and sex].

The Company will give the Policyholder notice of any change [at least 31 days] before the Due Date on which it is to become effective.

[Any change will apply only to new coverage issued on or after the effective date of the change in rates.]

[An [Insured Person's] [and] [Covered Person's] rate is guaranteed to remain unchanged for the duration of each [10] year period of coverage.]

Policy Provisions

[Cancellation: The Policy may be cancelled [at any time] by written notice mailed or delivered by The Company to the Policyholder, or by the Policyholder to us. If The Company cancels, The Company will mail or deliver the notice to the Policyholder at its last address shown in our records. If The Company cancels, it becomes effective [on the later of:

- 1) the date stated in the notice; or
- 2) the 31st day after The Company mails or delivers the notice].

If the Policyholder cancels, it becomes effective [on the later of

- 1) the date The Company receives the notice; or
- 2) the date stated in the notice].

In either event:

- 1) The Company will promptly return to the Policyholder any unearned premium; or
- 2) the Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis. Cancellation will be without prejudice to any claim which commenced prior to the effective date of the cancellation.]

Cancellation and Discontinuance: The Policyholder has the right to cease sponsorship under the Policy with respect to the addition of new persons. We have the right to cease accepting new applications at any time. In either event, this Policy terminates when no one remains insured under the Policy.

Certificates: The Company will give individual certificates to:

- 1) the Policyholder; or
- 2) any other person according to a mutual agreement among the other person, the Policyholder, and us;

for delivery to persons covered under The Policy and which will explain the important features of The Policy.

Data To Be Furnished

The Policyholder, or any other person designated by the Policyholder, will give The Company all information The Company needs regarding matters pertaining to the insurance. At any reasonable time while The Policy is in force and for [12 months] after that, The Company may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of this policy.

The Policyholder will, upon our request, give us:

- 1) [the names of all persons initially eligible for coverage;
- 2) the names of all additional persons who become eligible for coverage;
- 3) the names of all persons whose amount of insurance is to be changed;
- 4) the names of all persons whose eligibility or insurance is terminated; and
- 5) any data necessary to administer the insurance provided by the Policy.]

If the Policyholder gives The Company any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Policyholder. Any required adjustment may be made in premiums or benefits.

Right to Audit: The Company reserves the right to audit [,once every 2 years,] the Policyholder's billing records and premium accounting practices. If The Company discovers:

- 1) an underpayment of premium by the Policyholder, the Policyholder will be obligated to remit, in a timely manner, the underpayment amount; or
- 2) an overpayment of premium, The Company will return any overpayment amount in a timely manner;

for the previous [2 year period].

[Not in Lieu of Worker's Compensation: This Policy does not satisfy any requirement for worker's compensation insurance.]

Time Period

All periods begin and end at 12:01 A.M., standard time, at the Policyholder's address.

Evidence of Insurability

Requirements[: *When will I first be required to provide Evidence of Insurability?*]

[We require Evidence of Insurability, satisfactory to Us, for initial coverage, if You:

- 1) enroll more than 31 days after the date You are first eligible to enroll, including electing initial coverage after a Change in Family Status [except if You enroll [for the lowest increment available] [during the enrollment period immediately prior to the Policy Effective Date]];
- 2) enroll for an Amount of Life Insurance greater than the Supplemental Guaranteed Issue Amount, regardless of when You enroll for coverage; or
- 3) were eligible for any coverage under the Prior Policy, but did not enroll and later choose to enroll for that coverage under The Policy [except if You enroll [for the lowest increment available] [during the enrollment period immediately prior to the Policy Effective Date]].

If Your Evidence of Insurability is not satisfactory to Us:

- 1) Your Amount of Life Insurance will equal the amount for which You were eligible without providing Evidence of Insurability, provided You enrolled within 31 days of the date You were first eligible to enroll; and
- 2) You will not be covered under The Policy if You enrolled more than 31 days after the date You were first eligible to enroll.]

Dependent Evidence of Insurability

Requirements*[When will my Dependents first be required to provide Evidence of Insurability?]*

[We require Evidence of Insurability, satisfactory to Us, for initial coverage, if You:

- 1) enroll for Your Dependents' coverage more than 31 days after the date You are first eligible to enroll, including electing initial coverage after a Change in Family Status [except if You enroll for Your Dependents [for the lowest increment available] [during the enrollment period immediately prior to the Policy Effective Date]];
- 2) enroll for an Amount of Dependent Life Insurance greater than the Supplemental Dependents' Guaranteed Issue Amount, regardless of when You enroll for coverage; or
- 3) were eligible for any coverage under the Prior Policy, but did not enroll and later choose to enroll for that coverage under The Policy [except if You enroll for Your Dependents [for the lowest increment available] [during the enrollment period immediately prior to the Policy Effective Date]].

However, no Evidence of Insurability will be required if the Amount of Life Insurance for Your Dependent Child is \$15,000 or less.

If Your Dependents' Evidence of Insurability is not satisfactory to Us:

- 1) Your Dependents' Amount of Life Insurance will equal the amount for which Your Dependents were eligible without providing Evidence of Insurability, provided You enrolled within 31 days of the date You were first eligible to enroll;
- 2) Your Dependents will not be covered under The Policy if You enrolled more than 31 days after the date You were first eligible to enroll.

[If Evidence of Insurability is not satisfactory to Us for any one or more of Your Dependent Children, the amount of coverage for all Your Dependent Children will be reduced to the amount of coverage available without Evidence of Insurability, if any.]

Change in Family Status
Status[: *What constitutes a Change in Family Status?*]

A Change in Family Status occurs when:

- 1) [You get married or You execute a domestic partner affidavit;
- 2) You and Your spouse divorce or terminate a domestic partnership;
- 3) Your child is born or You adopt or become the legal guardian of a child;
- 4) Your spouse or domestic partner dies;
- 5) Your child is no longer financially dependent on You or dies;
- 6) Your spouse is no longer employed, which results in a loss of group insurance; or
- 7) You have a change in classification from part-time to full-time or from full-time to part-time].

