

SERFF Tracking Number: UNUM-126119048 State: Arkansas
 Filing Company: Unum Life Insurance Company of America State Tracking Number: 42134
 Company Tracking Number: C.V.L. 63
 TOI: L04G Group Life - Term Sub-TOI: L04G.005 Joint (Last Survivor) - Single Premium
 Product Name: C.V.L. 63, et al
 Project Name/Number: /

Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: C.V.L. 63, et al

SERFF Tr Num: UNUM-126119048 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-
 Closed State Tr Num: 42134

Sub-TOI: L04G.005 Joint (Last Survivor) -
 Single Premium

Co Tr Num: C.V.L. 63

State Status: Approved-Closed

Filing Type: Form

Author: Colleen Schenck

Reviewer(s): Linda Bird

Date Submitted: 04/17/2009

Disposition Date: 04/22/2009

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 12/02/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

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: 04/22/2009

Explanation for Other Group Market Type:

State Status Changed: 04/22/2009

Deemer Date:

Created By: Colleen Schenck

Submitted By: Colleen Schenck

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval please find additional variables to be added to our C.FP-1 Modular Contract Series previously approved by your Department.

C.V.L 63 matches our waiver of premium features to the Social Security Normal Retirement Age.

Forms C.V.L 64 and C.V.L. 65 better clarify the premium allocation between the employer and employee.

C.V.L. 69 was prepared in response to requests for strike/lockout language

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We reserve the right to make non-material formatting changes to these forms including, but not limited to, paper stock, typeface but not font size, and page layout.

Company and Contact

Filing Contact Information

Colleen Schenck, Director cschenck@unum.com
 18 Chestnut Street 774-437-6397 [Phone]
 Worcester, MA 01608 774-437-7429 [FAX]

Filing Company Information

Unum Life Insurance Company of America CoCode: 62235 State of Domicile: Maine
 2211 Congress Street Group Code: 416 Company Type: L&H
 Portland, ME 04122 Group Name: State ID Number:
 (207) 575-2211 ext. [Phone] FEIN Number: 01-0278678

Filing Fees

Fee Required? Yes
 Fee Amount: \$80.00
 Retaliatory? No
 Fee Explanation: \$20.00 x 4
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$80.00	04/17/2009	27246313

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/22/2009	04/22/2009

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Disposition

Disposition Date: 04/22/2009

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		Yes
Supporting Document	Application		No
Supporting Document	NAIC Transmittal		Yes
Form	Life Waiver Matching SSNRA		Yes
Form	Premium Allocation		Yes
Form	Premium Allocation		Yes
Form	Labor Dispute		Yes

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Form Schedule

Lead Form Number: C.V.L. 63

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	C.V.L.63	Policy/Cont Life Waiver Matching Initial ract/Fratern SSNRA al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			45.400	Premium Waiver Matching SSNRA Sched - C.V.L.63.pdf
	C.V.L. 64	Policy/Cont Premium Allocation ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.400	Premium Allocation for Contributory Plans - C.V.L.64.pdf
	C.V.L. 65	Policy/Cont Premium Allocation ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.400	Premium Allocation for Contributory Plans - C.V.L.65.pdf
	C.V.L. 69	Policy/Cont Labor Dispute ract/Fratern al Certificate:	Initial		54.100	Labor Dispute Language - C.V.L.69.pdf

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Product Name: C.V.L. 63, et al
Project Name/Number: /
Amendmen
t, Insert
Page,
Endorseme
nt or Rider

Unum Life Insurance Company of America

WHEN WILL YOUR LIFE INSURANCE PREMIUM WAIVER END?

The life insurance premium waiver will automatically end if:

- you recover and you no longer are disabled;
- you fail to give us proof that you remain disabled;
- you refuse to have an examination by a physician chosen by Unum; or
- premium has been waived for 12 months and you are considered to reside outside the United States. You will be considered to reside outside the United States when you have been outside the United States for a total period of 6 months or more during any 12 consecutive months for which premium has been waived.

Also, we will not continue the life insurance premium waiver beyond the Maximum Benefit Period stated below based on your age on the date your disability began.

Age at Disability	Maximum Period of Payment
Less than age 62	To SSNRA, schedule below
Age 62	60 months
Age 63	48 months
Age 64	42 months
Age 65	36 months
Age 66	30 months
Age 67	24 months
Age 68	18 months
Age 69 or older	12 months

Year of Birth	Social Security Normal Retirement Age
1937 or before	65 years
1938	65 years 2 months
1939	65 years 4 months
1940	65 years 6 months
1941	65 years 8 months
1942	65 years 10 months
1943-1954	66 years
1955	66 years 2 months
1956	66 years 4 months
1957	66 years 6 months
1958	66 years 8 months
1959	66 years 10 months
1960 and after	67 years

Unum Life Insurance Company of America

WHO PAYS FOR THE COVERAGE:

For you:

You and your Employer **must make** contributions for your coverage.

