

SERFF Tracking Number: CLTR-126042577 State: Arkansas  
Filing Company: Hartford Life Insurance Company State Tracking Number: 41594  
Company Tracking Number: SRP-1361 HL  
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit  
Product Name: Group Specified Disease/Critical Illness  
Project Name/Number: Group Critical Illness filing/SRP-1361 HL

## Filing at a Glance

Company: Hartford Life Insurance Company

Product Name: Group Specified Disease/Critical Illness SERFF Tr Num: CLTR-126042577 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved-Closed State Tr Num: 41594

Sub-TOI: H07G.001 Critical Illness Co Tr Num: SRP-1361 HL State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Rosalind Minor

Author: Susan Coulter Disposition Date: 02/20/2009  
Date Submitted: 02/20/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Group Critical Illness filing  
Project Number: SRP-1361 HL  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 02/20/2009

Status of Filing in Domicile: Authorized  
Date Approved in Domicile: 11/13/2009  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 02/20/2009  
Created By: Susan Coulter  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Susan Coulter

Filing Description:

Please see attached filing letter and forms list

## Company and Contact

### Filing Contact Information

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susan@coulter-and-associates.com  
609-443-7540 [Phone]







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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 (revised)	filing letter and forms list	Approved-Closed	Yes
Supporting Document	filing letter and forms list	Replaced	Yes
Supporting Document	authorization to file	Approved-Closed	Yes
Form	schedule - eligibility	Approved-Closed	Yes
Form	schedule - benefits	Approved-Closed	Yes
Form	schedule - benefits	Approved-Closed	Yes
Form	policy modification page	Approved-Closed	Yes
Form	schedule - premiums	Approved-Closed	Yes
Form	contract provisions	Approved-Closed	Yes
Form	certificate face page	Approved-Closed	Yes
Form	definitions	Approved-Closed	Yes
Form	definitions	Approved-Closed	Yes
Form	definitions	Approved-Closed	Yes
Form	insured period of coverage	Approved-Closed	Yes
Form	strike waiver of premium	Approved-Closed	Yes
Form	benefit page	Approved-Closed	Yes
Form	benefit page	Approved-Closed	Yes
Form	benefit page	Approved-Closed	Yes
Form	claims	Approved-Closed	Yes



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## Form Schedule

**Lead Form Number: SRP-1361 B (Rev.)**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/20/2009	SRP-1361 B (Rev.)	Policy/Cont ract/Fraternal	schedule - eligibility	Initial	Certificate: Amendment, Insert Page, Endorsement or Rider		SRP-1361 B (Rev.).pdf
Approved-Closed 02/20/2009 (Rev.-1)	SRP-1361 C (Cont.)	Policy/Cont ract/Fraternal	schedule - benefits	Initial	Certificate: Amendment, Insert Page, Endorsement or Rider		SRP-1361 C (Cont.) (Rev.-1).pdf
Approved-Closed 02/20/2009 (Rev.-1)	SRP-1361 C (Cont.-1)	Policy/Cont ract/Fraternal	schedule - benefits	Initial	Certificate: Amendment, Insert Page, Endorsement or Rider		SRP-1361 C (Cont.-1) (Rev.-1).pdf
Approved-Closed 02/20/2009 (Rev.)	SRP-1361 D (HL)	Policy/Cont ract/Fraternal	policy modification page	Initial			SRP-1361 D (HL) (Rev.).pdf

<i>SERFF Tracking Number:</i>	<i>CLTR-126042577</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Hartford Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41594</i>
<i>Company Tracking Number:</i>	<i>SRP-1361 HL</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Group Specified Disease/Critical Illness</i>		
<i>Project Name/Number:</i>	<i>Group Critical Illness filing/SRP-1361 HL</i>		
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Closed CRT B 02/20/2009 (Cont.) (Rev.-1)	Amendmen t, Insert Page, Endorseme nt or Rider		CRT B (Cont.) (Rev.-1).pdf
Approved- SRP-1361 Closed CRT B 02/20/2009 (Cont.-1) (Rev.-1)	Certificate definitions Amendmen t, Insert Page, Endorseme nt or Rider	Initial	SRP-1361 CRT B (Cont.- 1) (Rev.- 1).pdf
Approved- SRP-1361 Closed CRT C 02/20/2009 (Rev.)	Certificate insured period of Amendmen coverage t, Insert Page, Endorseme nt or Rider	Initial	SRP-1361 CRT C (Rev.).pdf
Approved- SRP-1361 Closed CRT C-B 02/20/2009	Certificate strike waiver of Amendmen premium t, Insert Page, Endorseme nt or Rider	Initial	SRP-1361 CRT C-B.pdf
Approved- SRP-1361 Closed CRT D 02/20/2009 (Rev.)	Certificate benefit page Amendmen t, Insert Page, Endorseme nt or Rider	Initial	SRP-1361 CRT D (Rev.).pdf
Approved- SRP-1361 Closed CRT D-A 02/20/2009	Certificate benefit page Amendmen t, Insert Page, Endorseme nt or Rider	Initial	SRP-1361 CRT D-A.pdf
Approved- SRP-1361 Closed D-A (Cont.)	Certificate benefit page Amendmen	Initial	SRP-1361 CRT D-A

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Approved- SRP-1361 Closed CRT G 02/20/2009 (Rev.)	Certificate claims Amendmen t, Insert Page, Endorseme nt or Rider	Initial	SRP-1361 CRT G (Rev.).pdf

## SCHEDULE - ELIGIBILITY

**[Eligible Persons:** All active members of the [Policyholder] who:

- a) are age 18 or older, but under age 75; and
- b) reside in the United States.

**Eligible Dependents:** Eligible Persons may apply for Dependents coverage. Eligible Dependents are described below.

### **Description of Eligible Spouse**

The Eligible Person's Spouse who is age 18 or older, but under age 75, provided the Spouse is not legally separated or divorced from the Eligible Person. The term Spouse will also include the Eligible Person's Domestic Partner.

### **Description of Eligible Child**

The Eligible Person's unmarried child, stepchild, legally adopted child, or child in the process of adoption, who is:

- a) not yet age 19; or
  - b) not yet age 23 if a full time student at an accredited school;
- provided the child primarily depends on the Eligible Person or Spouse for financial support.