A Change in Family Status provides You the opportunity to change Your [or Your Dependents] elections for Supplemental Life Insurance [and Accidental Death and Dismemberment Insurance] subject to Evidence of Insurability Requirements.

Continuity from a Prior Policy[: *Is there continuity of coverage from a Prior Policy?*
[Not Applicable To Retirees]]

[Your initial coverage under The Policy will begin, and will not be deferred if [on the day before the Policy Effective Date,] You were:

1) insured under the Prior Policy; [and
2) Actively at Work or on an authorized family and medical leave;]
but [on the Policy Effective Date,] You were not Actively at Work, and would otherwise meet the Eligibility requirements of The Policy. [However, Your Amount of Insurance will be the lesser of the amount of life insurance and accidental death and dismemberment principal sum]:

1) You had under the Prior Policy; or
2) [shown in the Schedule of Insurance;]
[reduced by any coverage amount:
1) that is in force, paid or payable under the Prior Policy; or
2) that would have been so payable under the Prior Policy had timely election been made.]

Such amount of insurance under this provision [is subject to any reductions in The Policy and will not increase.]

Coverage provided through this provision ends [on the first to occur of:
1) the last day of a period of [12 consecutive months] after the Policy Effective Date;
2) the date Your insurance terminates for any reason shown under the Termination provision;
3) the last day You would have been covered under the Prior Policy, had the Prior Policy not terminated;
4) [the date you attain age [60]]
5) [the date You qualify for disability extension under The Policy]
6) the date You are Actively at Work].

However, if the coverage provided through this provision ends because You are Actively at Work, You may be covered as an Active Employee under The Policy.

Increase in Amount of Life Insurance: *If I request an increase in the Amount of Life Insurance [for myself or my Dependents], must [we] provide Evidence of Insurability?*

If You [or Your Dependents] are:

- 1) [already enrolled for an Amount of [Supplemental Life] Insurance under The Policy, then You [and Your Dependents] must provide Evidence of Insurability [for any increase]; or
- 2) not already enrolled for [Supplemental Life] Insurance under The Policy, You [and Your Dependents] must provide Evidence of Insurability [for any amount of coverage, including an initial amount of [Supplemental Life] Insurance [except if You enroll [for the lowest increment available] [during the enrollment period immediately prior to the Policy Effective Date]].

[In any event, if the Amount of [Supplemental Life] Insurance You request is greater than the [Combined Guaranteed Issue Amount,] You [or Your Dependents,] as applicable, must provide Evidence of Insurability.]

[If Your Evidence of Insurability is not satisfactory to Us, the Amount of [Supplemental Life] Insurance You had in effect on the date immediately prior to the date You requested the increase will not change.]

[If Your Dependents' Evidence of Insurability is not satisfactory to Us, the Amount of [Supplemental Life] Insurance he or she had in effect on the date immediately prior to the date You requested the increase will not change.]

GBD-1100 E15 (Rev.)

Termination: *When will my coverage end?*

Coverage will end on the earliest to occur of:

- 1) [the date The Policy terminates; or
- 2) the Premium Due Date on or next following the date You:
 - a) cease to be an active member of The Policyholder; or
 - b) [attain the Policy Age Limit;]
- 3) the date the Participating Entity ceases to participate;
- 4) the date You are no longer in a class eligible for coverage, or the class is cancelled; or
- 5) the Premium Due Date that You fail to pay any required premium, subject to the Individual Grace Period;
- 6) the [10th] anniversary of the certificate effective date shown in the Schedule].

Re-entry:

[Option 1:

After each [10th] year anniversary, [You] [and] [Your Spouse] may apply for re-entry into the plan, provided [You meet] [and] [Your Spouse meets] the eligibility requirements of the plan and [provide] [provides] satisfactory Evidence of Insurability.

If Evidence of Insurability is not acceptable to Us or is not provided, coverage may be available under a related policy issued to the group Policyholder, subject to separate eligibility requirements.]

[Option 2:

On each [10th] year anniversary of [Your] [and] [Your Spouse's] certificate effective date, and subject to the Eligibility Provisions, coverage may be continued as follows:

- 1) [You] [and] [Your Spouse] can apply for re-entry into this [10] year level term plan. We will require a written application and Evidence of Insurability satisfactory to Us. If We determine that [Your] [and] [Your Spouse's] Evidence of Insurability is not satisfactory, [You] [and] [Your Spouse] can request transfer to a group annually renewable term life policy (ART)* with attained age rates, without Evidence of Insurability, and subject to all the terms and eligibility requirements of that policy; or
- 2) [You] [and] [Your Spouse] [will be automatically] [can elect to be] transferred to a group annually renewable term life policy (ART)* with attained age rates, without Evidence of Insurability, and subject to all the terms and eligibility requirements of that policy.]

[Option 3:

On each [10th] year anniversary of [Your] [and] [Your Spouse's] [certificate] effective date, [You] [and] [Your Spouse] can choose to continue coverage in one of several ways:

- 1) if [You are] [and] [Your Spouse is] under age [65] and [meet] [meets] all eligibility provisions, [You have] [and] [Your Spouse has] two options:
 - a) [You] [and] [Your Spouse] can apply for re-entry into a [10] year level term life policy at the rates applicable to [Your] [and] [Your Spouse's] age at that time. We will require a Written Application and Evidence of Insurability satisfactory to Us. If We determine that [Your] [and] [Your Spouse's] Evidence of Insurability is not Satisfactory, [You] [and] [Your Spouse] can request coverage under a group annually renewable term life policy (ART)*, subject to all terms of that policy.
 - b) [You] [and] [Your Spouse] can request coverage under a group annually renewable term life policy (ART)* without Evidence of Insurability, subject to all the terms that policy.

- 2) if [You are] [and] [Your Spouse is] between age [65 and 74], [inclusive], and [meet] [meets] all eligibility provisions, [You] [and] [Your Spouse] can request coverage under a group annually renewable term life policy (ART)* without Evidence of Insurability, subject to all terms of that policy.]

