

SERFF Tracking Number: HARL-125985371 State: Arkansas
Filing Company: Hartford Life and Accident Insurance Company State Tracking Number: 31344
Company Tracking Number: GBD_1100_GCF_E34_2009_01
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: GCF_AR_HLA_GBD-1100_E34_PW/EP_Correction
Project Name/Number: /

Filing at a Glance

Company: Hartford Life and Accident Insurance Company

Product Name: GCF_AR_HLA_GBD-1100_E34_PW/EP_Correction SERFF Tr Num: HARL-125985371 State: ArkansasLH

TOI: L04G Group Life - Term

SERFF Status: Closed

State Tr Num: 31344

Sub-TOI: L04G.500 Other

Co Tr Num:

State Status: Filed-Closed

GBD_1100_GCF_E34_2009_01

Filing Type: Form

Co Status: Initial Filing

Reviewer(s): Linda Bird

Authors: Yolanda Topps, Kerri Hook, Darren Goddard

Disposition Date: 01/22/2009

Date Submitted: 01/14/2009

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

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

Filing Status Changed: 01/22/2009

State Status Changed: 01/22/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Group Term Life, Form GBD-1100 E34 Correction Filing

Dear Sir or Madam:

SERFF Tracking Number: HARL-125985371 State: Arkansas
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We would like to correct a filing for our Group Term Life Certificate form GBD-1100 E34, Conditions for Qualification, originally filed and approved on February 17, 2004.

When we filed GBD-1100 E34, Conditions for Qualification, we inadvertently filed the bracketed Elimination Period range as [9 consecutive months] which was filed as our standard. At this time, we would like to correct this range to show the minimum range as [3 consecutive months] and place the information on file with your department.

There have been no changes made to the originally filed and approved form, because the actual range of 3-18 months has always made available to our insured's.

If you have any questions or comments, please do not hesitate to call me, collect, at 860-323-2374. If it would be more convenient to fax or email your comments, my fax number is 866-554-2166 and my email address is Kerri.Hook@hartfordlife.com.

Sincerely,

Kerri Hook
Compliance Specialist
GBD Compliance

Company and Contact

Filing Contact Information

Kerri Hook, kerri.hook@hartfordlife.com
200 Hopmeadow St. (860) 323-2374 [Phone]
Simsbury, CT 06089

Filing Company Information

Hartford Life and Accident Insurance Company CoCode: 70815 State of Domicile: Connecticut
200 Hopmeadow Street Group Code: 91 Company Type: Life

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Simsbury, CT 06089
(860) 547-5000 ext. [Phone]

Group Name:
FEIN Number: 06-0838648

State ID Number:

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Accident Insurance Company	\$0.00	01/14/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	01/22/2009	01/22/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status	Note To Reviewer	Kerri Hook	01/22/2009	01/22/2009

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Disposition

Disposition Date: 01/22/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Form with revised bracketed range.		No

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Note To Reviewer

Created By:

Kerri Hook on 01/22/2009 08:29 AM

Subject:

Status

Comments:

Good Morning,

On January 15th, we received an approval for an identical informational filing under SERFF# HARL-125985372. We respectfully request that you extend the approval to this filing as well.

If you need further information, please feel free to contact me.

Regards,

Kerri Hook

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Form with revised bracketed range.

01/14/2009

Comments:

Attachment:

GBD-1100 E34_Conditions for Qualification.pdf

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 [3 consecutive months], [starting on the date You were last Actively at Work;] and
- 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; or
- 2) 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].]