

SERFF Tracking Number: CCGN-126366288 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 43947
Company Tracking Number: 09-1020
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
Product Name: Group Disability Insurance
Project Name/Number: Disability Product Enhancements 2/09-1020

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Disability Insurance SERFF Tr Num: CCGN-126366288 State: Arkansas

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved- State Tr Num: 43947
Closed

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: 09-1020 State Status: Approved-Closed
Long Term

Filing Type: Form

Author: Eva Midgley

Date Submitted: 11/01/2009

Reviewer(s): Rosalind Minor

Disposition Date: 11/03/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Disability Product Enhancements 2

Project Number: 09-1020

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/03/2009

Deemer Date:

Submitted By: Eva Midgley

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Filing is not
required in our domiciliary state of Pennsylvania

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 11/03/2009

Created By: Eva Midgley

Corresponding Filing Tracking Number: 09-
1020

Filing Description:

Attached please find the above captioned forms for your review and approval. These forms are new and are not intended to replace any other form currently approved by your department. These forms have 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.

These forms are intended for use with our previously approved group disability forms, TL-004700 et al, which were

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 previously approved in your state.

Form TL-005108a describes how insureds covered under a prior carrier's group disability policy will be insured under a Disability Insurance benefit insured by Life Insurance Company of North America in a "takeover" situation.

Form TL-009955 provides an alternative version of the definition of disability that allows Life Insurance Company of North America to consider an insured employee disabled if unable to perform his or her occupational specialty. The text in this Rider form may be incorporated into policies and certificates when requested at the time a policy is issued. If requested at a later date, it may be amended to the policy.

The forms note when certain provisions within the form may be included, deleted or modified, as applicable to a particular policy. Material indicated by hard brackets ([]) indicate text that may be included or excluded as requested by the Policyholder. Variable text that is indicated by soft brackets ({ }) may be changed if such changes are requested by the Policyholder and agreed to by us. Variable material will never be more restrictive than permitted by law.

The referenced forms have been written in readable language and are 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 consideration of this submission and trust that you will find everything in order. If you should have any questions or require additional information, please do not hesitate to e-mail me at eva.midgley@cigna.com or call me collect at 303.729.8467.

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]		

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Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: \$20.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$40.00	11/01/2009	31710109

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/03/2009	11/03/2009

SERFF Tracking Number: CCGN-126366288 *State:* Arkansas
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Disposition

Disposition Date: 11/03/2009

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 Letter	Approved-Closed	Yes
Form	Takeover Provision	Approved-Closed	Yes
Form	Modification of Definition of Disability	Approved-Closed	Yes

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Form Schedule

Lead Form Number: TL-005108a

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/03/2009	TL-005108a	Policy/Cont Takeover Provision ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.400	TL-005108a.pdf
Approved-Closed 11/03/2009	TL-009955	Policy/Cont Modification of ract/Fratern Definition of Disability al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	TL-009955.pdf

TAKEOVER PROVISION

This provision applies only to {Employees} eligible under this Policy who were covered for {long term disability coverage} on the day prior to {the effective date of this Policy under the Prior Plan provided by the Policyholder} or {by an entity that has been acquired by the Policyholder}.

