

SERFF Tracking Number: CLTR-126081250 State: Arkansas  
Filing Company: Hartford Life and Accident Insurance Company State Tracking Number: 41867  
Company Tracking Number: GBD-1200 F46  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Group Disability Income Filing  
Project Name/Number: New Benefit Module for Group Disability Income Filing /GBD1200 F-46

## Filing at a Glance

Company: Hartford Life and Accident Insurance Company

Product Name: Group Disability Income Filing SERFF Tr Num: CLTR-126081250 State: ArkansasLH  
TOI: H21 Health - Other SERFF Status: Closed State Tr Num: 41867  
Sub-TOI: H21.000 Health - Other Co Tr Num: GBD-1200 F46 State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
Author: Mark Swercheck Disposition Date: 03/20/2009  
Date Submitted: 03/19/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: New Benefit Module for Group Disability Income Filing Status of Filing in Domicile: Not Filed  
Project Number: GBD1200 F-46 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Large  
Overall Rate Impact: Group Market Type: Association  
Filing Status Changed: 03/20/2009 Explanation for Other Group Market Type:  
State Status Changed: 03/20/2009  
Deemer Date: Corresponding Filing Tracking Number:

Filing Description:

On behalf of Hartford Life and Accident Insurance Company, Coulter and Associates, Inc. is submitting the attached form for your review and approval on a single case basis. The benefit will be added to the disability income program (Forms GBE-1200 et al ) approved by your department on November 5, 2003. Form GBD-1200 F46 (AGP-5728) is a new form for use with this association. The association is the NASW Assurance Services, Incorporated situated in Delaware.

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

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If you have any questions, please email me at mark@coulter-and-associates.com or call me at (609) 443-1811. Otherwise we look forward to your approval.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - coulterandassociatesinc)

Mark Swercheck, Senior Consultant mark@coulter-and-associates.com  
 379 Princeton-Hightstown Road (609) 443-1811 [Phone]  
 Cranbury, NJ 08512 (609) 443-4103[FAX]

### Filing Company Information

Hartford Life and Accident Insurance Company CoCode: 708015 State of Domicile: Connecticut  
 200 Hopmeadow Street Group Code: 708015 Company Type:  
 Simsbury, CT 06089 Group Name: 91 State ID Number:  
 (609) 443-7540 ext. [Phone] FEIN Number: 06-0838648  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: AR - Other forms filed separately are \$20 for each form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Accident Insurance Company	\$20.00	03/19/2009	26537858

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/20/2009	03/20/2009

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## **Disposition**

Disposition Date: 03/20/2009

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>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Authority To File	Approved-Closed	Yes
<b>Form</b>	[Occupational] [Non-Disabling] Felonious Assault Benefit	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** GBD1200 F-46 (AGP-5728)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GBD-1200 F46 (AGP-5728)	Policy/Cont ract/Fraternal	Occupational] [Non-Disabling] Felonious Assault Benefit	Initial		54	GBD-1200 F46 (AGP-5728).pdf
		Certificate:					
		Amendment, Insert					
		Page, Endorsement or Rider					

**[Occupational] [Non-Disabling] Felonious Assault Benefit:**

*When is the [Occupational] [Non-Disabling] Felonious Assault Benefit payable?*

If You sustain an Injury:

- 1) as a result of a Felonious Assault which occurs while covered under The Policy; and
- 2) as an [Employee] engaged [full-time] in Your [normal and customary] occupation during:
  - a) regularly scheduled working hours; [or
  - b) a required period of work not coinciding with regular work hours;]
  - [or
  - c) while in transit to or from work],

We will pay an additional [Occupational] [Non-Disabling] Felonious Assault Benefit. This benefit will be paid in a lump sum.

For the purposes of this benefit, the term Felonious Assault means an act which:

- 1) [is an attempt to cause bodily injury; or
- 2) purposely, knowingly, and recklessly causes bodily injury; or
- 3) negligently causes bodily injury with a deadly weapon;]

and is directed at You during the course of a robbery, kidnapping or other criminal assault.

Such assault must be reported to police and filed in a police report within [72] hours of the act.

[The specific amount(s) for this benefit are shown in the Schedule of Insurance.]

This benefit will not pay for an Injury that results from a Felonious Assault committed by:

- 1) a member of [the Insured Person's family;]
- 2) a member of the household in which [the Insured Person lives];
- 3) [the Insured Person's fellow [Employee]].

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## **Rate Information**

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## Supporting Document Schedules

<b>Satisfied -Name:</b> Flesch Certification	<b>Review Status:</b> Approved-Closed	03/20/2009
<b>Comments:</b>		
<b>Attachment:</b> Cert of Readability_AR.pdf		
<b>Satisfied -Name:</b> Application	<b>Review Status:</b> Approved-Closed	03/20/2009
<b>Comments:</b> GBD 1200 et al approved 11/5/2003.		
<b>Bypassed -Name:</b> Outline of Coverage	<b>Review Status:</b> Approved-Closed	03/20/2009
<b>Bypass Reason:</b> Not applicable - Group Product		
<b>Comments:</b>		
<b>Satisfied -Name:</b> Authority To File	<b>Review Status:</b> Approved-Closed	03/20/2009
<b>Comments:</b>		
<b>Attachment:</b> Hartford LA Authorization.pdf		

**CERTIFICATION OF READABILITY**

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

Certification of Readability for Form Number GBD-1200 F46 (AGP-5728) 54.2

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



3/19/2009

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Dana MacKinnon  
Vice President and Chief Compliance Officer

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Date



HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Date: January 14, 2009  
To: State Insurance Departments  
From: Dana Mackinnon  
Hartford Life and Accident 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 and Mark Swercheck of Coulter and Associates, Inc., acting as our Contracts Consultant, to file products and correspond with your Department on our behalf.

A handwritten signature in blue ink, appearing to read "Dana MacKinnon", with a long horizontal flourish extending to the right.

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