For Your Dependents:

You **must make** contributions for coverage for your dependents.

WHEN DOES YOUR COVERAGE BEGIN?

This plan provides different benefit options in addition to the basic benefit. When you first become eligible for coverage, you may apply for any option, however, you cannot be covered under more than one option at a time.

Evidence of insurability is required for any amount of life insurance over the amount shown in the LIFE INSURANCE "**BENEFITS AT A GLANCE**" page.

You will automatically be covered under the basic benefit 12:01 a.m. on the later of:

- the date you are eligible for coverage; or
- the date Unum approves your evidence of insurability form, if evidence of insurability is required.

For the optional coverage plan, you will be covered at 12:01 a.m. on the latest of:

- the date you are eligible for coverage, if you apply for insurance on or before that date;
- the date you apply for insurance, if you apply within 31 days after your eligibility date; or
- the date Unum approves your evidence of insurability form, if evidence of insurability is required.

Unum Life Insurance Company of America

WHO PAYS FOR THE COVERAGE:

For you:

You and your Employer **must make** contributions for your coverage.

For Your Dependents:

You **must make** contributions for coverage for your dependents.

WHEN DOES YOUR COVERAGE BEGIN?

When you are not required to make contributions for your coverage under a plan, you will be covered at 12:01 a.m. on the later of:

- the date you are eligible for coverage; or
- the date Unum approves your evidence of insurability form, if evidence of insurability is required.

When you are required to make contributions for your coverage under a plan, you will be covered at 12:01 a.m. on the latest of:

- the date you are eligible for coverage, if you apply for insurance on or before that date;
- the date you apply for insurance, if you apply within 31 days after your eligibility date; or
- the date Unum approves your evidence of insurability form, if evidence of insurability is required.

Evidence of insurability is required if you:

- are a late applicant, which means you apply for coverage more than 31 days after the date you are eligible for coverage; or
- voluntarily cancelled your coverage and are reapplying.

**Unum Life Insurance Company
ADDITIONAL VARIABLE/C.FP-1
MODULAR GROUP LIFE/AD&D FILING**

[ONCE YOUR COVERAGE BEGINS, WHAT HAPPENS IF YOU ARE NOT WORKING DUE TO A STRIKE, A LOCKOUT OR OTHER LABOR DISPUTE?]

If you are not working due to a strike, a lockout or other labor dispute involving your Employer, and if premium is paid, coverage will be continued until:

- the expiration of [6 months] from the date you ceased active employment; or
- the date you accept active employment with another Employer;
- [the date less than [seventy-five percent (75%)] of the employees affected by the labor dispute are continuing insurance;]

whichever occurs first.

[Your Employer must inform you of your right] To keep your coverage in force, you must pay, on time, to your Employer [or union,] an amount equal to [120% of] the required premium during the continuation. Your Employer [or union] will forward your premium to us.]

GENERAL AND SPECIFIC VARIABLES

1. This provision may be included or omitted.
2. [6 months] may vary from "one month – 24 months".
3. [seventy-five percent (75%)] may vary from "5 percent (5%) to ninety-five percent (95%)".
4. Other bracketed text may be included or omitted.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch Readability C.FP-1 with C.V.L.63, 64-65, 69.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Forms to be used with a group life policy. Comments:		

	Item Status:	Status Date:
Satisfied - Item: NAIC Transmittal Comments: Attachment: NAIC Transmittal (rev 1-1-09).pdf		

Name of Company: **UNUM Life Insurance Company** of America

This is to certify that the forms listed below meet the minimum score required by the Flesch Reading Ease Test.

Form and Form Number to which the Certification is Applicable:

<u>Form</u>	<u>Flesch Score</u>
C.FP-1, C.V.L.63	45.4
C.FP-1, C.V.L.64	45.4
C.FP-1, C.V.L.65	45.4
C.FP-1, C.V. L.69	54.1



Officer's Name

Vice President & Managing Counsel

Officer's Title

Date: April 14, 2009

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	
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7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance	
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10.	Product Coding Matrix Filing Code	
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11.	Submitted Documents	<p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
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<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization											
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<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	Filing Submission Date		
13.	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p>	
<p>Print Name _____ Title _____</p>	
<p>Signature _____ Date: _____</p>	

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1