**[Policy] Age Limit:** 80

**Eligibility Restriction:** The Eligible Person must apply for coverage in order to apply for Dependents coverage. If a husband and wife are both Eligible Persons, only one may apply for coverage as a member of the [Policyholder] with the other covered as a Spouse.

**Evidence of Insurability:** To be accepted for coverage under the [Policy], all Eligible Persons and Dependents must submit evidence of insurability satisfactory to Us.

To be accepted for increased benefits under the [Policy], all Covered Persons must submit evidence of insurability satisfactory to Us.

We will pay for any evidence of insurability which We request. We reserve the right to decline an Eligible Person's application for coverage or increased benefits under the [Policy]. If We decline an Eligible Person's application for coverage and the Eligible Person elects to provide Us with additional evidence of insurability, the additional evidence will be at his or her own expense.]

**SCHEDULE - BENEFITS AND AMOUNTS (Continued)**

**Reduction in Coverage**

On the Premium Due Date on or next following the date a Covered Person attains age [60, 65, 70, 75, 80, 85]:

- a) [his or her Benefit Amount under the [First Occurrence Benefit, Periodic Payment Benefit, Life Transition Benefit, Critical Injury Benefit] will reduce [to, by] [25, 50, 75]% of that which applied to him or her on the day preceding the date he or she attained age [60, 65, 70, 75, 80, 85]; [and] [or]
- b) [his or her coverage will cease under the [Periodic Payment Benefit, Life Transition Benefit, Critical Injury Benefit.]

The reduced amount will be determined by multiplying the Benefit Amount shown in the Schedule and applicable to the Covered Person, by the percentage shown below for his or her attained age:

<u>Age</u>	<u>[First Occurrence Benefit]</u>	<u>[Periodic Payment Benefit]</u>	<u>[Life Transition Benefit]</u>
[60-64]	[75%]	[85%]	[80%]
[65-69]	[55%]	[65%]	[65%]
[70-74]	[35%]	[45%]	[50%]
[75-80]	[15%]	[25%]	[35%]
[80-84]	[10%]	[15%]	[20%]
[85-90]	[5%]	[10%]	[15%]

]

**SCHEDULE – BENEFITS AND AMOUNTS (Continued)**

**Cancer Benefits**

**Benefit Amounts**

<u>Wellness Benefit (Cancer Screening Benefit):</u>	\$100 per calendar year.
Waiting Period	30 days
<u>First Occurrence Benefit</u>	The amount requested, subject to a minimum of \$5,000 and a maximum of \$50,000 in \$5,000 increments or \$ amount.
Waiting Period	X% paid if diagnosis made within 30 day waiting period. 30 days
<u>Second Opinion Benefit</u>	\$X /X% of the First Occurrence Benefit Amount
Waiting Period	30 days
<u>Life Transition Benefit</u>	\$X /X% of the First Occurrence Benefit Amount
Waiting Period	30 days
<u>Recurrence Benefit</u>	\$X /X% of the First Occurrence Benefit Amount
Waiting Period	30 days
<u>Hospital Recovery Benefit</u>	See Benefit
Waiting Period	30 days
Daily Benefit Amount	\$X / \$X - \$X in \$X increments for each day of Hospital confinement
Maximum Payment Period	365 days
<u>Extended Recovery Benefit</u>	See Benefit
Waiting Period	30 days
Benefit Amount (Option 1)	

<i>Confinement Period</i>	<b>15 (to 29 days)</b>	<b>30 (to 44 days)</b>	<b>45 days +</b>
Minimum	\$10,000	\$20,000	\$30,000
Maximum	\$30,000	\$60,000	\$90,000

Maximum Payment (Option 1)	Limit of \$ X per calendar year
Benefit Amount (Option 2)	\$X for each Confinement of 30 consecutive days or more.
Maximum Payment (Option 2)	Limit of \$ X per calendar year

**Reduction in Coverage**

On the Premium Due Date on or next following the date a Covered Person attains age [60, 65, 70, 75, 80, 85]:

- a) [his or her Benefit Amount under the [First Occurrence Benefit, Periodic Payment Benefit, Life Transition Benefit, Critical Injury Benefit] will reduce [to] [by] [25, 50, 75]% of that which applied to him or her on the day preceding the date he or she attained age [60, 65, 70, 75, 80, 85];]
- b) [his or her coverage will cease under the [Periodic Payment Benefit, Life Transition Benefit, Critical Injury Benefit].]

The reduced amount will be determined by multiplying the Benefit Amount shown in the Schedule and applicable to the Covered Person, by the percentage shown below for his or her attained age:

<i>Age</i>	<i>[First Occurrence Benefit]</i>	<i>[Periodic Payment Benefit]</i>	<i>[Life Transition Benefit]</i>
[60-64]	[75%]	[85%]	[80%]
[65-69]	[55%]	[65%]	[65%]
[70-74]	[35%]	[45%]	[50%]
[75-80]	[15%]	[25%]	[35%]
[80-84]	[10%]	[15%]	[20%]
[85-90]	[5%]	[10%]	[15%]

**SCHEDULE - POLICY MODIFICATIONS**

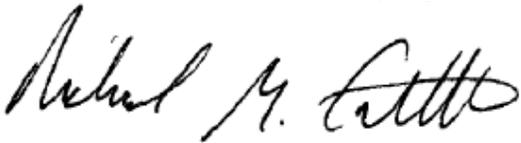
**[Policy Modifications:** The Policy is amended as follows:

]

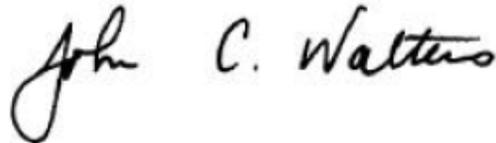
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**RIDER:** This rider, issued [February 1, 2007], forms a part of Policy Number [CRC-0000] issued to [ABC Policyholder]. It is effective [XXXX]. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Signed for the **Hartford Life Insurance Company**



**Richard G. Costello, Secretary**



**John C. Walters, President**

## SCHEDULE - PREMIUMS

**Individual Premiums:** Premiums for each Covered Person are [stated in the table on the following page].

[Premiums are based on the Insured Person's:

- a) age on his or her effective date and on each premium due date thereafter; and
- b) gender and occupational class; and
- c) smoker status; and
- d) Benefit Amounts elected.]

