

<i>SERFF Tracking Number:</i>	<i>AENX-126240197</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43020</i>
<i>Company Tracking Number:</i>	<i>LAHAR0183701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2009 Group Insurance</i>		
<i>Project Name/Number:</i>	<i>2009 Group Insurance/LAHAR0183701F01</i>		

Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2009 Group Insurance

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: AENX-126240197 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 43020

Co Tr Num: LAHAR0183701F01

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: SPI AetnaSPI

Disposition Date: 07/24/2009

Date Submitted: 07/23/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Group Insurance

Project Number: LAHAR0183701F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/24/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 07/24/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

This filing is being submitted to address the following enhancements to our Life Insurance and Accidental Death and Personal Loss products:

- 1.The addition of an "In the Line of Duty" benefit, through which there will be an additional death benefit for individuals in certain roles, such as policemen and firemen, who are killed in the line of duty.
- 2.Optional language under the Payment of Benefits section, to support the payment of a death benefit by either a lump sum, or by a checkbook program. Under the checkbook program the beneficiary can write a check to withdraw either

SERFF Tracking Number: AENX-126240197 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 43020
 Company Tracking Number: LAHAR0183701F01
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: 2009 Group Insurance
 Project Name/Number: 2009 Group Insurance/LAHAR0183701F01

the total amount, or write multiple checks until the entire amount is withdrawn.

Company and Contact

Filing Contact Information

Dina Bagdigian, Compliance Specialist BagdigianEA1@Aetna.com
 151 Farmington Avenue (860) 273-8187 [Phone]
 Hartford, CT 06156 (860) 952-2069[FAX]

Filing Company Information

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut
 151 Farmington Avenue Group Code: 1 Company Type:
 Hartford, CT 06156 Group Name: Aetna State ID Number:
 (860) 273-7546 ext. [Phone] FEIN Number: 06-6033492

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	\$50.00	07/23/2009	29390962

SERFF Tracking Number: AENX-126240197 State: Arkansas
Filing Company: Aetna Life Insurance Company State Tracking Number: 43020
Company Tracking Number: LAHAR0183701F01
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: 2009 Group Insurance
Project Name/Number: 2009 Group Insurance/LAHAR0183701F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/24/2009	07/24/2009

SERFF Tracking Number: AENX-126240197 *State:* Arkansas
Filing Company: Aetna Life Insurance Company *State Tracking Number:* 43020
Company Tracking Number: LAHAR0183701F01
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: 2009 Group Insurance
Project Name/Number: 2009 Group Insurance/LAHAR0183701F01

Disposition

Disposition Date: 07/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-126240197 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 43020
 Company Tracking Number: LAHAR0183701F01
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: 2009 Group Insurance
 Project Name/Number: 2009 Group Insurance/LAHAR0183701F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	EOV GR-9N 03-072 01	Approved-Closed	Yes
Supporting Document	EOV GR-9N 04-026 01	Approved-Closed	Yes
Supporting Document	EOV GR-9 12236	Approved-Closed	Yes
Supporting Document	EOV GR-9N 32-025 04	Approved-Closed	Yes
Supporting Document	Red line GR-9N 32-025 04	Approved-Closed	Yes
Supporting Document	Red line EOV GR-9N 32-025 04	Approved-Closed	Yes
Supporting Document	Cover letter	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	In the Line of Duty	Approved-Closed	Yes
Form	In the Line of Duty	Approved-Closed	Yes
Form	Payment of Benefits	Approved-Closed	Yes
Form	Payment of Benefits	Approved-Closed	Yes

SERFF Tracking Number: AENX-126240197 State: Arkansas
 Filing Company: Aetna Life Insurance Company State Tracking Number: 43020
 Company Tracking Number: LAHAR0183701F01
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: 2009 Group Insurance
 Project Name/Number: 2009 Group Insurance/LAHAR0183701F01

