

SERFF Tracking Number: CCGN-126020154 State: Arkansas  
Filing Company: Life Insurance Company of North America State Tracking Number: 41452  
Company Tracking Number: 09-1003  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
Product Name: Group Disability Insurance  
Project Name/Number: Group Disability Policy Cover Page/TL-004700

## Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Disability Insurance SERFF Tr Num: CCGN-126020154 State: ArkansasLH  
TOI: H11G Group Health - Disability Income SERFF Status: Closed State Tr Num: 41452  
Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: 09-1003 State Status: Approved-Closed  
Long Term  
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
Author: Terri Jones Disposition Date: 02/06/2009  
Date Submitted: 02/04/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Group Disability Policy Cover Page  
Project Number: TL-004700  
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Filing Status Changed: 02/06/2009

State Status Changed: 02/06/2009

Corresponding Filing Tracking Number:

Filing Description:

We submit Policy Cover Page form TL-004700 for your review and approval. This form is a substitution of the previously approved form. No changes have been made to this form other than the addition of hard brackets ([ ]) that enclose the Corporate Secretary's signature, name and title. The hard brackets indicate that the name/title may be included or excluded.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

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

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

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## Company and Contact

### Filing Contact Information

Terri Jones, Compliance Sr. Specialist Terri.Jones@CIGNA.com  
 1601 Chestnut St -Two Liberty (215) 761-3941 [Phone]  
 Philadelphia, PA 19192 (215) 761-5609[FAX]

### Filing Company Information

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

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 1 form. \$20.00 per form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$20.00	02/04/2009	25490213

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/06/2009	02/06/2009

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## **Disposition**

Disposition Date: 02/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Form</b>	Policy Cover Page	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** TL-004700

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	TL-004700	Policy/Cont	Policy Cover Page ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48	Face Page_ TL004700.pdf

LIFE INSURANCE COMPANY OF NORTH AMERICA  
1601 CHESTNUT STREET, PHILADELPHIA, PA 19192-2235  
215-761-1000  
A STOCK INSURANCE COMPANY

GROUP INSURANCE POLICY

**POLICYHOLDER:** {ABC COMPANY}

**POLICY NUMBER:** {XXX-000000}

**POLICY EFFECTIVE DATE:** {JANUARY 1, 2009}

**POLICY ANNIVERSARY DATE:** {JANUARY 1}

This Policy describes the terms and conditions of coverage. The Policy is issued in [INSERT STATE] and shall be governed by its laws. The Policy goes into effect on the Policy Effective Date, 12:01 AM at your address.

The Insurance Company and the Policyholder have agreed to all the terms of this Policy.

[ signature ]

A black rectangular box containing a white, handwritten signature that reads "Karen S. Rohan".

[ name, Secretary ]

Karen S. Rohan, President

TL-004700

*SERFF Tracking Number:*      *CCGN-126020154*                      *State:*                      *Arkansas*  
*Filing Company:*              *Life Insurance Company of North America*      *State Tracking Number:*      *41452*  
*Company Tracking Number:*      *09-1003*  
*TOI:*                      *H11G Group Health - Disability Income*      *Sub-TOI:*                      *H11G.005 Combined Short Term and Long Term*  
*Product Name:*              *Group Disability Insurance*  
*Project Name/Number:*      *Group Disability Policy Cover Page/TL-004700*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	02/06/2009
<b>Comments:</b>				
<b>Attachment:</b>				
LINA Flesh Cert.pdf				
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	02/06/2009
<b>Bypass Reason:</b>	Not applicable to this filing.			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved-Closed	02/06/2009
<b>Comments:</b>				
<b>Attachment:</b>				
Cover 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 form listed below, using the Flesch Readability Test, in accordance with applicable readability standards. This score is set forth below.

<b>Form Number</b>	<b>Description of Form</b>	<b>Score</b>
TL-004700	Policy Cover Page	48.1



Signature: \_\_\_\_\_

Name: Steven G. Mellas  
\_\_\_\_\_

Title: Vice President  
\_\_\_\_\_

Date: 2/3/2009  
\_\_\_\_\_

Terri M. Jones  
Compliance Analyst  
Product Filing



**CIGNA Group Insurance**  
Life • Accident • Disability

February 4, 2009

TL16D  
1601 Chestnut Street  
Philadelphia, PA 19192  
Telephone 215-761-3941  
Facsimile 215-761-5609  
terri.jones@cigna.com

Commissioner Jay Bradford  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201

Re: Life Insurance Company of North America	NAIC #: 0901-65498 FEI Number: 23-1503749
Group Disability Insurance Policy	
Policy Face Page (Form # TL-004700)	Company Filing #: 09-1003 SERFF #: CCGN-126020154

Dear Commissioner Bradford:

Attached please find the above captioned form for your review and approval. 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.

This form is a substitution of form TL-004700, which was previously approved by your Department. No changes have been made to this form other than the addition of hard brackets ([ ]) that enclose the Corporate Secretary's signature, name and title. The hard brackets indicate that the name/title may be included or excluded.

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, margins, positioning and format. However, printing standards will never be less than that required under your law.

We appreciate you taking the time to review this form 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 [terri.jones@cigna.com](mailto:terri.jones@cigna.com) or call me collect at 215.761.3941.

Very truly yours,

Terri M. Jones