[The premiums shown are for quarterly periods of coverage. Semi-annual premiums are 2 times and annual premiums are 4 times those stated. If a premium becomes due for a different period of time, it will be pro-rated.]

[Premiums for ages 65 and over are Renewal Premiums only.]

**Premium Due Dates:** The first premium for each Covered Person is due on the date he or she becomes covered under the [Policy]. Each premium after that is due at the end of the period for which his or her preceding premium was paid.

**[Policy] Premium:** The premium for the [Policy] is the sum of the Individual Premiums for each Covered Person.

**[Policy] Premium Due Dates:** The [Policy] Premium is payable on:

- a) the [Policy] Effective Date; and
- b) the [first day] of each [third month] thereafter

[with respect to each Covered Person whose premium becomes due on such date, subject to the Individual Grace Period provision].

Each [Policy] Premium is due on or in advance of the date it becomes payable. This [Policy] terminates on the last day of the period for which premium is paid.

**[Policy] Payment:** The [Policy] Premiums are to be paid to Us by the [Policyholder]. However, they may be paid to Us by any other person according to a mutual agreement among the other person, the [Policyholder] and Us.

**[[Policyholder] [Individual] Grace Period:** No grace period is allowed for the first premium which is due on the [Policy] Effective Date. A grace period of 31 days is allowed for payment of each [Policy] premium due after the first premium. We will continue the [Policy] during the grace period, but not beyond a date specified in the Termination provision.]

**Change of Premiums:** We have the right to change the premium rate [on the first [Policy] Anniversary and on any Premium Due Date thereafter]. This includes the right to change premium rates for a benefit that applies to all individuals of the same [class,] [age] [and] [gender].

We will give the [Policyholder] notice of any change [at least 31 days before the Premium Due Date on which it is to become effective].

## CONTRACT PROVISIONS

**Entire Contract:** The entire contract between the [Policyholder] and Us consists of:

- a) the [Policy], and any forms made a part of the [Policy] at issue; and
- b) [any individual applications submitted by the Eligible Person and accepted by Us in connection with the [Policy]].

[All statements made by the [Policyholder] or the Insured Person will be deemed representations and not warranties. No statement made to effect this insurance will:

- a) void the insurance; or
- b) reduce benefits;

unless it is in writing and signed by the [Policyholder] or the Insured Person.]

**Changes:** We reserve the right to make changes in the [Policy]. We will give the [Policyholder] 31 days advance written notice of any change.

No agent has authority to change or waive any part of the [Policy]. To be valid, any change or waiver must be in writing, approved by one of Our officers and made a part of the [Policy].

**Time Periods:** All time periods begin and end at 12:01 A.M., Standard Time at the place where the [Policy] is delivered.

**Certificates:** We will give individual certificates to:

- a) the [Policyholder]; or
- b) any other person according to a mutual agreement among the other person, the [Policyholder], and Us; for delivery to Insured Persons.

The certificates will describe the features of the [Policy] which are important to Insured Persons.

**30 Day Right to Examine Certificate:** The Insured Person has a 30 day right to examine his or her Certificate. If the Insured Person is not satisfied, he or she may return it to Us within 30 days of his or her effective date. In that event, We will consider it void from the Certificate effective date and any premium paid will be refunded. Any claims paid under the [Policy] during the initial 30 day period will be deducted from the refund.

**Data Furnished by [Policyholder]:** With Our approval, the [Policyholder], or any other person designated by the [Policyholder] may keep the important insurance records on all Insured Persons. The [Policyholder] or its designee must give Us information, when and in the manner We ask, to administer the insurance provided by the [Policy].

The [Policyholder] will, upon our request, give Us:

- a) the names of all persons initially eligible for coverage;
- b) the names of all additional persons who become eligible for coverage;
- c) the names of all persons whose amount of insurance is to be changed;
- d) the names of all persons whose eligibility or insurance is terminated; and
- e) any data necessary to administer the insurance provided by the [Policy].

The [Policyholder's] failure to report a person's termination of eligibility or insurance does not continue the coverage beyond the date of termination.

The [Policyholder's] insurance records will be open for Our inspection at any reasonable time.

**CERTIFICATE OF INSURANCE**  
**HARTFORD LIFE INSURANCE COMPANY**  
Hartford, Connecticut



**Hartford Life**

**[Policyholder]:** [ABC Policyholder]  
**[Organization]:** [XXXXXX]

**[Policy] Number:** [CRC-0000]

We have issued a [Policy] to the [Policyholder]. Our name, the [Policyholder] name, [the Organization name] and the [Policy Number] are shown above. The provisions of the [Policy] which are important to You are summarized in this Certificate; consisting of this form, the Schedule with the most recent Effective Date and any additional forms which have been made a part of this Certificate. This Certificate replaces all certificates which may have been given to You earlier for the [Policy]. The [Policy] alone is the only contract under which payment will be made. Any difference between the [Policy] and this Certificate will be settled according to the provisions of the [Policy]. The [Policy] may be inspected at the office of the [Policyholder].

**Richard G. Costello, Secretary**

**John C. Walters, President**

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**READ YOUR CERTIFICATE CAREFULLY**

**30 DAY RIGHT TO EXAMINE CERTIFICATE:** We urge You to examine this Certificate closely. If You are not satisfied, return it to Us within 30 days of the date of its delivery. In that event, We will consider it void from its effective date and any premium paid will be refunded. Any claims paid will be deducted from the refund.

**SEQUENCE OF CONTENTS**

[Definitions  
[Insured Person's] Period of Coverage  
[Individual] Period of Coverage  
Critical Illness Benefits

[Optional] Critical Injury Benefit  
Exclusions and Limitations  
Pre-Existing Condition Limitation  
Claim Provisions]

**DEFINITIONS**

**[Actively at Work]** means a person is performing all the regular duties of his or her occupation on a full-time basis (at least 30 hours per week) at his or her customary place of employment.]

**Age** means a Covered Person's [attained] age on [any Premium Due Date] [the Effective Date of his or her coverage].

**[Cancer]** means the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes Hodgkin's disease, leukemia, lymphoma, carcinoma, sarcoma, or malignant tumor. It does not include other conditions which may be considered pre-cancerous, including, but not limited to: leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, nonmalignant melanoma, moles, basal cell carcinoma, or similar diseases or lesions. Cancer does not mean Carcinoma in Situ, or any tumors in the presence of any human immuno-deficiency virus (HIV)].