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GR-9N 03-072 01	Certificate	In the Line of Duty	Initial		23	GR-9N 03-072 01.PDF
		Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed	GR-9N 04-026 01	Certificate	In the Line of Duty	Initial		25	GR-9N 04-026 01.PDF
		Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed	GR-9 12236	Certificate	Payment of Benefits	Initial		38	GR-9 12236.PDF
		Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed	GR-9N 32-025 04	Certificate	Payment of Benefits	Initial		0	GR-9N 32-025 04.PDF
		Amendmen t, Insert Page, Endorseme nt or Rider					

In the Line of Duty Benefit

If, while insured for **1** [Basic Life or Supplemental Life] Insurance, you lose your life directly from an **illness** or an **injury** that occurs while you are **actively at work** for your **2** [Employer], a benefit will also be payable to the beneficiary you name for your Life Insurance benefit.

Verification that your loss of life was a direct result from an **illness** or an **injury** while you are **actively working** must be part of an official report and certified, in writing, by investigating officer(s) or official(s).

For the purpose of this benefit, your death will be deemed to have been caused by an **illness** or an **injury** if:

- You die while you are **active at work**; or
- You die within **3** [90-365] days after you have stopped **active work** and your death is a direct result of an **illness** or an **injury** that first occurs while you are **active at work** for your Employer.

4 [Aggregate Benefit

If two or more covered persons die as the direct result of an **injury** sustained in the same **accident** and death occurs within 90-365 days of the **accident** causing the **injury**, the benefit payable with respect to each covered person may be reduced by equal percentages so that the total benefit paid for all deaths resulting from the same **accident** will not exceed the Aggregate Liability Limit.]

In the Line of Duty Benefit Payable

Type of Benefit	Benefit Payable
• In the Line of Duty Benefit	5 [\$5,000- 10,000] [10% -100% of your Life Insurance Amount]
• 5 [Aggregate Liability Limit	\$20,000- \$1,000,000]

Important: You will not be considered to be active at work at any time during the day you are not required or not expected to be performing the duties of the job for which you were hired or during your travel time to and from work.

In the Line of Duty Benefit

If, while insured for **1** [Basic AD&D or Supplemental AD&D] Insurance, you lose your life directly from an **illness** or an **injury** that is covered by this plan and that **injury** occurs while you are **actively at work** for your **2** [Employer], a benefit will also be payable to the beneficiary you name for your Life Insurance benefit.

Verification that your loss of life was a direct result from an **illness** or an **injury** while you are **actively working** must be part of an official report and certified, in writing, by investigating officer(s) or official(s).

For the purpose of this benefit, your death will be deemed to have been caused by an **illness** or an **injury** if:

- You die while you are **active at work**; or
- You die within **3** [90-365] days after you have stopped **active work** and your death is a direct result of an **illness** or **injury** that is covered by the plan and first occurs while you are **active at work** for your Employer.

4 [Aggregate Benefit

If two or more covered persons die as the direct result of an **injury** sustained in the same **accident** and death occurs within 90-365 days of the **accident** causing the **injury**, the benefit payable with respect to each covered person may be reduced by equal percentages so that the total benefit paid for all deaths resulting from the same **accident** will not exceed the Aggregate Liability Limit.]

In the Line of Duty Benefit Payable

Type of Benefit	Benefit Payable to Eligible Dependent(s)
<ul style="list-style-type: none">• In the Line of Duty Benefit	5 [\$5,000- 10,000] [10%-100% of your ADPL Principal Sum]
<ul style="list-style-type: none">• 5 [Aggregate Liability Limit	\$20,000- \$1,000,000]

Important: You will not be considered to be active at work at any time during the day you are not required or not expected to be performing the duties of the job for which you were hired or during your travel time to and from work.

Payment of Benefits

Benefits will be paid as soon as the necessary proof to support the claim is received. Written proof must be provided for all benefits. Any death benefit for your loss of life will be paid in accordance with the beneficiary designation. [1The payment will be made in one lump sum.] [The total proceeds of any benefit will be paid by delivery of a checkbook. One check may be written by the checkbook holder to access the entire proceeds or multiple checks may be written until the entire checkbook balance is withdrawn or the checkbook balance drops below Aetna's minimum balance requirements. Aetna will credit interest compounded daily on the checkbook balance not withdrawn at a guaranteed minimum rate equal to the then current [2Bank Rate Monitor Index®] which tracks money market interest rates paid on bank deposits, or an equivalent measure if this index is not available, plus [0.25%].