[*ART life policy premium rates are [attained age] rates and may be changed at any time by Us. [Your] [Your Spouse's] initial premium rate will be based on [Your] [Your Spouse's] age at the time of enrollment.]

GBD-1100 E18 (Rev.)

Dependent Termination[: *When does coverage for my Dependents end?*]

Coverage for Your Dependents will end on the earliest to occur of:

- 1) [the date Your coverage ends;
- 2) the date the required premium is due but not paid;
- 3) the date You are no longer eligible for Dependent's coverage;
- 4) the date We or the Employer terminate Dependent's coverage;
- 5) the date the Dependent no longer meets the definition of Dependent;
- 6) the date Your Spouse reaches age [70]; or
- 7) [the [10th] anniversary of the certificate effective date shown in the Schedule;]]

[unless continued in accordance with the continuation provisions.]

Re-entry:

[Option 1:

After each [ten] year anniversary, [You] [and] [Your Spouse] may apply for re-entry into the plan, provided [You meet] [and] [Your Spouse meets] the eligibility requirements of the plan and [provide] [provides] satisfactory Evidence of Insurability.

If Evidence of Insurability is not acceptable to Us or is not provided, coverage may be available under a related policy issued to the group Policyholder, subject to separate eligibility requirements.]

[Option 2:

On each [ten] year anniversary of [Your] [and] [Your Spouse's] certificate effective date, and subject to the Eligibility Provisions, coverage may be continued as follows:

- 1) [You] [and] [Your Spouse] can apply for re-entry into this [10] year level term plan. We will require a written application and Evidence of Insurability satisfactory to Us. If We determine that [Your] [and] [Your Spouse's] Evidence of Insurability is not satisfactory, [You] [and] [Your Spouse] can request transfer to a group annually renewable term life policy (ART)* with attained age rates, without Evidence of Insurability, and subject to all the terms and eligibility requirements of that policy; or
- 2) [You] [and] [Your Spouse] [will be automatically] [can elect to be] transferred to a group annually renewable term life policy (ART)* with attained age rates, without Evidence of Insurability, and subject to all the terms and eligibility requirements of that policy.]

[Option 3:

On each [ten] year anniversary of [Your] [and] [Your Spouse's] [certificate] effective date, [You] [and] [Your Spouse] can choose to continue coverage in one of several ways:

- 1) if [You are] [and] [Your Spouse is] under age [65] and [meet] [meets] all eligibility provisions, [You have] [and] [Your Spouse has] two options:
 - a) [You] [and] [Your Spouse] can apply for re-entry into a [10] year level term life policy at the rates applicable to [Your] [and] [Your Spouse's] age at that time. We will require a Written Application and Evidence of Insurability satisfactory to Us. If We determine that [Your] [and] [Your Spouse's] Evidence of Insurability is not Satisfactory, [You] [and] [Your Spouse] can request coverage under a group annually renewable term life policy (ART)*, subject to all terms of that policy.
 - b) [You] [and] [Your Spouse] can request coverage under a group annually renewable term life policy (ART)* without Evidence of Insurability, subject to all the terms that policy.
- 2) if [You are] [and] [Your Spouse is] between age [65 and 74], [inclusive], and [meet] [meets] all eligibility provisions, [You] [and] [Your Spouse] can request coverage under a group annually renewable term life policy (ART)* without Evidence of Insurability, subject to all terms of that policy.]

[*ART life policy premium rates are [attained age] rates and may be changed at any time by Us. [Your] [Your Spouse's] initial premium rate will be based on [Your] [Your Spouse's] age at the time of enrollment.]

Disability Extension[: If You become Disabled, You may qualify for Disability Extension for You [and Your Dependents]. To qualify for Disability Extension, You must be Disabled [prior to age 65]. If You qualify for Disability Extension, You may continue Your Life Insurance coverage while You are Disabled provided the required premium payments are made.
Does coverage continue if I am Disabled?

If You qualify for Disability Extension, the amount of continued coverage:

- 1) will be the [the lesser of the] amount in force on the date You [cease to be an Active [Employee]] [or the date You became insured under The Policy if You were never an Active [Employee] under The Policy];
- 2) [will be subject to any reductions provided by The Policy; and
- 3) will not increase].

GBD-1100 E29 (Rev.)

Conditions for Qualification[: *What conditions must I satisfy before I qualify for this provision?*]

[To qualify for Waiver of Premium You must:

- 1) be covered under The Policy [and be under age 60 when You become Disabled];
- 2) be Disabled and provide Proof of Loss that You have been Disabled [for 9 consecutive months] [starting on the date You were last Actively at Work;] [or provide proof that You have been diagnosed with a life expectancy of [6] months or less];
- 3) provide such proof within [one year] of [Your last day of work as an Active [Employee].]

[To qualify for Disability Extension You must:

- 1) be covered under The Policy and be under age 65 when You become Disabled;
- 2) be Disabled and provide Proof of Loss that You have been Disabled; or
- 3) Your coverage must have been continued under a Disability Extension provision of the Prior Policy.]

[In any event, You must have been Actively at Work under the Policy to qualify for [Waiver of Premium or Disability Extension.]]]

GBD-1100 E34 (Rev.)

When Premiums are Waived: *When will premiums be waived?*

If We approve Waiver of Premium, We will notify You of the date We will begin to waive premium. [In any case, We will not waive premiums for the first [9 months] You are Disabled.] We have the right to:

- 1) [require Proof of Loss that You are Disabled; and
- 2) have You examined at reasonable intervals during the first 2 years after receiving initial Proof of Loss, but not more than once a year after that].

[If You fail to submit any required Proof of Loss or refuse to be examined as required by Us, [then Your coverage will terminate, premiums will not be waived and You must continue to pay premiums].]

[However, if We deny Waiver of Premium, You may be eligible to:

- 1) [continue coverage under the Portability Benefit; or]
- 2) convert coverage in accordance with the Conversion Right; for You and Your Dependents.]