**Confined or Confinement** means being an inpatient in a Hospital due to [Critical Illness] [Cancer], for which a full day's room and board charge is made.

**[Coronary Artery Bypass Surgery]** means heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a cardiologist licensed and practicing in the United States. Coronary Artery Bypass Surgery does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques.]

**Covered Person** means You or Your Eligible Dependent while covered under the [Policy].

## DEFINITIONS (Continued)

**[Critical Illness** means Cancer, Heart Attack, Stroke, Kidney Failure, Major Organ Transplant or Coronary Artery By-pass Surgery.]

**[Domestic Partner** means the Eligible Member's domestic partner of the same or opposite sex who:

- a) is mentally competent and is at least 18 years of age;
- b) is not a blood relative closer than that which would prohibit legal marriage;
- c) has shared the Eligible Member's permanent residence or has resided with the Eligible Member for more than 6 months;
- d) shares joint responsibility with the Eligible Member which is evidenced to Us by submission of proof of at least two of the following:
  - 1) common ownership of real property or a common leasehold interest in such property;
  - 2) common ownership of a motor vehicle;
  - 3) joint bank accounts or credit accounts;
  - 4) designation as a beneficiary for life insurance or retirement benefits, or under the partner's will;
  - 5) assignment of a durable Power of Attorney or Health Proxy for one another; or
  - 6) any other proof that would be sufficient to Us, with the Eligible Member; and
- e) has signed a notarized affidavit, acceptable to Us, with Eligible Member; and
- f) has not attained the age limit, if any, as stated in the schedule.

A Domestic partner does not qualify as a domestic partner under this [Policy] if he or she:

- a) has signed a domestic partner affidavit or declaration with any other person within 12 months prior to designating a domestic partner under this [Policy];
- b) is currently legally married to another person; or has any other domestic partner, spouse or spouse equivalent of the same or opposite sex.]

**[Eligible Dependent** means:

- a) Your Spouse who is under age [75]; and provided he or she is not legally separated or divorced from You; [and
- b) Your unmarried child, stepchild, legally adopted child, or child in the process of adoption, who is:
  - i) not yet age 19; or
  - ii) not yet age [23] if a full time student at an accredited school; provided the child primarily depends on You or Your Spouse for financial support].]

**[Heart Attack** means a myocardial infarction only. Heart attack does not include any other disease, arrhythmia or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a heart attack.]

**Hospital** means an institution which:

- a) operates pursuant to law;
- b) primarily and continuously provides medical care and treatment of sick and injured persons on an Inpatient basis;
- c) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- d) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital will also mean a Sanatoria operated by or certified by the First Church of Christ, Scientist, Boston, Massachusetts.

Hospital does not mean any institution or part thereof which is used primarily as:

- a) a nursing home, convalescent home, or skilled nursing facility;
- b) a place for rest, custodial care, or for the aged;
- c) a clinic;
- d) a place for the treatment of mental illness, alcoholism, or drug addiction.

However, a place for the treatment of Mental, Nervous or Emotional Disorders will be regarded as a Hospital if:

- a) it is part of an institution that meets the above requirements; and
- b) it is listed in the American Hospital Association Guide as a general hospital.

**[Hospital does not mean a hospice, hospice center or any designated area of a hospital for hospice care.]**

## DEFINITIONS (Continued)

**Injury** means bodily Injury of a person resulting directly and independently of all other causes from an accident.

**Inpatient** means confinement in a Hospital for which a room and board charge is made.

**Insured Person** means an Eligible Person while he or she is covered under the [Policy].

**Intensive Care Unit** means a Hospital unit, including a coronary care unit, in which patients are grouped in an area where:

- a) facilities and staff are tailored to the special needs of the seriously ill;
- b) 24 hour per day care by registered nurses is provided; and
- c) life saving drugs and equipment are always at hand.

Such units must render care more intensive than that rendered in the general surgical or medical nursing units which treat most of the Hospital's Inpatients.

**[Kidney Failure** means permanent and irreversible failure of both kidneys (end stage renal disease) from any cause requiring treatment by dialysis, or necessitating kidney transplantation.]

**[Major Organ Transplant** (recipient and donor) means the receipt by transplant of any of the following organs or tissues: heart, liver, lung, kidney, bone marrow, pancreas or intestine.]

**Medically Necessary** means:

- a) recommended by a legally qualified physician acting within the scope of his or her license;
- b) consistent with currently accepted medical practice; and
- c) generally considered by United States physicians to be appropriate for a given medical condition.

**[Period of Confinement** means an interval of time during which a Covered Person is Confined as an Inpatient in a Hospital [due to Cancer (as defined)]. A covered Period of Confinement begins on the date the Covered Person is admitted to the Hospital. [Successive Confinements:

- a) due to Cancer; and
- b) separated by less than 90 days;

are part of the same Period of Confinement.]

A new covered Period of Confinement begins when the Covered Person is readmitted to a Hospital:

- a) [due to Cancer] [and]
- b) [after he or she has been free of Hospital Confinement for 90 days or more.]]

**Physician** means a legally qualified physician or surgeon other than a physician or surgeon who is related to the Insured Person by blood or marriage and who is licensed to practice medicine in the United States.

**[Positive Diagnosis** means a diagnosis by a Physician. With respect to Cancer diagnosis, Positive Diagnosis is based on a microscopic examination of fixed tissue or preparation from the hemic system (except for skin Cancer). If a pathological diagnosis cannot be made, We will accept clinical diagnosis of Cancer as evidence that Cancer existed. The evidence must substantially document the diagnosis. With respect to Major Organ Transplant or Coronary Artery By-Pass Surgery, Positive Diagnosis means a Physician's recommendation that the Covered Person undergo such procedure.]

**[Second Opinion** means an additional opinion by a Physician who is not the Physician rendering the first Positive Diagnosis of Cancer.]

**Sickness** means a person's sickness, disease or Complication of Pregnancy.

## DEFINITIONS (Continued)

**Spouse** means Your spouse who:

- a) [is under age 65; and]
- b) is not [legally separated or] divorced from You.