[3Payments, however, made outside the USA, to an assignee, to a representative of a beneficiary, to a non-natural person, on behalf of a minor, for permanent and total disability benefits, accelerated death benefits, or in an amount less than \$5,000 will be paid by check and not by delivery of a checkbook.]

Payment of Benefits

1 Benefits will be paid as soon as the necessary proof to support the claim is received. Written proof must be provided for all benefits [except any Short Term Disability Benefit]. [Any death benefit payable under the Life Insurance Plan and Accidental Death and Personal Loss Coverage for loss of life will be paid in accordance with the beneficiary designation. Payment will be made in one sum.] [The total proceeds of any benefit will be paid by delivery of a checkbook. One check may be written by the checkbook holder to access the entire proceeds, or multiple checks may be written until the entire checkbook balance is withdrawn or the checkbook balance drops below **Aetna's** minimum balance requirements. **Aetna** will credit interest compounded daily on the checkbook balance not withdrawn at a guaranteed minimum rate equal to the then current [Bank Rate Monitor Index®] which tracks money market interest rates paid on bank deposits, or an equivalent measure if this index is not available, plus 0.25%].

2 [Payments, however, made outside the United States, to an assignee, to a representative of a beneficiary, to a non-natural person, on behalf of a minor, [for permanent and total disability benefits,] [accelerated death benefits,] or in an amount less than \$5,000 will be paid by check and not by delivery of a checkbook.]

If your beneficiary is a minor or, in **Aetna's** opinion, legally unable to give a valid release for payment of any life insurance benefit or accidental death benefit coverage, the benefit will be payable to the guardian of the estate of the minor, or to the custodian under the Uniform Transfer to Minors Act, or an adult caretaker, when permitted under applicable state law.

3 [All covered health expense benefits are payable to you. However, **Aetna** has the right to pay any health benefits to the service provider. This will be done unless you have told **Aetna** otherwise by the time you file the claim.]

4 [**Aetna** will notify you in writing, at the time it receives a claim, when an assignment of benefits to a health care provider or facility will not be accepted.]

5 [Short Term Disability benefits will be paid weekly. They will be paid at the end of each week during the period for which benefits are payable. Weekly benefits for a period less than a week will be prorated. This will be done on the basis of the ratio, to 7 days, of the days of eligibility for benefits during the week.]

6 [Long Term Disability benefits will be paid at the end of each calendar month during the period for which benefits are payable. Long Term Disability benefits for a period less than a month will be prorated. This will be done on the basis of the ratio, to 30 days, of the days of eligibility for benefits during the month.]

7 [Any unpaid balance (at the end of **Aetna's** liability as to Short Term Disability Income and Long Term Disability) will be paid within 30 days of receipt by **Aetna** of the due written proof.]
This paragraph does not apply to Life Insurance.

8 [**Aetna** may pay up to \$1,000 of any other benefit to any of your relatives whom it believes fairly entitled to it. This can be done if the benefit is payable to you and you are a minor or not able to give a valid release. It can also be done if a benefit is payable to your estate.]
This paragraph does not apply to Life Insurance.

[When a [**9PCP**] provides care for you or a covered dependent, or care is provided by a [**10network**] **provider** on referral by your [**PCP**] (**[network] services or supplies**), the [**network**] **provider** will take care of filing claims. However, when you seek care on your own (**[out-of-network] services and supplies**), you are responsible for filing your own claims.]