[If You cease to be Disabled and return to work for a total of [5] days or less during the first [9] months that You are Disabled, the [9] month waiting period will not be interrupted. Except for the [5] days or less that You worked, You must be Disabled by the same condition for the total [9] month period. If You return to work for more than [5] days, You must satisfy a new waiting period.]

Disability Extension Ceases: *When will the Disability Extension cease?*

We will continue Your coverage while You remain Disabled until the earliest of [the date:

- 1) The Policy terminates;
- 2) Your Employer ceases to be a Participating Employer;
- 3) the required premium for coverage is due but not paid;
- 4) [You attain [age 65;] or]
- 5) You are no longer in an Eligible Class, or the class is cancelled].

[Dependent Life Insurance coverage will continue until the earliest to occur of the date:

- 1) You die;
- 2) Your coverage terminates;
- 3) The Policy terminates [or Your Employer ceases to be a Participant Employer];
- 4) the required premium for coverage is due but not paid;
- 5) [You attain age 65;]
- 6) Your Dependents are no longer in an Eligible Class, or Dependent coverage is no longer offered; or
- 7) Your Dependent no longer meets the definition of Dependent].

[What happens when the Disability Extension ceases?]

When the Disability Extension ceases:

- 1) [if You return to work [in an Eligible Class,] as an Active [Employee], then You may again be eligible for coverage [for Yourself and Your Dependents] as long as premiums are paid when due;] or
- 2) [if You do not return to work [in an Eligible Class,] coverage will end and You may be eligible to exercise the Conversion Right [for You and Your Dependents] if You do so within the time limits described in such provision. The Amount of Life Insurance that may be converted will be subject to the terms and conditions of the Conversion Right. [Portability will not be available.]]

[Hospital means an institution which:

- 1) operates pursuant to law;
- 2) primarily and continuously provides medical care and treatment of sick and injured persons on an inpatient basis;
- 3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified Physicians; and
- 4) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

- 1) a Nursing Home, convalescent home, or skilled nursing facility;
- 2) a place for rest, custodial care, or for the aged;
- 3) a clinic; or
- 4) a place for the treatment of mental illness, alcoholism, or drug addiction.

However, a place for the treatment of mental illness, alcoholism or substance abuse will be regarded as a Hospital if it is:

- 1) part of an institution that meets the above requirements; and
- 2) listed in the American Hospital Association Guide as a general hospital.

Nursing Care means that level of Physician prescribed Nursing Care which provides, at the least, care to assist You in meeting day to day living requirements for Your medical well being, such as, but not limited to, eating, bathing and dressing.

Nursing Home means a facility which operates pursuant to the law and:

- 1) primarily provides Nursing Care to inpatients under a planned program supervised by a Physician;
- 2) provides 24-hour a day Nursing Care by a registered graduate nurse (R.N.) or by licensed practical nurse (L.P.N.) under the supervision of a registered graduate nurse (R.N.) or a Physician;
- 3) maintains a daily medical record of each inpatient; and
- 4) provides Nursing Care at skilled, intermediate or custodial levels.

Nursing Home includes but is not limited to:

- 1) a free-standing facility (such as a skilled nursing, comprehensive care, intermediate care or convalescent facility); or
- 2) a distinct part of a Hospital or other institution, such as a ward, wing or unit.

Nursing Home does not mean:

- 1) a Hospital or clinic;
- 2) a home for the aged or mentally ill;
- 3) a rest home, a community living center, or a place that provides domiciliary, residential, or retirement care;
- 4) a facility which operates primarily for the treatment of alcoholics or drug addicts, even if it is a section of a Nursing Home.

Nursing Home Confinement means You are an inpatient or resident at a Nursing Home and such confinement:

- 1) [begins while You are covered under The Policy;] [begins after You have been covered under the Policy for [2 ½ years]]; and
 - 2) is at the direction of a Physician; and
- has existed continuously for a period of at least [180 days.]

Life Insurance Benefit:
*When is the Life
Insurance Benefit
payable?*

If You [or Your Dependents] die while covered under The Policy, We will pay the [deceased person's] Life Insurance Benefit after we receive Proof of Loss, in accordance with the Proof of Loss provision and:

- 1) if death is the result of an Injury and occurs during the first [2 1/2 years] of coverage under The Policy, We will pay the [deceased person's] Amount of Life Insurance; or
- [2] if death is the result of sickness and occurs during the first [2 1/2 years] of coverage under The Policy, the amount payable will be an amount equal to the premiums paid for coverage, with interest, using an annual interest rate of [at least Our corporate interest rate]; or]
- [3] if death is the result of sickness and occurs during the first [2 1/2 years] of coverage under the Policy, the amount payable will be an amount equal to [125%] of premium paid; or]
- [4] if death is the result of sickness and occurs during the first [2 1/2 years] of coverage under the Policy, the [deceased person's] Amount of Life Insurance will be reduced by [75%]; or]
- 5) if death is the result of an Injury or sickness and occurs after [2 1/2 years] of coverage under the Policy, We will pay the [deceased Person's] Amount of Life Insurance.

[These provisions apply to initial Life Insurance coverage and any increases in coverage.]

[The Life Insurance Benefit will be paid according to the General Provisions of The Policy.]

[Injury] means bodily injury resulting:

- 1) directly from an accident; and
- 2) independently of all other causes;

which occurs while You [or Your Dependents] are covered under The Policy.

Loss resulting from:

- 1) sickness or disease, except a pus-forming infection which occurs through an accidental wound; or
- 2) medical or surgical treatment of a sickness or disease;

is not considered as resulting from injury.]

Exclusions: *What is not covered by the Life Insurance Benefit?*

The Life Insurance Benefit does not cover death:

- 1) [caused or contributed to by war or act of war, whether declared or not;
- 2) occurring while in the armed forces of any country or international authority;
- 3) caused or contributed to by an accident occurring while riding in or on, boarding or alighting from any aircraft [other than regularly scheduled [commercial] [charter] aircraft];
 - a) as a pilot, crewmember or student pilot; or
 - b) as a flight instructor or examiner.