[Spouse will include Your [Domestic Partner or party to a civil union], provided You:

- a) have executed a Domestic Partner affidavit satisfactory to Us, establishing that You and Your partner are [Domestic Partners or parties to a civil union] for purposes of the [Policy] or;
- b) have registered as [Domestic Partners or parties to a civil union] with a government agency or office where such registration is available [and provide proof of such registration [unless requiring proof is prohibited by law].]

You will continue to be considered [Domestic Partners or parties to a civil union] provided You continue to meet the requirements described in the Domestic Partner affidavit [or required by law].]

**Stroke** means a cerebrovascular accident which results in paralysis lasting more than 24 hours and produces measurable neurological deficit persisting of at least 30 days following the occurrence of the Stroke. Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.]

**Waiting Period**<sup>1</sup> means the [30 day] period immediately following each Covered Person's Effective Date of Coverage [or Request for an increase in coverage].<sup>1</sup> [With respect to the Home Recovery Benefit and Extended Home Recovery Benefit described in this coverage, the Waiting Period will mean the [180 days] immediately following each Covered Person's Effective Date of Coverage or Request for an increase in coverage].

**We, Our, or Us** means the company named on the face page of the [Policy].

**[Written Application] [Enrollment Form]**<sup>2</sup> means any form provided by Us for the particular request.

**You or Your** means the Insured Person named on the Schedule.

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<sup>1</sup> Waiting Period definition extended to apply to any increase in coverage request, as well as initial enrollment request.

<sup>2</sup> Use "Enrollment Form" instead of "Written Application" if there is no medical underwriting

## INSURED PERSON'S PERIOD OF COVERAGE

**Effective Date:** You will become covered under the [Policy] on the Certificate Effective Date shown on the Schedule. [The effective date shown in Your Schedule is determined as follows:

- a) if We receive Your application for coverage prior to the [Policy] Effective Date, the effective date will be the [Policy] Effective Date, provided We determine You are insurable;
- b) if we receive Your application for coverage after the [Policy] Effective Date, the effective date will be the first day of the month after We determine You are insurable;

subject to the required premium payment and the Deferred Effective Date provision.]

**[Deferred Effective Date:** If an Eligible Person is to become:

- a) covered under the [Policy]; or
- b) covered for increased benefits under the [Policy]; and

he or she is Hospital Confined on that date, he or she will not be so covered until the first day of the month on or next following the date he or she is not Confined in a Hospital for 3 months.]

**[Deferred Effective Date:** If on the date that an Eligible Person is to become covered under this [Policy] or covered for increased benefits under the [Policy], he or she is:

- a) not Actively at Work; or
- b) if not employed, unable to carry on all the normal and customary activities of a person of like age and sex in good health;

he or she will not be so covered until the earlier of:

- a) the first day of the month on or next following the date he or she completes 90 consecutive days of full-time active employment; or
- b) the first day of the month on or next following the date he or she has been able, for 90 consecutive days, to carry on all the normal and customary activities of a person of like age and sex in good health.]

**Request for Change in Coverage:** If an Insured Person gives us [a Written Application] [an Enrollment Form] for a change in coverage for which he or she is eligible and pays the required premium, the change will become effective on the first day of the month on or next following the later of:

- a) the date we receive the request; or
- b) the date we determine that he or she is insurable].

**Termination:** Your coverage terminates on the earliest to occur of:

- a) the date the [Policy] is canceled; or
- b) the date the [Policyholder] withdraws its sponsorship of, or cancels, the [Policy]; or
- c) the Premium Due Date on or next following the date You cease to be an active member of the [Policyholder]; or
- d) the Premium Due Date You fail to pay any required premium contribution, subject to the Grace Period; or
- e) [the date You attain the [Policy] Age Limit] ; or
- f) the date the [Participating Organization] is no longer a member of the [Policyholder]; or
- g) the date We or the [Policyholder] cancel coverage for a class of person to which You belong; or
- h) [the first day of the month following the first occurrence of a Critical Illness which qualifies You for payment of benefits under the [Policy], except that, with respect to the Periodic Payment Benefit, if You are diagnosed with more than one Critical Illness within 24 months of the first occurrence of any other Critical Illness, We will pay benefits under the Periodic Payment Benefit for the one Critical Illness that has the longest payment period. In addition, coverage will be continued if You sustain a Critical Injury and continue to pay the required premium;] or
- i) [the first day of the month following the payment of the Life Transition Benefit, if such benefit is paid as a result of the Insured Person's death;] or
- j) [the first day of the month following the payment of the Recurrence Benefit.]

Termination will be without prejudice to any claim which began prior to the effective date of termination.

**Grace Period:** No grace period is allowed for the first premium which is due on the Coverage Effective Date. A grace period of 31 days is allowed for payment of each premium due after the first premium. We will continue Your coverage during the grace period, but not beyond a date specified in the Termination provision.

## [STRIKE OR LABOR DISPUTE WAIVER OF PREMIUM]

In the event that You are out of work due to:

- a) [a lawful strike authorized by Your [international] union; or
- b) a lock out as the result of a labor dispute between Your [or an affiliated local] union and Employer; or
- c) an involuntary lay off];

We will waive [all] premiums [for 3 months]. You must be Actively at Work and covered under the [Policy] on the date immediately prior to the date the [strike, lock out or involuntary lay off] begins.

[If You are out of work due to involuntary lay off, You must have been employed for a minimum of 12 consecutive months by the same Employer or for a group of Employers in a single industry immediately prior to being out of work. An involuntary lay off does not mean a lay off from a temporary or seasonal place of work or the completion of a project that You were hired for with the understanding that Your employment would be limited to the duration of the place of work or the project.]

The Waiver of Premium begins on the next premium due date following a [30] consecutive day waiting period after the date the [strike, or lock out or involuntary lay off] begins, provided in the interim You pay Your premium and We receive proof that You are out of work due to a [sanctioned strike, a lock out, or an involuntary lay off.] The waiver may be used once in any period of [12 consecutive months.]

The waiver ends and premium payments must resume [3 months] from the date the waiver began in order to keep Your coverage in force.

[Your Waiver of Premium will terminate after a [31] day grace period after the first of the following events:

- a) [3 months] following the initiation of Your Waiver of Premium if premium payments are not resumed; or
- b) the date You reach age [70]; or
- c) the date the [Policy] is terminated.]

[During this 31 day period, You may apply for an individual life insurance [Policy]. These terms are set forth in detail in the Conversion Right.]