<i>SERFF Tracking Number:</i>	<i>AENX-126240197</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43020</i>
<i>Company Tracking Number:</i>	<i>LAHAR0183701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2009 Group Insurance</i>		
<i>Project Name/Number:</i>	<i>2009 Group Insurance/LAHAR0183701F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AENX-126240197
Filing Company: Aetna Life Insurance Company
Company Tracking Number: LAHAR0183701F01
TOI: H21 Health - Other
Product Name: 2009 Group Insurance
Project Name/Number: 2009 Group Insurance/LAHAR0183701F01

State: Arkansas
State Tracking Number: 43020
Sub-TOI: H21.000 Health - Other

Supporting Document Schedules

Bypassed -Name: Flesch Certification Bypass Reason: Not applicable Comments:	Review Status: Approved-Closed	07/24/2009
Bypassed -Name: Application Bypass Reason: Not applicable Comments:	Review Status: Approved-Closed	07/24/2009
Satisfied -Name: EOVS GR-9N 03-072 01 Comments: Attachment: EOVS GR-9N 03-072 01.PDF	Review Status: Approved-Closed	07/24/2009
Satisfied -Name: EOVS GR-9N 04-026 01 Comments: Attachment: EOVS GR-9N 04-026 01.PDF	Review Status: Approved-Closed	07/24/2009
Satisfied -Name: EOVS GR-9 12236 Comments: Attachment: EOVS GR-9 12236.PDF	Review Status: Approved-Closed	07/24/2009
Satisfied -Name: EOVS GR-9N 32-025 04 Comments: Attachment:	Review Status: Approved-Closed	07/24/2009

<i>SERFF Tracking Number:</i>	<i>AENX-126240197</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aetna Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43020</i>
<i>Company Tracking Number:</i>	<i>LAHAR0183701F01</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2009 Group Insurance</i>		
<i>Project Name/Number:</i>	<i>2009 Group Insurance/LAHAR0183701F01</i>		

EOV GR-9N 32-025 04.PDF

SERFF Tracking Number: AENX-126240197
Filing Company: Aetna Life Insurance Company
Company Tracking Number: LAHAR0183701F01
TOI: H21 Health - Other
Product Name: 2009 Group Insurance
Project Name/Number: 2009 Group Insurance/LAHAR0183701F01

State: Arkansas
State Tracking Number: 43020
Sub-TOI: H21.000 Health - Other

Satisfied -Name: Red line GR-9N 32-025 04
Comments:
Attachment:
Red line GR-9N 32-025 04.PDF
Review Status: Approved-Closed 07/24/2009

Satisfied -Name: Red line EOV GR-9N 32-025 04
Comments:
Attachment:
Red line EOV GR-9N 32-025 04.PDF
Review Status: Approved-Closed 07/24/2009

Satisfied -Name: Cover letter
Comments:
Attachment:
Cover letter.PDF
Review Status: Approved-Closed 07/24/2009

Bypassed -Name: Health - Actuarial Justification
Bypass Reason: Not applicable
Comments:
Review Status: Approved-Closed 07/24/2009

Bypassed -Name: Outline of Coverage
Bypass Reason: Not applicable
Comments:
Review Status: Approved-Closed 07/24/2009

Aetna Life Insurance Company
Explanation of Variability
GR-9N
03-072
01

In The Line Of Duty Benefit

1. The term “Basic Life” will be used if the In the Line of Duty benefit is covered under the Basic Life plan; and the term “Supplemental Life” will be used if the benefit is covered under the Supplemental Life Insurance policy.
2. The term “Employer” may be changed to “Union” or “Association”, “Plan”, or “Policyholder” or other terms to accurately describe the group policyholder.
3. The day reference in the second bullet may be increased.
4. The Aggregate paragraph will be included when the policyholder’s plan includes an aggregate benefit as part of their plan.
5. Under the provision entitled “In the Line of Duty Benefit Payable”, the amount of the benefit payable will vary within the ranges shown.

Aetna Life Insurance Company
Explanation of Variability
GR-9N
04-026
01

In The Line Of Duty Benefit

1. The term “Basic AD&D” will be used if the In the Line of Duty benefit is covered under the Basic AD&D plan; and the term “Supplemental AD&D” will be used if the benefit is covered under the Supplemental AD&D policy.
2. The term “Employer” may be changed to “Union” or “Association”, “Plan”, or “Policyholder” or other terms to accurately describe the group policyholder.
3. The day reference in the second bullet may be increased.
4. The Aggregate paragraph will be included when the policyholder’s plan includes an aggregate benefit as part of their plan.
5. Under the provision entitled “In the Line of Duty Benefit Payable”, the amount of the benefit payable will vary within the ranges shown.