We will refund the pro rata portion of any premium paid for this benefit for You [or Your Dependents] while in the armed forces on full-time active duty for a period of two months or more. Written notice must be given to Us within [12 months] of the date You [or Your Dependents] enter the armed forces].

GBD-1100 F05 (Rev.)

Accelerated Benefit: *What is the benefit? [This benefit is not available for Retirees.]*

In the event that You [or Your Dependent] are diagnosed as Terminally Ill, [after [2 ½ years] of coverage under the Policy] while [the Terminally Ill person is]:

- 1) covered under The Policy for an Amount of Life Insurance of at least [\$10,000]; and
- 2) [is under age 60];

We will pay the Accelerated Benefit amount as shown below, provided We receive proof of such Terminal Illness.

If Terminal Illness is the result of sickness, such condition must first manifest itself more than 60 days following the effective date of coverage.

[The Accelerated Benefit will not be available to You unless You have been Actively at Work under The Policy.]

You must request in writing that a portion of the [Terminally Ill person's] Amount of Life Insurance be paid as an Accelerated Benefit.

The Amount of Life Insurance payable upon [the Terminally Ill person's] death will be reduced by any Accelerated Benefit Amount paid under this benefit. [In addition, Your remaining Amount of Life Insurance will be subject to any reductions in the Policy and will not increase once an Accelerated Benefit has been paid.]

You may request a minimum Accelerated Benefit amount of [\$3,000, and a maximum of \$100,000]. However, in no event will the Accelerated Benefit Amount exceed [30%] of the [Terminally Ill person's] Amount of Life Insurance. [This option may be exercised only once for You and only once for each of Your Dependents.]

[For example, if You are covered for a Life Insurance Benefit Amount under The Policy of \$100,000 and are Terminally Ill, You can request any portion of the Amount of Life Insurance Benefits from \$3,000 to \$30,000 to be paid now instead of to Your beneficiary upon death. However, if You decide to request only \$3,000 now, You cannot request the additional \$27,000 in the future.]

[If You submit proof satisfactory to Us of Your Terminal Illness You will also meet the definition of Disabled for Waiver of Premium.]

[Any benefits received under this benefit may be taxable. You should consult a personal Tax Advisor for further information.]

[In the event:

- 1) You are required by law to accelerate benefits to meet the claims of creditors; or
- 2) if a government agency requires You to apply for benefits to qualify for a government benefit or entitlement;

You will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.]

If You have executed an Assignment of rights and interest with respect to Your [or Your Dependent's] Amount of Life Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.

Amount of Life Insurance as used in this benefit means [Basic/Supplemental/Basic and Supplemental] Life Insurance.

Terminal Illness or Terminally Ill means a life expectancy of [6] months or less.

Portability Benefits[: Portability is a provision which allows You [and Your Dependents] to continue
What is Portability?] coverage under a Group Portability policy when coverage would otherwise end due to
certain Qualifying Events. Portability applies to [Basic] Life Insurance [only] [and
Accidental Death and Dismemberment Insurance].

GBD-1100 F14 (Rev.)

Qualifying Events:
What are Qualifying Events?

Qualifying Events for You are:

- 1) Your employment terminates, for any reason [prior to [Normal Retirement Age]];
- 2) Your membership in an Eligible Class under The Policy ends;
or
- 3) You are denied Waiver of Premium solely because You do not meet the definition of Disabled; provided the Qualifying Event occurs prior to [Normal Retirement Age].

[Qualifying Events for Your Dependents are:

- 1) Your Employment terminates, for any reason [prior to [Normal Retirement Age]];
- 2) Your death;
- 3) You are denied Waiver of Premium solely because You do not meet the definition of Disabled;
- 4) Your membership in a class eligible for Dependents' coverage ends; or
- 5) He or she no longer meets the definition of Dependent [however, a Dependent Child who reaches the limiting age under The Policy is not eligible for Portability];
provided the Qualifying Event occurs prior to [Normal Retirement Age].]

[In order for Dependent Child coverage to be continued under this provision, You or Your Spouse must elect to continue coverage due to your own Qualifying Event.]

Electing Portability[:
*How do I elect
Portability?]*

You may elect Portability for Your coverage after Your [Basic/Supplemental/Basic and Supplemental Life Insurance] coverage ends following a Qualifying Event. [You may also elect Portability for Your Dependent coverage if Your Dependent coverage ends following a Qualifying Event.] The Policy must still be in force [and the Employer must continue to be a Participant Employer] in order for Portability to be available. Portability will not be available to You [or Your Dependents] unless you have been Actively at Work under The Policy.

To elect Portability for You [or Your Dependents], You must:

- 1) complete and have Your Employer or Your Employer's authorized representative sign a Portability application; [and]
- 2) submit the application [to Us,] with the required premium [and];[
- 3) provide Evidence of Insurability [for increased coverage] [,if required]].

This must be received within:

- 1) [31 days] after Life Insurance terminates; [or
- 2) [15 days] from the date Your Employer or Your Employer's authorized representative signs the application;

whichever is later. However, Portability requests will not be accepted if they are received more than 91 days after Life Insurance terminates.]

After [We] verify eligibility for coverage, [We] will issue a certificate of insurance under a Portability policy. The Portability coverage will be:

- 1) [issued without Evidence of Insurability;]
- 2) issued on one of the forms then being issued by Us for Portability purposes;
and
- 3) effective on the 32nd day after the date Your [or Your Dependent's] coverage ends.

The terms and conditions of coverage under the Portability policy will not be the same terms and conditions that are applicable to coverage under The Policy.