[Reinstatement. If Your coverage lapses, but is reinstated, this provision may be reinstated.]

[Only You may be covered under this provision.]

Notice and Proof of [Strike, Lock Out or Involuntary Lay off]: Before benefits begin, We must receive at [Our Administrative Office,] written notice and proof satisfactory to Us of the [strike, lock out, or involuntary lay off (i.e. verification from Your labor union)]. [The Policy] must be in force before the date the [strike, lock out or involuntary lay off] begins. To receive benefits under this provision, satisfactory proof of the status of the [strike, lock out or involuntary lay off] must be given to Us when and as often as We may reasonably require, but in no event less than every [30 days]. We will end providing benefits if proof is not provided under this provision. You must notify Us:

- a) as soon as the [strike, lock out, or involuntary lay off] is resolved;
- b) when You return to work or are offered the opportunity to return to work for Your Employer; or
- c) when Your employment is terminated.

**Actively At Work** with respect to this provision means You are performing all the regular duties of Your occupation for the Employer, on the date immediately preceding the date the [strike, or lock out, or involuntary lay off] begins.]

## CRITICAL ILLNESS BENEFITS

We will pay the benefits described below for a Covered Person's Critical Illness, as defined, if a Positive Diagnosis is made [after the Waiting Period]. [No benefit will be payable if the Covered Person dies within the [30] day period immediately following a Positive Diagnosis of a Critical Illness.]

**[First Occurrence Benefit:** We will pay the First Occurrence Benefit Amount elected by the Eligible Person at the time of application after we receive proof of Positive Diagnosis of the Covered Person's Critical Illness. The First Occurrence Benefit Amount is stated in the Schedule. With respect to a Covered Person who is the recipient of a Major Organ Transplant, as defined, an additional First Occurrence Benefit will be provided to the live donor of the organ, in the same amount as was payable to the Covered Person.] [No benefit will be payable if the Covered Person dies within the [30] day period immediately following a Positive Diagnosis of a Critical Illness.]]

**[Periodic Payment Benefit:** We will pay a Periodic Payment Benefit Amount beginning on the first day of the month following the date we receive proof of Positive Diagnosis of the Covered Person's Critical Illness. Payment under this benefit will continue until the Maximum Lifetime Benefit Period is reached for that Critical Illness. [No benefit will be payable if the Covered Person dies within the [30] day period immediately following a Positive Diagnosis of a Critical Illness.]

If, while receiving the Periodic Payment Benefit, the Covered Person dies as a result of a Critical Illness, as defined, We will pay the remaining monthly benefits in a Lump Sum to the Covered Person's beneficiary, in accordance with the Beneficiary Provision of the Policy.

The Periodic Payment Benefit Amount and the Maximum Lifetime Benefit Period are stated in the Schedule of Benefits.]

**[Life Transition Benefit:** We will pay the Life Transition Benefit on:

- a) [the date we receive proof that the Covered Person has died as a result of a Critical Illness; or
- b) the last day of:
  - 1) the 60<sup>th</sup> month following the date the Covered Person received a Positive Diagnosis of Kidney Failure; or
  - 2) the 24<sup>th</sup> month following the date the Covered Person received a Positive Diagnosis of any other Critical Illness.]

The Life Transition Benefit will be paid:

- a) to the Covered Person, if living; or
- b) to the Covered Person's beneficiary.

The Life Transition Benefit Amount is the amount elected by the Eligible Person at the time of application and is stated in the Schedule of Benefits.]

## CANCER BENEFITS

We will pay the benefits described below for a Covered Person's Cancer, as defined:

- a) provided he or she is covered under the [Policy]; and
- b) [after he or she completes the applicable Waiting Period; and
- c) in accordance with the benefit descriptions below.]

With respect to the Hospital Recovery Benefit and Extended Recovery Benefit, the Confinement must:

- a) be Medically Necessary; and
- b) be due to [Sickness or Injury] [Cancer (as defined)]; and
- c) [begin while the Covered Person is covered under the Policy] [begin after Positive Diagnosis of the Covered Person's first occurrence of any form of Cancer (as defined)].

**[Wellness Benefit (Cancer Screening Benefit):** We will pay the Wellness Benefit amount for one of the following Cancer screening tests:

- a) bone marrow testing;
- b) CA15-e (Cancer antigen 15-3 blood test for breast Cancer);
- c) CA125 (Cancer antigen 125 blood test for ovarian Cancer);
- d) CEA (carcinoembryonic antigen blood test for colon Cancer);
- e) Chest x-ray;
- f) Colonoscopy;
- g) Flexible sigmoidoscopy;
- h) Hemocult stool analysis;
- i) Mammography;
- j) Pap smear;
- k) PSA (prostate specific antigen blood test for prostate Cancer); and
- l) Serum Protein Electrophoresis (test for myeloma).

This benefit is paid:

- a) regardless of the result of the test;
  - b) only once per Calendar Year;
  - c) provided the test was conducted while the Covered Person was covered under the Policy.
- The Wellness Benefit Amount is stated in the Schedule.]

**[First Occurrence Benefit:** [After the Waiting Period,] We will pay the First Occurrence Benefit Amount after We receive proof of Positive Diagnosis of the Covered Person's first occurrence of any form of Cancer, as defined. [Payment for a Positive Diagnosis made after the first, for the same [or different] type of Cancer, will be made under the Recurrence Benefit, not this benefit.] The First Occurrence Benefit Amount is stated in the Schedule. [However, if the Covered Person receives a Positive Diagnosis within the Waiting Period, [10%] of the Benefit Amount will be payable.]]

**[Second Opinion Benefit:** If a benefit is payable under the First Occurrence Benefit, We will pay a Second Opinion Benefit Amount. The Second Opinion Benefit Amount is stated in the Schedule.]

## **CANCER BENEFITS (Continued)**

**[Life Transition Benefit:** We will pay the Life Transition Benefit on [the earlier to occur of]:

- a) [the date We receive proof that the Covered Person has died as a result of Cancer; or
- b) the last day of the [24th month] following the date the Covered Person received a Positive Diagnosis of Cancer under the First Occurrence Benefit.]

The Life Transition Benefit will be paid:

- a) to the Covered Person, if living; or
- b) to the Covered Person's beneficiary.

The Life Transition Benefit Amount is stated in the Schedule.]