Aetna Life Insurance Company
Explanation of Variability
GR-9
12236

Payment of Benefits

1. In the first paragraph, the reference to lump sum will be included if the policyholder's plan does not include an installment method for payment of benefit. The reference to the checkbook delivery will be included if the policyholder includes an installment method for payment of benefit.
2. The reference to Bank Rate Monitor Index may be changed to another term (i.e. U.S. Treasury Bill rate).
3. The second paragraph will reflect payment of benefits to beneficiaries outside of the United States by check instead of by checkbook. If payment of benefits is below \$5,000, payment will be made by single check and not checkbook.

Aetna Life Insurance Company
Explanation of Variability
GR-9N
32-025
04

Payment of Benefits

1. In the first paragraph, the reference to lump sum will be included if the policyholder's plan does not include an installment method for payment of benefit. The reference to the checkbook delivery will be included if the policyholder includes an installment method for payment of benefit. The reference to Bank Rate Monitor Index may be changed to another term (i.e. U.S. Treasury Bill rate).
2. The second paragraph will reflect payment of benefits to beneficiaries outside of the United States by check instead of by checkbook. If payment of benefits is below \$5,000, payment will be made by single check and not checkbook.
3. The fourth paragraph will be restructured to explain which benefits are payable to the insured or may be assigned in accordance with the policyholder's plan of benefits.
4. The fifth paragraph will be included if the policyholder's plan includes assignment of benefit payments to a service provider.
5. The sixth paragraph will be included if the policyholder includes Short Term Disability benefits and the reference to 7 days may be changed to 5 if the calculation is based on a work week.
6. The seventh paragraph will be included if the policyholder includes Long Term Disability benefits.
7. The eighth paragraph will be included with Short Term and Long Term Disability benefits.
8. The ninth paragraph will be included when the policyholder's plan allows Aetna to release an amount to a relative who is entitled or responsible for the insured debts. The \$1,000 dollar amount may be increased.
9. The term "PCP" may be changed to another term.
10. This item may be omitted if the policyholder's plan does not include a provider network.

Payment of Benefits

~~Benefits will be paid as soon as the necessary proof to support the claim is received. Written proof must be provided for all benefits [except any Short Term Disability Benefit]. [Any death benefit for loss of life will be paid in accordance with the beneficiary designation. Payment will be made in one sum unless you have elected an installment method which has been agreed to by Aetna. If you do not do so prior to your death, your beneficiary has this right before any payment is made. The methods of settlement allowed will be those offered by Aetna under the individual life insurance policies Aetna is issuing when the election is made.]~~

~~2[If your beneficiary is a minor or, in Aetna's opinion, legally unable to give a valid release for payment of any life insurance benefit or accidental death benefit coverage, the benefit will be payable to the guardian of the estate of the minor, or to the custodian under the Uniform Transfer to Minors Act, or an adult caretaker, when permitted under applicable state law.]~~

~~3[All [covered health expense] benefits are payable to you. [However, Aetna has the right to pay any health benefits to the service provider.] [This will be done unless you have told Aetna otherwise by the time you file the claim.]~~

~~3[Aetna will notify you in writing, at the time it receives a claim, when an assignment of benefits to a health care provider or facility will not be accepted.]~~

~~4[Short Term Disability Benefits will be paid weekly. They will be paid at the end of each week during the period for which benefits are payable. Weekly benefits for a period less than a week will be prorated. This will be done on the basis of the ratio, to [74] days, of the days of eligibility for benefits during the week.]~~

~~1[Long Term Disability benefits will be paid at the end of each calendar month during the period for which benefits are payable. Long Term Disability benefits for a period less than a month will be prorated. This will be done on the basis of the ratio, to 30 days, of the days of eligibility for benefits during the month.]~~

