

SERFF Tracking Number: JEPL-125967052 State: Arkansas  
Filing Company: Lincoln Life & Annuity Company of New York State Tracking Number: 41248  
Company Tracking Number: LFF06359  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: Conversion App  
Project Name/Number: Conversion App/LFF06359

## Filing at a Glance

Company: Lincoln Life & Annuity Company of New York

Product Name: Conversion App SERFF Tr Num: JEPL-125967052 State: ArkansasLH  
TOI: L04I Individual Life - Term SERFF Status: Closed State Tr Num: 41248  
Sub-TOI: L04I.500 Other Co Tr Num: LFF06359 State Status: Approved-Closed  
Filing Type: Form Co Status: Sent to State Reviewer(s): Linda Bird  
Authors: Jane Neidermyer, William Otten, Lori Saltmarsh Disposition Date: 01/07/2009  
Date Submitted: 12/30/2008 Disposition Status: Approved  
Implementation Date Requested: 03/03/2009 Implementation Date:

State Filing Description:

## General Information

Project Name: Conversion App Status of Filing in Domicile: Pending  
Project Number: LFF06359 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 01/07/2009  
State Status Changed: 01/07/2009 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

We are submitting the required number of copies of the above-referenced form for your review and approval. The application is a new form and is not intended to replace any previously approved forms.

Upon approval, the Application for Non-UW Conversion or Guaranteed Insurability Option form LFF06359 will be used to exercise non-underwritten conversion privileges and/or Guaranteed Insurability Options which have been granted to the client by policy or rider provisions. The form will be completed with assistance from a properly licensed agent/representative and will become part of the policy file.

SERFF Tracking Number:	JEPL-125967052	State:	Arkansas
Filing Company:	Lincoln Life & Annuity Company of New York	State Tracking Number:	41248
Company Tracking Number:	LFF06359		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	Conversion App		
Project Name/Number:	Conversion App/LFF06359		

The Application for Non-UW Conversion or Guaranteed Insurability Option received the following Flesch score: 52.61. The form has been submitted concurrently to our Home State of New York and is pending approval. If applicable, the appropriate certifications, transmittals, checklists and filing fees are included. To the best of our knowledge and belief, the form complies with all the applicable laws and regulations of your state.

We have bracketed the Service Office address within the form as variable information to allow for flexibility. It is our understanding that changes to the bracketed items for new issues will not require a new filing of these forms. We confirm that the brackets will not actually appear on the forms at issue.

The form is a multi company form. In the event that one of our underwriting companies referenced in the form chooses to stop using the form, it is our intent to remove the company name from the form without re-filing the form. Upon approval, the company reserves the right to change the format of the form without altering the approved language. As the form is multi- company, we are submitting filings similar to this one for each of the companies listed on the form.

## Company and Contact

### Filing Contact Information

Jane Neidermyer, Senior Compliance Analyst	jane.neidermyer@lfg.com
One Granite Place	(800) 258-3648 [Phone]
Concord, NH 03302-0515	(603) 226-5128[FAX]

### Filing Company Information

Lincoln Life & Annuity Company of New York	CoCode: 62057	State of Domicile: New York
PO Box 515	Group Code: 107	Company Type:
One Granite Place		
Concord, NH 03302-0515	Group Name:	State ID Number:
(800) 258-3648 ext. [Phone]	FEIN Number: 22-0832760	

-----

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No

*SERFF Tracking Number:* JEPL-125967052      *State:* Arkansas  
*Filing Company:* Lincoln Life & Annuity Company of New York      *State Tracking Number:* 41248  
*Company Tracking Number:* LFF06359  
*TOI:* L04I Individual Life - Term      *Sub-TOI:* L04I.500 Other  
*Product Name:* Conversion App  
*Project Name/Number:* Conversion App/LFF06359  
*Fee Explanation:* AR fee per form  
*Per Company:* No

SERFF Tracking Number: JEPL-125967052 State: Arkansas  
Filing Company: Lincoln Life & Annuity Company of New York State Tracking Number: 41248  
Company Tracking Number: LFF06359  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: Conversion App  
Project Name/Number: Conversion App/LFF06359