**[Recurrence Benefit:** We will pay a Recurrence Benefit if a Covered Person receives a Positive Diagnosis for a recurrence of Cancer (as defined):

- a) for which he or she has not received a Positive Diagnosis of any form of Cancer for at least a [5] consecutive year period [beginning on the date of the last Positive Diagnosis]; and
- b) the Positive Diagnosis of a recurrence occurs after the Insured Person's effective date of coverage and the Waiting Period.

The Benefit Amount is shown in the Schedule. [This benefit is payable only once in a Covered Person's lifetime.]

**[Hospital Recovery Benefit:** Upon discharge from a Hospital Confinement, We will pay a Hospital Recovery Benefit for home recovery services provided the Covered Person:

- a) [had completed the Waiting Period prior to Confinement in a Hospital;] [and]
- b) [had been Confined in a Hospital after a Positive Diagnosis of the Covered Person's first occurrence of any form of Cancer (as defined)] .
- c) [had been Confined in a Hospital due to Cancer].

[The Hospital Recovery Benefit Amount will be:

- a) \$250 if the Covered Person's Hospital Confinement was less than 7 days; and
- b) \$500 if the Covered Person's Hospital Confinement was 7 days to 29 days.]

[The Hospital Recovery Benefit Amount is shown in the Schedule and is a daily benefit amount for each day of a Covered Person's [Period of] Confinement in a Hospital.]

We will increase our payment to [two times the Daily Benefit Amount] for each day [or portion of a day for confinement of at least 8 hours that] a Covered Person is required to be in an Intensive Care Unit during such Confinement.

[The Benefit Amount shown above will be doubled if Confinement was in an Intensive Care Unit (ICU) of a Hospital. For a Hospital Confinement of less than 7 days, at least 1 day of the Confinement must be in an ICU. For a Hospital Confinement of 7 to 29 days, at least 7 days of the confinement must be in an ICU.]]

**[Extended Recovery Benefit:** Upon discharge from a Hospital Confinement, We will pay an Extended Recovery Benefit for home recovery services provided the Covered Person:

- a) [had completed the Waiting Period prior to Confinement in a Hospital]; [and]
- b) [had been Confined in a Hospital after a Positive Diagnosis of the Covered Person's first occurrence of any form of Cancer (as defined.)]
- c) [had been Confined in a Hospital due to Cancer].

The Extended Recovery Benefit Amount is shown in the Schedule.

[The Hospital Recovery Benefit and Extended Recovery Benefit do not cover any confinements for:

- a) intentionally self-inflicted injuries, suicide or attempted suicide, whether sane or insane, (in Missouri or Colorado while sane);
- b) any loss caused or contributed to by war or act of war, whether war is declared or not;
- c) any loss which occurs while the Insured Person is in any of the armed forces, whether land, water or air of any country or international authority;
- d) pregnancy or childbirth;
- e) [Confinement in a Veterans Administration or any other National Government owned or operated Hospital].]
- f) [any conditions other than Cancer].]

## CLAIM PROVISIONS

**Notice of Claim:** The person who has the right to claim benefits (the claimant or beneficiary) must give Us written notice of a claim within [20 days] after a covered loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include the [Insured Person's] name and the [Policy] number. It should be sent to Our office in Hartford, Connecticut or given to Our agent.

**Claim Forms:** When We receive the notice of claim, We will send forms to the claimant for giving Us proof of loss. The forms will be sent within 15 days after We receive the notice of claim.

If the forms are not received, the claimant will satisfy the proof of loss requirement if written proof of the occurrence, character and extent of the loss is sent to Us.

**Proof of Loss:** Proof of loss must be sent to Us in writing within 90 days after:

- a) the end of each month of Our liability for periodic claims payments; or
- b) the date of the loss for all other claims.

If the claimant is not able to send it within that time, it may be sent as soon as reasonably possible without affecting the claim. The additional time allowed cannot exceed one year unless the claimant is legally incapacitated.

[Proof of Loss may include but is not limited to the following:

- a) documentation of:
  - 1) the date Your Critical Illness began;
  - 2) the cause of Your Critical Illness;
  - 3) the prognosis of Your Critical Illness;
  - 4) evidence that You are under the Regular Care of a Physician;
- b) any and all medical information, including x-ray films and photocopies of medical records, including histories, physical, mental or diagnostic examinations and treatment notes;
- c) the names and addresses of all:
  - 1) Physicians or other qualified medical professionals You have consulted;
  - 2) Hospitals or other medical facilities in which You have been treated; and
  - 3) pharmacies which have filled Your prescriptions within the past three years;
- d) Your signed authorization for Us to obtain and release:
  - 1) medical, employment and financial information; and
  - 2) any other information We may reasonably require.]

Unless We determine You have a valid reason for refusal, We may deny, suspend or terminate Your benefits if You fail to provide satisfactory proof of Your Critical Illness or refuse to be examined by a Physician as we may require to process Your claim.

**[Proof of Critical Illness and Examinations:** We reserve the right to require proof of Critical Illness. A diagnosis submitted must be made in the United States and provided by an attending physician licensed to practice in the United States. If the Covered Person fails to submit proof satisfactory to Us that he or she has a Critical Illness, or refuses to be examined by a physician as may be required by Us, then no Critical Illness Benefit will be payable.]

**Time of Claim Payment:** We will pay any daily, weekly or monthly benefit due:

- a) on a monthly basis, after We receive the proof of loss, while the loss and our liability continue; or
- b) immediately after We receive the proof of loss following the end of Our liability.

We will pay any other benefit due immediately after We receive the proof of loss.

SERFF Tracking Number: CLTR-126042577 State: Arkansas  
 Filing Company: Hartford Life Insurance Company State Tracking Number: 41594  
 Company Tracking Number: SRP-1361 HL  
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
 Limited Benefit  
 Product Name: Group Specified Disease/Critical Illness  
 Project Name/Number: Group Critical Illness filing/SRP-1361 HL

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> AR Rule & Reg 19, 49 Certification.pdf Cert of Readability.pdf	Approved-Closed	02/20/2009
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> original program filed under SRP-1361 - approved 12/7/99 <b>Comments:</b>	Approved-Closed	02/20/2009
<b>Satisfied - Item:</b> filing letter and forms list <b>Comments:</b> <b>Attachments:</b> POI CERT Forms List.pdf Cover Letter.pdf	Approved-Closed	02/20/2009
<b>Satisfied - Item:</b> authorization to file <b>Comments:</b> <b>Attachment:</b> Hartford Life Authorization.pdf	Approved-Closed	02/20/2009

DATE: February 19, 2009

TO: Commissioner of Insurance  
Arkansas Insurance Department

RE: Hartford Life Insurance Company

**CERTIFICATION  
RULES AND REGULATIONS 19 and 49  
CONSUMER INFORMATION NOTICE**

This is to certify that the referenced certificate of coverage form complies with the provisions of Rules and Regulations 19 and 49 and the consumer information notice, as well as all applicable requirements of the Arkansas Insurance Department.

