

SERFF Tracking Number: CCGN-126342750 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 43781
Company Tracking Number: 09-5008
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Group Hospital Indemnity - ET Rider
Project Name/Number: HIP - State Modifying Provision Rider/09-5008

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Hospital Indemnity - ET SERFF Tr Num: CCGN-126342750 State: Arkansas

Rider

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 43781
Closed

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: 09-5008

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: June Goddard, Eva
Midgley

Disposition Date: 10/27/2009

Date Submitted: 10/14/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: HIP - State Modifying Provision Rider

Status of Filing in Domicile: Not Filed

Project Number: 09-5008

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filing is not
required in domicile state of PA.

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: 10/27/2009

Explanation for Other Group Market Type:

Eligible groups under Arkansas law

State Status Changed: 10/27/2009

Deemer Date:

Created By: June Goddard

Submitted By: June Goddard

Corresponding Filing Tracking Number:

Filing Description:

Attached is the above captioned form which is being submitted for your review and approval. This form is new and is not intended to replace any other form currently approved by your department. This form has not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

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This form is intended for use with previously approved Group Hospital Indemnity form XX-604852 et al, which was approved by your state on April 14, 1995.

This rider is intended to ensure compliance with extraterritorial requirements of other states when the group policy covers their residents. It will also be used to ensure compliance with the laws of your state when the group policy is issued in other jurisdictions covering residents of your state.

Optional material is indicated by hard brackets ([]) and will be included or excluded. Illustrative material, indicated by soft brackets ({ }), may be included, excluded or modified as indicated but will never be more restrictive than that permitted by law.

The referenced form has been written in readable language and is being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than that required under your law.

We appreciate your review of this submission and trust that you will find everything in order. If you should have any questions or require additional information, please feel free to contact me by phone at (303) 729-8469.

Company and Contact

Filing Contact Information

Eva Midgley, Compliance Specialist eva.midgley@cigna.com
8505 E. Orchard Road 303-729-8467 [Phone]
10T1 303-729-8433 [FAX]
Greenwood Village, CO 80111

Filing Company Information

Life Insurance Company of North America CoCode: 65498 State of Domicile: Pennsylvania
1601 Chestnut Street Group Code: 901 Company Type:
TL16D Group Name: State ID Number:
Philadelphia, PA 19192 FEIN Number: 23-1503749
(215) 761-8442 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

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Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	10/14/2009	31285046

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/27/2009	10/27/2009

SERFF Tracking Number: *CCGN-126342750* *State:* *Arkansas*
Filing Company: *Life Insurance Company of North America* *State Tracking Number:* *43781*
Company Tracking Number: *09-5008*
TOI: *H14G Group Health - Hospital Indemnity* *Sub-TOI:* *H14G.000 Health - Hospital Indemnity*
Product Name: *Group Hospital Indemnity - ET Rider*
Project Name/Number: *HIP - State Modifying Provision Rider/09-5008*

Disposition

Disposition Date: 10/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Memo	Approved-Closed	Yes
Form	HIP - State Modifying Provision Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: XX-00-3000.00

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 10/27/2009	XX-00- 3000.00	Policy/Cont ract/Fratern al	HIP - State Modifying Provision Rider	Initial		52.300	XX_00_3000 00.pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, Pennsylvania 19192-2235

STATE MODIFYING PROVISIONS AMENDMENT RIDER

This amendment form will be used to bring the policy/certificate into compliance with state laws that are applicable to residents of that state when the policy is issued in another state.

{ABC Group}:

Policy No.

Amendment Effective Date:

This amendment is attached to and made part of the Policy/Certificate specified above. Its provisions are intended to conform this Policy/Certificate to the laws of the state in which the insured resides.

The Policy delivered under the Group Policy is amended as follows:

[APPLICABLE TO {ARKANSAS} RESIDENTS:]

Life Insurance Company of North America



President

XX-00-3000.00

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Supporting Document Schedules

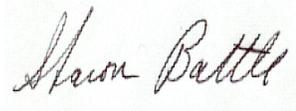
	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Please find attached our Readability Certification Attachment: LINA Flesch Cert.pdf	Approved-Closed	10/27/2009
Bypassed - Item: Application Bypass Reason: N/A Comments:	Approved-Closed	10/27/2009
Satisfied - Item: Cover Memo Comments: Attachment: Cover Memo ET Rider.pdf	Approved-Closed	10/27/2009

**Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235**

READABILITY CERTIFICATION

We, the Life Insurance Company of North America, certify that we have carefully scored the forms listed below, using the Flesch Readability Test, in accordance with applicable readability standards. Each form was scored separately and in its entirety. These scores are set forth below.

Form Number	Description of Form	Score
XX-00-3000.00	State Modifying Provisions Amendment Rider	52.3



Signature: _____
Name: Sharon Battle _____
Title: Assistant Secretary _____
Date: October 12, 2009 _____



CIGNA Group Insurance
Life • Accident • Disability

October 14, 2009

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 303-729-8469

Arkansas Insurance Department
Attn: Commissioner Jay Bradford
Life and Health Form Filings
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: Life Insurance Company of North America

NAIC #: 0901 – 65498

Form: State Modifying Provisions Rider
XX-00-3000.00

FEI Number: 23-1503749

Company Filing #: 09-5008

Dear Commissioner:

Attached is the above-captioned form which is being submitted for your review and approval. This form is new and is not intended to replace any other form currently approved by your department. This form has not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

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We appreciate your review of this submission and trust that you will find everything in order. If you should have any questions or require additional information, please feel free to contact me by phone at 303-729-8469.

Sincerely,


June Goddard