[We require Evidence of Insurability, satisfactory to Us, for [increased] coverage under a Portability policy [at preferred rates]. [If You or Your Dependent's Evidence of Insurability is not satisfactory to Us:

- 1) [Your [or Your Dependent's] amount of Life Insurance [and Accidental Death and Dismemberment Insurance] under a Portability policy will equal the amount for which You [or Your Dependent] [were] [was] eligible for without providing Evidence of Insurability.]
- 2) [You [or Your Dependent] will not be covered under a Portability policy.]
- 3) [Your [or Your Dependent's] coverage under a Portability policy will not be issued with preferred rates but will instead be issued with non-preferred portability rates.]]

Limitations: *What limitations apply to this benefit?*

You may elect to continue [50%] of the Amount of Life Insurance which is ending for You [or Your Dependent]. This amount will be rounded to the next higher multiple of [\$1,000,] if not already a multiple of [\$1,000]. However, the Amount of Life Insurance that may be continued will not exceed:

- 1) [\$250,000 for You;
- 2) \$50,000 for Your Spouse; or
- 3) \$10,000 for Your Dependent Child(ren)].

If You elect to continue [50%] now, You may not continue any portion of the remaining amount under this Portability provision at a later date. In no event will You [or Your Spouse] be able to continue an Amount of Life Insurance which is less than [\$5,000].

Portability is not available for any Amount of Life Insurance for which You [or Your Dependents] were not eligible and covered [unless You [or Your Dependents] provide Evidence of Insurability and are approved by Us].

[In addition Portability is not available if You [or Your Dependents] are entering active military service.]

GBD-1100 F17 (Rev.)

**Guaranteed Purchase
Option Benefit**[: *Will
benefits increase
automatically?*]

[You may increase Your [and Your Spouse's] [Basic] Amount of Life Insurance, without submitting Evidence of Insurability, on any Option Date provided You [and Your Spouse]:

- 1) are under age [50] at the time of [initial] [application] [enrollment in this option];
- 2) [select this benefit option at the time of [initial] application];
- 3) are covered for a Life Insurance benefit amount of less than [\$100,000];
and
- 4) do not decline an increase on any Option Date.

Each increase will be [10%] of Your [or Your Spouse's] [Basic] Amount of Life Insurance in effect prior to the first increase.

However, the total of all increases under this benefit:

- 1) will not be more than [150%] of Your [or Your Spouse's] [Basic] Amount of Life Insurance in effect prior to the first increase; and
- 2) will not exceed the Maximum Amount of Life Insurance offered to new applicants under the Policy on each Option Date.

Each increase will be effective on the applicable Option Date and premiums will be adjusted to reflect the increase in Your [or Your Spouse's] Amount of Life Insurance.

Option Period means: [12] consecutive months of coverage under the Policy.

Option Date means:

- 1) the first date of the month on or next following the first Option Period; and
- 2) the first day of the month on or next following each Option Period thereafter;

up to a maximum of [5] Option Periods while You [or Your Spouse] are insured under the Policy.]

Claims to be Paid[:
*To whom will benefits
for my claim be paid?]*

Life Insurance Benefits [and benefits for loss of life under the Accidental Death and Dismemberment Benefits] will be paid in accordance with the life insurance Beneficiary Designation.

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
- 2) all to Your surviving Spouse; or
- 3) if Your Spouse does not survive You, in equal shares to Your surviving Children; or
- 4) if no Child survives You, in equal shares to Your surviving parents; or
- 5) if no parent survives You, in equal share to Your surviving siblings].

In addition, We may, at Our option, pay a portion of Your Life Insurance Benefit up to \$10,000 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 Life Insurance Benefit [and benefits for loss of life under the Accidental Death and Dismemberment Benefits] at Your Dependent's death [in accordance with the Dependent [Spouse] Life Insurance Beneficiary designation. If no beneficiary is named, or if no named beneficiary survives the Dependent [Spouse], We may, at Our option, pay You, if living.] [to You, if living]. Otherwise, it will be paid, at Our option, to Your surviving Spouse or the executor or administrator 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] [Your Dependent Spouse's beneficiary 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].

Incontestability:
*When can the Life
Insurance Benefit of
The Policy be
contested?*

Except for non-payment of premiums, Your [or Your Dependent's] Life Insurance Benefit cannot be contested after two years from its effective date. [This provision does not apply to the Accidental Death and Dismemberment, the Critical Illness or Activities of Daily Living benefits.]

In the absence of Fraud, no statement made by You relating to Your insurability will be used to contest Your insurance for which the statement was made after Your insurance has been in force for two years. In order to be used, the statement must be in writing and signed by You.

[No statement made relating to Your Dependents being insurable will be used to contest their insurance for which the statement was made after their insurance has been in force for two years. In order to be used, the statement must be in writing and signed by You or Your representative.]

GBD-1100 H13 (Rev.)

SERFF Tracking Number: HARL-125767125 State: Arkansas
Filing Company: Hartford Life Insurance Company State Tracking Number: 40271
Company Tracking Number: GBD 2008 LIFE ENHS 3
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HARL-125767125 State: Arkansas
Filing Company: Hartford Life Insurance Company State Tracking Number: 40271
Company Tracking Number: GBD 2008 LIFE ENHS 3
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3
Project Name/Number: /

Supporting Document Schedules

Review Status:

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

Comments:

The enclosed Policy of Incorporation and Certificate of Plan Benefits forms have been tested for readability and achieve the Flesch scores shown in the enclosed Readability Certification.

Attachment:

HL Readability.pdf

Review Status:

Satisfied -Name: Filing Letter of September 15, 2008 09/15/2008

Comments:

We are submitting the enclosed forms, for general use with our Policy of Incorporation GBD-1000 A.1 et al. previously approved by your Department and Certificate Form GBD-1100 A.1 et al., previously approved by your Department. The forms include revisions of language previously filed and approved by your Department, as well as one form describing a new benefit.

Attachment:

09-15-08_Filing Letter_HL.pdf

Review Status:

Satisfied -Name: Form List of September 15, 2008 09/15/2008

Comments:

Attachment:

_Forms List.pdf

Review Status:

Satisfied -Name: NAIC Transmittal 09/15/2008

Comments:

We review the General Instructions within SERFF and note that the NAIC transmittal is not part of your filing requirements. For future references, we kindly ask you to please advise if the NAIC transmittal is required as part of filing requirements.