Signed for Hartford Life Insurance Company



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

Typed Name: Dana MacKinnon

Title: Vice President and Chief Compliance Officer

## CERTIFICATION OF READABILITY

### HARTFORD LIFE INSURANCE COMPANY

Certification of Readability for Policy of Incorporation form SRP-1361 B, et al., and  
Certificate of Plan Benefits form SRP-1361 CRT A et al.

Form SRP-1361 B, et al.	43.2
Form SRP-1361 CRT A, et al.:	40.3

We hereby certify that the above forms meet the minimum Flesch Reading Ease Base  
Score as required by **Arkansas** in compliance with 23-80-206.



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Dana MacKinnon  
Vice President and Chief Compliance Officer

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Date  
November 24, 2008

List of Modules	SRP-1361
Module #	Description
<b>POLICY OF INCORPORATION:</b>	
Form SRP-1361 B (Rev.)	Schedule - Eligibility
Form SRP-1361 C (Cont.) (Rev.-1)	Schedule – Benefits and Amounts (Continued)
Form SRP-1361 C (Cont.-1) (Rev.-1)	Schedule – Benefits and Amounts (Continued)
Form SRP-1361 D (HL) (Rev.)	Schedule – Policy Modifications
Form SRP-1361 E (Rev.-1)	Schedule - Premiums
Form SRP-1361 G (Rev.)	Contract Provisions
<b>CERTIFICATE:</b>	
Form SRP-1361 CRT A (HL) (Rev.-1)	Certificate of Insurance Face Page
Form SRP-1361 CRT B (Rev.-1)	Definitions (Continued)
Form SRP-1361 CRT B (Cont.) (Rev.-1)	Definitions (Continued)
Form SRP-1361 CRT B (Cont.-1) (Rev.-1)	Definitions (Continued)
Form SRP-1361 CRT C (Rev.)	Insured Person's Period of Coverage
Form SRP-1361 CRT C-B	Strike or Labor Dispute Wavier of Premium
Form SRP-1361 CRT D (Rev.)	Critical Illness Benefits
Form SRP-1361 CRT D-A	Cancer Benefits
Form SRP-1361 D-A (Cont.)	Cancer Benefits (Continued)
Form SRP-1361 CRT G (Rev.)	Claim Provisions

Date: February 20, 2009

To: Arkansas Department of Insurance

Hartford Life Insurance Company  
NAIC #: 88072 FEIN #: 06-0974148

**RE:    New Submission                      Group Accident and Health  
       **SRP-1361 B, et al.**                      **Policy of Incorporation**  
       **SRP-1361 CRT A, et al.**                **Certificate of Insurance****

Dear Sir or Madam:

**Purpose:** On behalf of Hartford Life Insurance Company, Coulter and Associates, Inc. is submitting the attached forms for your review and approval on a general use basis. Form SRP-Cert C-B and Form SRP-1361 D-A are new forms and have not been previously approved. The remaining forms include revisions of language previously filed and approved by your department on December 07, 1999. These forms do not replace any forms currently on file with your department and they provide a program of Group Specified Disease coverage. Any disclosures, complaint notices, etc. would have been filed as part of the original program filing and will continue to be used. You approved these forms for Hartford Life and Accident Insurance Company on January 28, 2009 (file 41329). A condition of the approval was to confirm the types of groups to which the program would be available. Intended policyholders would be primarily employer groups and associations, but may also extend to Labor Unions and other groups as permitted by state regulations.

**Submitted materials:** The basic form numbers, as shown on the attached forms list, identify each individual form cited in this submission by its respective number and title/description. Each page has the same basic form number, Form SRP-1361. A suffix is added to the basic form number for each page to identify each section and variation. These pages may run in continuous text when printed.

**Variability of Forms:** Variable material is set off by brackets to be variable so that it may be added to, deleted from or changed.

If you have any questions, please email me at [susan@coulter-and-associates.com](mailto:susan@coulter-and-associates.com) or call me at (609) 443-7540. Otherwise we look forward to your approval.

Very truly yours,  
*Susan B. Coulter*

Susan B. Coulter

Date: February 18, 2009  
To: State Insurance Departments  
From: Dana Mackinnon  
Hartford Life Insurance Company  
Subject: Filing Authority for Coulter & Associates, Inc.

I, Dana MacKinnon, an officer of Hartford Life and Accident Insurance Company, have authorized Susan Coulter of Coulter and Associates, Inc., acting as our Contracts Consultant, to file products and correspond with your Department on our behalf.



Signature: \_\_\_\_\_  
Title: Vice President and Chief Compliance Officer



Date: February 20, 2009

To: Arkansas Department of Insurance

Hartford Life Insurance Company  
NAIC #: 88072 FEIN #: 06-0974148

**RE:    New Submission                            Group Accident and Health  
          SRP-1361 B, et al.                        Policy of Incorporation  
          SRP-1361 CRT A, et al.                Certificate of Insurance**

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**Submitted materials:** The basic form numbers, as shown on the attached forms list, identify each individual form cited in this submission by its respective number and title/description. Each page has the same basic form number, Form SRP-1361. A suffix is added to the basic form number for each page to identify each section and variation. These pages may run in continuous text when printed.

**Domiciliary State Approval:** These forms have been submitted to our domiciliary state of Connecticut and were approved on November 13, 2008.

**Variability of Forms:** Variable material is set off by brackets to be variable so that it may be added to, deleted from or changed.

If you have any questions, please email me at [susan@coulter-and-associates.com](mailto:susan@coulter-and-associates.com) or call me at (609) 443-7540. Otherwise we look forward to your approval.

Very truly yours,  
*Susan B. Coulter*

Susan B. Coulter