~~1[Any unpaid balance (at the end of Aetna's liability as to Short Term Disability Income and Long Term Disability) will be paid within 30 days of receipt by Aetna of the due written proof. This paragraph does not apply to Life Insurance.]~~

~~1[Aetna may pay up to \$1,000 of any other benefit to any of your relatives whom it believes fairly entitled to it. This can be done if the benefit is payable to you and you are a minor or not able to give a valid release. It can also be done if a benefit is payable to your estate. This paragraph does not apply to Life Insurance.]~~

1Benefits will be paid as soon as the necessary proof to support the claim is received. Written proof must be provided for all benefits [except any Short Term Disability Benefit]. [Any death benefit payable under the Life Insurance Plan and Accidental Death and Personal Loss Coverage for loss of life will be paid in accordance with the beneficiary designation. Payment will be made in one sum.] [The total proceeds of any benefit will be paid by delivery of a checkbook. One check may be written by the checkbook holder to access the entire proceeds, or multiple checks may be written until the entire checkbook balance is withdrawn or the checkbook balance drops below Aetna's minimum balance requirements. Aetna will

credit interest compounded daily on the checkbook balance not withdrawn at a guaranteed minimum rate equal to the then current [Bank Rate Monitor Index®] which tracks money market interest rates paid on bank deposits, or an equivalent measure if this index is not available, plus 0.25%].

2 [Payments, however, made outside the United States, to an assignee, to a representative of a beneficiary, to a non-natural person, on behalf of a minor, [for permanent and total disability benefits,] [accelerated death benefits,] or in an amount less than \$5,000 will be paid by check and not by delivery of a checkbook.]

If your beneficiary is a minor or, in Aetna's opinion, legally unable to give a valid release for payment of any life insurance benefit or accidental death benefit coverage, the benefit will be payable to the guardian of the estate of the minor, or to the custodian under the Uniform Transfer to Minors Act, or an adult caretaker, when permitted under applicable state law.

3 [All covered health expense benefits are payable to you. However, Aetna has the right to pay any health benefits to the service provider. This will be done unless you have told Aetna otherwise by the time you file the claim.]

4 [Aetna will notify you in writing, at the time it receives a claim, when an assignment of benefits to a health care provider or facility will not be accepted.]

5 [Short Term Disability benefits will be paid weekly. They will be paid at the end of each week during the period for which benefits are payable. Weekly benefits for a period less than a week will be prorated. This will be done on the basis of the ratio, to 7 days, of the days of eligibility for benefits during the week.]

6 [Long Term Disability benefits will be paid at the end of each calendar month during the period for which benefits are payable. Long Term Disability benefits for a period less than a month will be prorated. This will be done on the basis of the ratio, to 30 days, of the days of eligibility for benefits during the month.]

*7 [Any unpaid balance (at the end of Aetna's liability as to Short Term Disability Income and Long Term Disability) will be paid within 30 days of receipt by Aetna of the due written proof.]
This paragraph does not apply to Life Insurance.*

*8 [Aetna may pay up to \$1,000 of any other benefit to any of your relatives whom it believes fairly entitled to it. This can be done if the benefit is payable to you and you are a minor or not able to give a valid release. It can also be done if a benefit is payable to your estate.]
This paragraph does not apply to Life Insurance.*

~~1~~[When a [~~5PCP~~9PCP] provides care for you or a covered dependent, or care is provided by a [~~6network~~1Onetwork] provider on referral by your [PCP] ([network] services or supplies), the [network] provider will take care of filing claims. However, when you seek care on your own ([out-of-network] services and supplies), you are responsible for filing your own claims.]