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Life & Annuity Company of New York	\$20.00	12/30/2008	24761145

SERFF Tracking Number: JEPL-125967052 State: Arkansas  
Filing Company: Lincoln Life & Annuity Company of New York State Tracking Number: 41248  
Company Tracking Number: LFF06359  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: Conversion App  
Project Name/Number: Conversion App/LFF06359

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/07/2009	01/07/2009

SERFF Tracking Number: JEPL-125967052 State: Arkansas  
Filing Company: Lincoln Life & Annuity Company of New York State Tracking Number: 41248  
Company Tracking Number: LFF06359  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: Conversion App  
Project Name/Number: Conversion App/LFF06359

## Disposition

Disposition Date: 01/07/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: JEPL-125967052 State: Arkansas  
 Filing Company: Lincoln Life & Annuity Company of New York State Tracking Number: 41248  
 Company Tracking Number: LFF06359  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
 Product Name: Conversion App  
 Project Name/Number: Conversion App/LFF06359

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Submission Letter		Yes
Form	Application for Non-Underwritten Conversion		Yes

SERFF Tracking Number: JEPL-125967052 State: Arkansas  
 Filing Company: Lincoln Life & Annuity Company of New York State Tracking Number: 41248  
 Company Tracking Number: LFF06359  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
 Product Name: Conversion App  
 Project Name/Number: Conversion App/LFF06359

## Form Schedule

**Lead Form Number:** LFF06359

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LFF06359	Application/ Enrollment Form	Application for Non-Underwritten Conversion	Initial		53	LFF06359.pdf



Please check appropriate underwriting company:

- The Lincoln National Life Insurance Company, Service Office: [PO Box 21008, Greensboro, NC 27420-1008]
- Lincoln Life & Annuity Company of New York, Service Office: [PO Box 21008, Greensboro, NC 27420-1008]  
(hereinafter referred to as "the Company")

**APPLICATION FOR  NON-UW CONVERSION OR  GUARANTEED INSURABILITY OPTION**

Existing Policy Number:

<p>1. a. Conversion of: <input type="checkbox"/> Policy <input type="checkbox"/> Rider (specify): _____</p> <p>b. Elect to: <input type="checkbox"/> Exercise GI Option with a new plan  <input type="checkbox"/> Exercise GI Option with an increase in specified amount</p> <p>New Plan (if applicable): _____</p> <p>Continued/New Riders: _____</p>	<p>2. Conversion Amount:</p> <p><input type="checkbox"/> Total</p> <p><input type="checkbox"/> Partial: \$ _____</p> <p><input type="checkbox"/> Continue Balance</p> <p><input type="checkbox"/> Cancel Balance</p>
---	--

3. Death Benefit Option *(Complete for Universal Life and Variable Universal Life Product only.)*

(i)  Level  Increase by Cash Value

(ii) Death Benefit Qualification Test (DBQT) - For IRS purposes, premiums will be tested using the Guideline Premium Test unless  Cash Value Accumulation Test is checked (not available on all products or with all riders).  
**The DBQT cannot be changed after issue unless the terms of the policy require a change.**

4. Premium Mode:  Annual  Semi-Annual  Quarterly  Monthly (EFT)  Other:

5. Premium Notices To: <i>(Check one only.)</i> <input type="checkbox"/> Owner <input type="checkbox"/> Insured <input type="checkbox"/> Other: <i>(Name &amp; Address)</i>	6. Modal Planned Premium: \$ _____
---	------------------------------------

**INSURED INFORMATION *(Please complete a separate form for each insured.)***

7. Name <i>(First, Middle, Last)</i>	8. Date of Birth <i>(mm/dd/yy)</i>	9. Soc. Sec. No.	10. <input type="checkbox"/> Male <input type="checkbox"/> Female
--------------------------------------	------------------------------------	------------------	--

11. Address *(Street, City, State, ZIP)*

**BENEFICIARY DESIGNATION *(Unless otherwise stated, below, if multiple beneficiaries are in a class, (Primary, Contingent), the proceeds are to be paid equally to the survivors, if any in the class.)***

Select Primary (P) or Contingent (C) Beneficiary for each line completed. If Trust, check here . "Same" is not acceptable.