- A. This section A applies to {Employees} who are not in Active Service on the day prior to the effective date of this Policy due to a reason for which the Prior Plan and this Policy both provide for continuation of insurance. If required premium is paid when due, the Insurance Company will insure {an Employee} to which this section applies against a disability that occurs after the effective date of this Policy for the affected employee group. This coverage will be provided until the earlier of the date: (a) {the Employee} returns to Active Service, (b) continuation of insurance under the Prior Plan would end but for termination of that plan; or (c) the date continuation of insurance under this Policy would end if computed from the first day {the Employee} was not in Active Service. The Policy will provide this coverage as follows:
1. If benefits for a disability are covered under the Prior Plan, no benefits are payable under this Plan.
 2. If the disability is not a covered disability under the Prior Plan solely because the plan terminated, benefits payable under this Policy for that disability will be the lesser of: (a) the disability benefits that would have been payable under the Prior Plan; and (b) those provided by this Policy. Credit will be given for partial completion under the Prior Plan of Elimination Periods and partial satisfaction of pre-existing condition limitations.
- B. The Elimination Period under this Policy will be waived for a Disability which begins while {the Employee} is insured under this Policy if all of the following conditions are met:
1. The Disability results from the same or related causes as a Disability for which monthly benefits were payable under the Prior Plan;
 2. Benefits are not payable for the Disability under the Prior Plan solely because it is not in effect;
 3. An Elimination Period would not apply to the Disability if the Prior Plan had not ended;
 4. The Disability begins within 6 months of {the Employee's} return to Active Service and {the Employee's} insurance under this Policy is continuous from this Policy's Effective Date.
- C. Except for any amount of benefit in excess of a Prior Plan's benefits, the Pre-existing Condition Limitation will not apply to {an Employee} covered under a Prior Plan who satisfied the pre-existing condition limitation, if any, under that plan. If {an Employee}, covered under a Prior Plan, did not fully satisfy the pre-existing condition limitation of that plan, credit will be given for any time that was satisfied under the Prior Plan's pre-existing condition limitation.

Benefits will be determined based on the lesser of: (1) the amount of the gross disability benefit under the Prior Plan and any applicable maximums; and (2) those provided by this Policy.

If benefits are payable under the Prior Plan for the Disability, no benefits are payable under this Policy.

LIFE INSURANCE COMPANY OF NORTH AMERICA

[Rider to Policy No. LK-XXXX/Certificate made a part of Group Policy No. {LK-XXXX}
Effective Date of Rider: {January 1, XXXX, or if later the effective date of {the Employee's Certificate}
{Eligible Classes to which this Rider Applies: All Salaried Employees}]

MODIFICATION OF DEFINITION OF DISABILITY FOR DISABILITY INSURANCE

Disability/Disabled means:

{An Employee} is considered Disabled if, because of Injury or Sickness, he or she is unable to perform all the material and substantial duties of his or her occupational specialty.

[Life Insurance Company of North America

by Matthew G. Manders President
Matthew G. Manders

Accepted by _____

September 1, XXXX

The ABC Company
Policyholder

Witness: Richard Roe

By John Doe, President
(Signature and Title]

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/03/2009
Comments:			
Attachment:			
	LINA Flesch Cert.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	11/03/2009
Comments:			
	TL-009320		
	3/24/06		

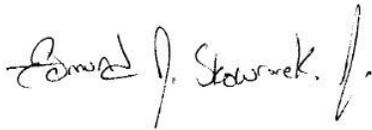
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	11/03/2009
Comments:			
Attachment:			
	AR Filing Letter.pdf		

**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
TL-005108a	Takeover Provision	50.4
TL-009955	Definition of Disability	50.0



Signature: _____

Name: Edmund J. Skowronek Jr. _____

Title: Assistant Secretary _____

Date: 10/15/2009 _____

10/31/2009



CIGNA Group Insurance
Life • Accident • Disability

Telephone 303-729-8467
Facsimile 303-729-8433
eva.midgley@cigna.com

Commissioner Jay Bradford
Arkansas Insurance Department
Health Filings
1200 West 3rd Street
Little Rock, Arkansas

Re: Life Insurance Company of North America

Group Disability Insurance

Form Filing:

TL-005108a – Takeover Provision

TL-009955 – Definition of Disability

NAIC #: 0901 – 65498

FEI Number: 23-1503749

Company ID#: 09-1020

SERFF FILING #: CCGN-126366288

Dear Commissioner:

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We appreciate your consideration of this submission and trust that you will find everything in order. If you should have any questions or require additional information, please do not hesitate to e-mail me at eva.midgley@cigna.com or call me collect at 303.729.8467.

Very truly yours,

Eva Midgley