Aetna Life Insurance Company
Explanation of Variability
GR-9N
32-025
042

Payment of Benefits

1. *In the first paragraph, the reference to lump sum will be included if the policyholder's plan does not include an installment method for payment of benefit. The reference to the checkbook delivery will be included if the policyholder includes an installment method for payment of benefit. The reference to Bank Rate Monitor Index may be changed to another term (i.e. U.S. Treasury Bill rate).*
2. *The second paragraph will reflect payment of benefits to beneficiaries outside of the United States by check instead of by checkbook. If payment of benefits is below \$5,000, payment will be made by single check and not checkbook.*
3. *The fourth paragraph will be restructured to explain which benefits are payable to the insured or may be assigned in accordance with the policyholder's plan of benefits.*
4. *The fifth paragraph will be included if the policyholder's plan includes assignment of benefit payments to a service provider.*
5. *The sixth paragraph will be included if the policyholder includes Short Term Disability benefits and the reference to 7 days may be changed to 5 if the calculation is based on a work week.*
6. *The seventh paragraph will be included if the policyholder includes Long Term Disability benefits.*
7. *The eighth paragraph will be included with Short Term and Long Term Disability benefits.*
8. *The ninth paragraph will be included when the policyholder's plan allows Aetna to release an amount to a relative who is entitled or responsible for the insured debts. The \$1,000 dollar amount may be increased.*
9. *The term "PCP" may be changed to another term.*
10. *This item may be omitted if the policyholder's plan does not include a provider network.*
1. ~~This provision may be omitted.~~
2. ~~This item may be omitted if life or accidental death or personal loss is not part of the policyholder's plan.~~
3. ~~This provision will always be included but will be structured to explain which benefits are payable to the insured and which benefits may be assigned in accordance with the policyholder's plan of benefits.~~
4. ~~This item may be omitted, if included the 7 days may be changed to 5 days if the calculation is based on a work week.~~

Aetna Life Insurance Company

Explanation of Variability

GR-9N

32-025

042

~~5.PCP may be changed to another appropriate term.~~

~~6.This item may be omitted if the policyholder's plan does not include a provider network.~~

a

July 23, 2009

John W. Ciesielski
Product & Regulatory Approvals
Law and Regulatory Affairs
151 Farmington Ave., RW61
Hartford, CT. 06156-7330
Phone Number: 845-279-1282
Fax Number: 860-952-2069
E-mail: CiesielskiJW@aetna.com

Insurance Commissioner Julie Benafield Bowman
Compliance – Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Subject: **Aetna Life Insurance Company**
NAIC No. 001-60054
Group Life and Accident and Health Insurance
Booklet-Certificate Form: GR-9N 03-072-01
GR-9N 04-026-01
GR-9N 32-025-04
GR-12236

Dear Commissioner Benafield:

The booklet-certificate forms listed above are being submitted, through SERFF for your Department's approval on a general use basis. The forms are in final form rather than being drafts or proofs.

The new insert forms will address the following enhancements to our Life Insurance and Accidental Death and Personal Loss products:

1. The addition of an "*In the Line of Duty*" benefit, through which there will be an additional death benefit for individuals in certain roles, such as policemen and firemen, who are killed in the line of duty.
2. Optional language under the Payment of Benefits section, to support the payment of a death benefit by either a lump sum, or by a checkbook program. Under the checkbook program the beneficiary can write a check to withdraw either the total amount, or write multiple checks until the entire amount is withdrawn.

Variability, as indicated by bracketed material on the forms, is required so that only the appropriate language may be reflected on the forms. Upon issuance of these documents, the placement of textual material may vary to avoid gaps that would otherwise be created by the deletion of bracketed material. Coverage, sections and provisions may appear in sequence other than that shown. Connective words and phrases, which serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other terms or conditions of the group policy, may vary as the sense demands. A detailed Explanation of Variability for each form has been included.

We intend to use the subject forms in conjunction with Booklet-Certificate form GR-9N, approved by your Department on June 23, 2006 and in conjunction with the wraparound style policy form GR-29N, approved by your Department on June 23, 2006.

Insurance Commissioner Julie Benafield Bowman
July 23, 2009
Page Two

An electronic fund transfer in the amount of \$50.00 is enclosed in payment of your Department's filing fee.

We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the address above.

Sincerely,

John W. Ciesielski

John W. Ciesielski
Product & Regulatory Approvals Manager