12.	a. Name/Trust name & Trustees	b. Soc. Sec. No./TIN
<input type="checkbox"/> P		c. Relationship to Proposed Insured
<input type="checkbox"/> C		
13.	a. Name/Trust name & Trustees	b. Soc. Sec. No./TIN
<input type="checkbox"/> P		c. Relationship to Proposed Insured
<input type="checkbox"/> C		
14.	a. Name/Trust name & Trustees	b. Soc. Sec. No./TIN
<input type="checkbox"/> P		c. Relationship to Proposed Insured
<input type="checkbox"/> C		

**OWNER INFORMATION *(If this is a change of owner, please complete appropriate owner change forms.)***

15. Name

16. Address *(Street, City, State, ZIP)*

17. Date of Birth/Trust Date	18. Soc. Sec. No. / TIN
------------------------------	-------------------------

19. Contact Phone # *(Check most convenient time to contact)*  AM  PM

**SPECIAL INSTRUCTIONS**

Existing Policy Number:
-------------------------

**ADDITIONAL INFORMATION**

**SERVICE OFFICE ENDORSEMENTS (For Company Use Only. We will attach additional documentation as needed.)**

**SUITABILITY**

**Complete only if applying for Variable Life Insurance and submit allocation form(s) with this Application:**

- |   |   |
|---|---|
| 1. Have you, the Owner, received a current Prospectus for the policy applied for and have you had sufficient time to review it?   | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Do you understand that the amount and duration of the death benefit may increase or decrease depending on the investment performance of funds in the Separate Account? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Do you understand that the cash values may increase or decrease depending on the investment performance of the funds held in the Separate Account?                     | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. With this in mind, do you believe that the policy applied for is in accord with your insurance objective and your anticipated financial needs?                         | <input type="checkbox"/> Y <input type="checkbox"/> N |

**CASH VALUES MAY INCREASE OR DECREASE IN ACCORDANCE WITH THE EXPERIENCE OF THE SEPARATE ACCOUNT. THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS.**

**STATE DISCLOSURES**

All jurisdictions except AR, AZ, CT, FL, KS, KY, LA, ME, MN, NJ, NM, OH, OK, PA, TX, VA and WA. Any person who, with intent to defraud or knowing that he/she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. AR, KY, ME, NM, OH and PA Only. 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 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 such person to criminal and civil penalties.

**AGREEMENT AND ACKNOWLEDGEMENT**

No agent, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company's requirements. Unless specified, the owner and the beneficiary will remain as stated on the existing policy. This Application consists of a) Application for Non-UW Conversion or Guaranteed Insurability Option; b) any amendments to the application attached thereto; and c) any supplements, all of which are required by the Company for the plan, amount and benefits applied for.

I HAVE READ, or have had read to me, the completed Application for Life Insurance before signing below. All statements and answers in this application are correctly recorded, and are full, complete and true to the best of my knowledge and belief. I confirm that upon receipt of the contract I will review the answers recorded on the application. I will notify the Company immediately if any information in the application is incorrect. Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind coverage under the policy and any riders attached to it; subject to the policy's incontestability provision and subject to the requirements that answers in applications are representations and not warranties.

Corrections, additions or changes to this application may be made by the Company. Any such changes will be shown under "Service Office Endorsements". Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.

**SIGNATORY SECTION**

Signed in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ (state) (month) (year)

\_\_\_\_\_  
Signature of Owner (Parent or Guardian if under 14 years of age)

\_\_\_\_\_  
Other Required Signatures (Co-Owner/Assignee/Trustee, if applicable) (Parent or Guardian if under 14 years of age)

\_\_\_\_\_  
Signature of Licensed Agent, Broker or Registered Representative

\_\_\_\_\_  
Name of Licensed Agent, Broker or Registered Representative (Please Print)

**APPLICABLE TO VARIABLE LIFE ONLY**

I have reviewed the Application, Supplements, New Account Form and allocation forms and find the transaction suitable.