Thank you.

Attachment:

SERFF Tracking Number: HARL-125767125 State: Arkansas
Filing Company: Hartford Life Insurance Company State Tracking Number: 40271
Company Tracking Number: GBD 2008 LIFE ENHS 3
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: GCF_AR_HL_Life_GBD-1000 D.1 (Rev.)_2008 Enh 3
Project Name/Number: /

9-15-08_NAIC Transmittal_HL.pdf

CERTIFICATION OF READABILITY

HARTFORD LIFE INSURANCE COMPANY

Certification of Readability for Policy of Incorporation form GBD-1000 A.1 et al., and Certificate of Plan Benefits form GBD-1100 A.1 et al.

I hereby certify that the above named forms comply with the N.A.I.C. Model Policy Language Simplification Act. The forms have been tested by an acceptable method specified in the model law and the following Flesch scores were obtained:

Form GBD-1000 A.1 et al.:	52.3
Form GBD-1100 A.1 et al.:	52

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.



Dana MacKinnon
Vice President and Chief Compliance Officer

August 29, 2008

Date

September 15, 2008



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

Sarah Dennis
Compliance Specialist
GBD Compliance

Hartford Life Insurance Company
NAIC #: 88072 FEIN #: 06-0974148

**RE: New Submission Group Life Insurance
 GBD-1000 D.1 (Rev.) et al **Policy of Incorporation Enhancements**
 GBD-1100 D05 (Rev.) et al. **Certificate Enhancements****

Dear Sir or Madam:

Purpose. We are submitting the enclosed forms for general use with our Policy of Incorporation GBD-1000 A.1 et al., previously approved by your Department on November 5, 2003 and Certificate Form GBD-1100 A.1 et al., previously approved by your Department on February 17, 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 one form describing a new benefit. These forms do not replace any forms currently on file with your department.

Form GBD-1000 D.1 (Rev.) – Premium Provisions – form is revised to include variability for individual premiums and rates. Variables have been added to the end of this form.

Form GBD-1000 F.2 (Rev.) Policy Provisions – form is revised to include a “Cancellation and Discontinuance” provision.

Form GBD-1100 D05 (Rev.) Evidence of Insurability Requirements – form is revised to add variability to items one and three.

Form GBD-1100 D06 (Rev.) Dependent Evidence of Insurability Requirements - form is revised to add variability to items one and three in the first paragraph. Additional language which addresses Evidence of Insurability for dependent children has been added to the second paragraph.

Form GBD-1100 D08 (Rev.) Change in Family Status – form is revised to add the second paragraph regarding a change in family status.

Form GBD-1100 E05 (Rev.) Continuity from a Prior Plan – form is revised by adding items four and five and providing variability for these items.

Form GBD-1100 E15 (Rev.) Increase in Amount of Life Insurance – form is revised by adding two variables at the end of item two.

Hartford Life
200 Hopmeadow Street
Simsbury, Ct 06089

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

Form GBD-1100 E18 (Rev.) Termination – form is revised to reflect the addition of variable item six in the first paragraph. Additional variability has been included in options 1 and 2. Option 3 and the last paragraph have been added.

Form GBD-1100 E21 (Rev.) Dependent Termination - form is revised to reflect the addition of variable item seven in the first paragraph. Additional variability has been included in options 1 and 2. Option 3 and the last paragraph have been added.

Form GBD-1100 E29 (Rev.) Disability Extension – form is revised to add variability to item one.

Form GBD-1100 E34 (Rev.) Conditions for Qualification – form is revised to reflect additional variability for item two.

Form GBD-1100 E36 (Rev.) When Premiums are Waived– form is revised to add variability to the number of days in the last paragraph.

Form GBD-1100 E40 (Rev.) Disability Extension Ceases – form is revised and brackets have been added to item four in the first paragraph, “You attain [age 65;] or ”.

Form GBD-1100 E49 (Rev.) Hospital, et al. – form is revised to include additional variability in item one of the definition of “Nursing Home Confinement”.

Form GBD-1100 F02 (Rev.) Life Insurance Benefit – form is revised; items three and four have been added. Item five has been modified and a sentence has been added after item five.

Form GBD-1100 F05 (Rev.) Exclusions – form is revised. Additional variability has been included in item three.

Form GBD-1100 F06 (AR) (Rev.-1) Accelerated Benefit – form is revised; additional variability has been added to the first paragraph.

Form GBD-1100 F14 (Rev.) Portability Benefits – form is revised to include Accidental Death and Dismemberment Insurance, which has been added at the end of the paragraph.

Form GBD-1100 F15 (Rev.-1) Qualifying Events – form is revised and brackets have been added to “prior to Normal Retirement Age”. Variability has been added to item one in the first paragraph and items one and five in the second paragraph.

Form GBD-1100 F16 (Rev.-1) Electing Portability – form is revised to include brackets around “and” in items one and two of the second paragraph. In addition, the last paragraph regarding evidence of insurability has been added.

September 15, 2008
Page Three

Form GBD-1100 F17 (Rev.) Limitations – form is revised to reflect additional variability in the third paragraph.

Form GBD-1100 F24 Guaranteed Purchase Option Benefit – form is new.

Form GBD-1100 H07 (AR) (Rev.) Claims to be Paid – form is revised to add item five in the second paragraph. Variability has been added to the fifth paragraph by including additional items and by bracketing an existing item. In addition, variability has been added to item one in the sixth paragraph and a reference to the dependent's spouse beneficiary is included.

Form GBD-1100 H13 (Rev.) Incontestability – form is revised to include additional variability in the first paragraph and “Your” and “their” have been added to the second and third paragraphs.

Domiciliary state approval. The enclosed modules have been submitted to our domiciliary state of Connecticut and were approved on August 12, 2008.

