

SERFF Tracking Number: JEPT-126307432 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 43520
Company Tracking Number: GL3001-AMEND.PLTD AR
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: Portability
Project Name/Number: 2009 LTD Portability Amendment/GL3001-AMEND.PLTD AR

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Portability

SERFF Tr Num: JEPT-126307432 State: Arkansas

TOI: H11G Group Health - Disability Income

SERFF Status: Closed-Approved-
Closed State Tr Num: 43520

Sub-TOI: H11G.003 Long Term

Co Tr Num: GL3001-AMEND.PLTD State Status: Approved-Closed
AR

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Matt Rotundo, Debbie
Turek, Benjamin Davis

Disposition Date: 09/17/2009

Date Submitted: 09/16/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 LTD Portability Amendment

Status of Filing in Domicile: Not Filed

Project Number: GL3001-AMEND.PLTD AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This form is
Arkansas specific and will not be filed in
Indiana.

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: 09/17/2009

Explanation for Other Group Market Type:

State Status Changed: 09/17/2009

Deemer Date:

Created By: Benjamin Davis

Submitted By: Benjamin Davis

Corresponding Filing Tracking Number:

Filing Description:

Re: Group LTD Portability Trust Form Filing

The submitted forms amend a policy that will be issued outside of Arkansas, but that may cover Arkansas residents. They will be attached to any policy or certificate covering Arkansas residents. The forms are designed to ensure compliance with applicable Arkansas insurance laws.

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The LTD coverage that the forms will be attached to are issued through a Nebraska sitused Trust, (issued to U.S. Bank, as Trustee, for The Lincoln National Life Insurance Company Portability Trust). They will be provided to an insured who elects to port (continue his coverage) for a period of time upon employment terminating for a reason other than disability, retirement or leave of absence under a group policy.

Sincerely,

Benjamin A. Davis
 Compliance Analyst, Insurance Products Compliance

Voice: (800) 423-2765 ext. 7495
 Fax: (402) 361-2568
 E-Mail: benjamin.davis@LFG.com

Company and Contact

Filing Contact Information

Ben Davis, Compliance Specialist Benjamin.Davis@lfg.com
 8807 Indian Hills Drive 402-361-7495 [Phone]
 Omaha, NE 68114 402-361-2568 [FAX]

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
 350 Church Street Group Code: 20 Company Type: Group
 Hartford, CT 06103 Group Name: State ID Number:
 (800) 423-2765 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
 Fee Amount: \$70.00
 Retaliatory? Yes
 Fee Explanation: \$35.00 per form x 2 forms = \$70.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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The Lincoln National Life Insurance Company \$70.00 09/16/2009 30593316

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/17/2009	09/17/2009

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Disposition

Disposition Date: 09/17/2009

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GL3001-AMEND.PLTD AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/17/2009	GL3001-AMEND.PLTD AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Amendment	Initial		55.500	AMENDPLTD AR_POLI.pdf
Approved-Closed 09/17/2009	GL3002-AMEND.PLTD AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Amendment	Initial		55.500	AMENDPLTD AR_CERT.pdf

POLICY AMENDMENT

**TO BE ATTACHED TO AND MADE PART OF GROUP POLICY NO: GL0000000000
ISSUED TO: [U.S. Bank], as Trustee for The Lincoln National Life Insurance Company Portability
Trust
FOR CERTIFICATES DELIVERED IN ARKANSAS**

Under CLAIMS PROCEDURES, the TO WHOM PAYABLE section is amended to read:

TO WHOM PAYABLE. All benefits are payable to the Insured Person, while living. After his or her death, benefits will be payable as follows.

1. Any Survivor Benefit will be payable in accord with that section.
2. Any other benefits will be payable to the Insured Person's estate.

If a benefit becomes payable to:

1. the Insured Person's estate; or
 2. a minor or any other person who is not legally competent to give a valid receipt;
- then up to \$1,000 may be paid to any relative of the Insured Person that the Company finds entitled to payment. If payment is made in good faith to such a relative, the Company will not have to pay that benefit again.

This amendment applies only to Certificates delivered in the state of Arkansas. This amendment takes effect on September 1, 2009, or on the Insured Person's effective date of coverage under the Policy; whichever is later. In all other respects, the Policy remains the same.

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY



Officer of the Company

CERTIFICATE AMENDMENT

**TO BE ATTACHED TO AND MADE PART OF GROUP POLICY NO: GL00000000000
ISSUED TO: [U.S. Bank], as Trustee for The Lincoln National Life Insurance Company Portability
Trust
FOR CERTIFICATES DELIVERED IN ARKANSAS**

Under CLAIMS PROCEDURES, the TO WHOM PAYABLE section is amended to read:

TO WHOM PAYABLE. All benefits are payable to you, while living. After your death, benefits will be payable as follows.

1. Any Survivor Benefit will be payable in accord with that section.
2. Any other benefits will be payable to your estate.

If a benefit becomes payable to:

1. your estate; or
 2. a minor or any other person who is not legally competent to give a valid receipt;
- then up to \$1,000 may be paid to any relative of yours that the Company finds entitled to payment. If payment is made in good faith to such a relative, the Company will not have to pay that benefit again.

This amendment applies only to Certificates delivered in the state of Arkansas. This amendment takes effect on September 1, 2009, or on your effective date of coverage under the Policy; whichever is later. In all other respects, the Policy remains the same.

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY



Officer of the Company

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: FL091609 LTD AR Portability Readability.pdf	Approved-Closed	09/17/2009

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A Comments:	Approved-Closed	09/17/2009

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: FL091609 LTD AR Portability Variability.pdf	Approved-Closed	09/17/2009

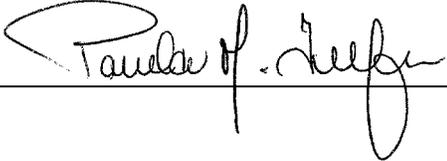
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the forms shown below have achieved the indicated Flesch Reading Ease Score.

FORM NO.
GL3001-AMEND.PLTD AR
GL3002-AMEND.PLTD AR

FLESCH SCORE
55.5
55.5



(An Officer of the Company)
Pamela M. Telfer
Assistant Vice President - Compliance

STATEMENT OF VARIABILITY

**LONG TERM DISABILITY PORTABILITY FORMS
for use with
Group Policy Series GL3001 and Group Certificate Series GL3002
GL3001-AMEND.PLTD AR, GL3002-AMEND.PLTD AR**

Statement of Variable Material: Variable material is denoted in the forms by underlining or bracketing. The following variability is requested.

Forms GL3001-AMEND.PLTD AR and GL3002-AMEND.PLTD AR

Policy form GL3001-AMEND.PLTD AR and certificate form GL3002-AMEND.PLTD AR are for use with the true group policies from which the insured ports his or her coverage. The pages will be used with our LTD group policies and certificates to describe the state specific items to be included with the coverage.

The underlined group policy number is variable to accommodate future changes and additions.

The bracketed and underlined trustee information is variable to accommodate future changes.

The underlined date is variable.