\_\_\_\_\_  
Signature of Registered Principal of Broker/Dealer

\_\_\_\_\_  
Name of Registered Principal of Broker/Dealer (Please Print)

*SERFF Tracking Number:*      *JEPL-125967052*                      *State:*                      *Arkansas*  
*Filing Company:*              *Lincoln Life & Annuity Company of New York*      *State Tracking Number:*      *41248*  
*Company Tracking Number:*      *LFF06359*  
*TOI:*                      *L04I Individual Life - Term*                      *Sub-TOI:*                      *L04I.500 Other*  
*Product Name:*              *Conversion App*  
*Project Name/Number:*      *Conversion App/LFF06359*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: JEPL-125967052 State: Arkansas  
Filing Company: Lincoln Life & Annuity Company of New York State Tracking Number: 41248  
Company Tracking Number: LFF06359  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: Conversion App  
Project Name/Number: Conversion App/LFF06359

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 12/29/2008  
**Comments:**  
**Attachment:**  
AR\_Readability.pdf

**Review Status:**  
**Satisfied -Name:** Submission Letter 12/30/2008  
**Comments:**  
**Attachment:**  
AR sublet LLANY.pdf

**Arkansas**

**READABILITY CERTIFICATION**

*Lincoln Life & Annuity Company of New York*

**Re: LFF06359 – Application for Non-Underwritten Conversion**

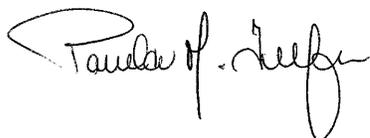
We hereby certify that the attached Form is in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has achieved a Flesch Reading Ease score of:

**Form Number:**

***LFF06359***

**Flesch:**

***52.61***



---

Pamela M. Telfer, Assistant Vice President  
Product Compliance

Date: December 29, 2008



December 29, 2008

Lincoln Financial Group  
One Granite Place  
P.O. Box 515  
Concord, NH 03302  
phone 603 226-5000

Hon. Julie Benafield Bowman  
Commissioner of Insurance  
Compliance-Life & Health  
Attn: Joe Musgrove  
1200 West Third Street  
Little Rock, AR 72201-1904

Re: Individual Life Application Forms  
LFF06359 Application for Non-UW Conversion or Guaranteed Insurability Option  
The Lincoln Life & Annuity Company of New York  
Group & NAIC #: 0107-62057

Dear Mr. Musgrove:

We are submitting the required number of copies of the above-referenced form for your review and approval. The application is a new form and is not intended to replace any previously approved forms.

Upon approval, the Application for Non-UW Conversion or Guaranteed Insurability Option form LFF06359 will be used to exercise non-underwritten conversion privileges and/or Guaranteed Insurability Options which have been granted to the client by policy or rider provisions. The form will be completed with assistance from a properly licensed agent/representative and will become part of the policy file.

The Application for Non-UW Conversion or Guaranteed Insurability Option received the following Flesch score: 52.61. The form has been submitted concurrently to our Home State of New York and is pending approval. If applicable, the appropriate certifications, transmittals, checklists and filing fees are included. To the best of our knowledge and belief, the form complies with all the applicable laws and regulations of your state.

We have bracketed the Service Office address within the form as variable information to allow for flexibility. It is our understanding that changes to the bracketed items for new issues will not require a new filing of these forms. We confirm that the brackets will not actually appear on the forms at issue.

The form is a multi company form. In the event that one of our underwriting companies referenced in the form chooses to stop using the form, it is our intent to remove the company name from the form without re-filing the form. Upon approval, the company reserves the right to change the format of the form without altering the approved language. As the form is multi- company, we are submitting filings similar to this one for each of the companies listed on the form.

Page 2 of 2  
December 29, 2008

We trust the information provided will be satisfactory and we look forward to your response. Should you require any additional information, please feel free to contact me toll-free at 1-800-258-3648, extension 5627, or via the fax number or e-mail address shown below.

Sincerely,

A handwritten signature in cursive script that reads "Jane P. Neidermyer".

Jane P. Neidermyer, FLMI, ALHC, ACS  
Senior Analyst, Life Product Compliance  
E-mail: [Jane.Neidermyer@lfg.com](mailto:Jane.Neidermyer@lfg.com)  
Fax: 1-603-226-5128