Flesch Test. The enclosed Policy of Incorporation and Certificate of Plan Benefits forms have been tested for readability and achieve the Flesch scores shown in the enclosed Readability Certification.

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

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.

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 866-597-8182 and my email address is Sarah.Dennis@hartfordlife.com.

Sincerely,



Sarah Dennis
Compliance Specialist
GBD Compliance

List of Modules	
Module #	Description
GBD-1000 D.1 (Rev.)	Premium Provisions
GBD-1000 F.2 (Rev.)	Policy Provisions
GBD-1100 D05 (Rev.)	Evidence of Insurability Requirements
GBD-1100 D06 (Rev.)	Dependent Evidence of Insurability Requirements
GBD-1100 D08 (Rev.)	Change in Family Status
GBD-1100 E05 (Rev.)	Continuity from a Prior Policy
GBD-1100 E15 (Rev.)	Increase in Amount of Life Insurance
GBD-1100 E18 (Rev.)	Termination
GBD-1100 E21 (Rev.)	Dependent Termination
GBD-1100 E29 (Rev.)	Disability Extension
GBD-1100 E34 (Rev.)	Conditions for Qualification
GBD-1100 E36 (Rev.)	When Premiums Are Waived
GBD-1100 E40 (Rev.)	Disability Extension Ceases
GBD-1100 E49 (Rev.)	Hospital, et al.
GBD-1100 F02 (Rev.)	Life Insurance Benefit
GBD-1100 F05 (Rev.)	Exclusions
GBD-1100 F06 (AR) (Rev.-1)	Accelerated Benefit
GBD-1100 F14 (Rev.)	Portability Benefits
GBD-1100 F15 (Rev.-1)	Qualifying Events
GBD-1100 F16 (Rev.-1)	Electing Portability
GBD-1100 F17 (Rev.)	Limitations
GBD-1100 F24	Guaranteed Purchase Option
GBD-1100 H07 (AR) (Rev.)	Claims to be Paid
GBD-1100 H13 (Rev.)	Incontestability

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Hartford Life Insurance Company 200 Hopmeadow Street Simsbury, CT 06089			091	88072	06-0974148	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Sarah J Dennis P.O. Box 2999 Hartford, CT 06104	(860) 843-3714	(866) 597-8182	Sarah.Dennis@Hartfordlife.com			
5.	Requested Filing Mode	<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): _____					
6.	Company Tracking Number	HARL-125767125					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	L04G - Life					
10.	Product Coding Matrix Filing Code	L04G-500 - Life Other					
11.	Submitted Documents	<input checked="" type="checkbox"/> Forms <input checked="" 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"/> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <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 _____					

12.	Filing Submission Date	September 15, 2008	
13.	Filing Fee (If required)	Amount <u>50.00</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Date _____ Check Number N/A (EFT)
14.	Date of Domiciliary Approval	August 12, 2008	

15.	Filing Description:
	Please see our cover letter and filing attachments.

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 <u>Arkansas</u> .		
Print Name <u>Sarah J. Dennis</u>		
Signature _____		Date: <u>September 15, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	HARL-125767125	
This filing corresponds to rate filing company tracking number	Not Applicable	

	Document Name	Form Number		Replaced Form Number Previous State Filing Number
	Description			
01	Premium Provisions Policy Form	GBD-1000 D.1 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1000 D.1
02	Policy Provisions Policy Form	GBD-1000 F.2 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1000 F.2
03	Evidence of Insurability Requirements Certificate Form	GBD-1100 D05 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 D05
04	Dependent Evidence of Insurability Requirements Certificate Form	GBD-1100 D06 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 D06
05	Change in Family Status Certificate Form	GBD-1100 D08 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 D08
06	Continuity from a Prior Policy Certificate Form	GBD-1100 E05 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 E05
07	Increase in Amount of Life Insurance Certificate Form	GBD-1100 E15 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 E15
08	Termination Certificate Form	GBD-1100 E18 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 E18
09	Dependents' Termination Certificate Form	GBD-1100 E21 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 E21
10	Disability Extension Certificate Form	GBD-1100 E29 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 E29

LH FFA-1

Form Filing Attachment (Continued)

This filing transmittal is part of company tracking number	HARL-125767125
This filing corresponds to rate filing company tracking number	Not Applicable

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
11	Conditions for Qualifications	GBD-1100 E34 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 E34
	Certificate Form			
12	When Premiums Are Waived	GBD-1100 E36 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 E36
	Certificate Form			
13	Disability Extension Ceases	GBD-1100 E40 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 E40
	Certificate Form			
14	Hospital, et al.	GBD-1100 E49 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 E49
	Certificate Form			
15	Life Insurance Benefit	GBD-1100 F02 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 F02
	Certificate Form			
16	Exclusions	GBD-1100 F05 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 F05
	Certificate Form			
17	Accelerated Benefit	GBD-1100 F06 (AR) (Rev.-1)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 F06 (Rev.)
	Certificate Form			
18	Portability Benefits	GBD-1100 F14 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 F14
	Certificate Form			
19	Qualifying Events	GBD-1100 F15 (Rev.-1)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 F15 (Rev.)
	Certificate Form			
20	Electing Portability	GBD-1100 F16 (Rev.-1)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	GBD-1100 F16 (Rev.)
	Certificate Form			

Form Filing Attachment (Continued)

This filing transmittal is part of company tracking number	HARL-125767125
This filing corresponds to rate filing company tracking number	Not Applicable

	Document Name	Form Number		Replaced Form Number Previous State Filing Number
	Description			
21	Limitations Certificate Form	GBD-1100 F17 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	GBD-1100 F17
22	Guaranteed Purchase Option Certificate Form	GBD-1100 F24	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	New Form
23	Claims to be Paid Certificate Form	GBD-1100 H07 (AR) (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	GBD-1100 H07 (AR)
24	Incontestability Certificate Form	GBD-1100 H13 (Rev.)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	GBD-1100 H13
25			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
26			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
27			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
28			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
29			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
30			<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