

<i>SERFF Tracking Number:</i>	<i>CCGN-126857262</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Life Insurance Company of North America</i>	<i>State Tracking Number:</i>	<i>47035</i>
<i>Company Tracking Number:</i>	<i>10-2006</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group Accident Insurance</i>		
<i>Project Name/Number:</i>	<i>Dependent Child Definition Rider/10-2006</i>		

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Accident Insurance SERFF Tr Num: CCGN-126857262 State: Arkansas

TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved- Closed State Tr Num: 47035

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: 10-2006 State Status: Approved-Closed

Filing Type: Form

Author: Terri Jones

Reviewer(s): Rosalind Minor

Date Submitted: 10/12/2010

Disposition Date: 10/29/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Dependent Child Definition Rider

Status of Filing in Domicile: Not Filed

Project Number: 10-2006

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filing not required in domicile state of Pennsylvania.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association, Other

Filing Status Changed: 10/29/2010

Explanation for Other Group Market Type: All eligible groups defined in your law.

State Status Changed: 10/29/2010

Deemer Date:

Created By: Terri Jones

Submitted By: Terri Jones

Corresponding Filing Tracking Number:

Filing Description:

We submit form GA-00-4002.00 for your review and approval. This form is new and is not intended to replace any other form currently approved by your department. This form has not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

SERFF Tracking Number: CCGN-126857262 State: Arkansas
 Filing Company: Life Insurance Company of North America State Tracking Number: 47035
 Company Tracking Number: 10-2006
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Dismemberment
 Product Name: Group Accident Insurance
 Project Name/Number: Dependent Child Definition Rider/10-2006

This form amends the definition of dependent child and is intended for use with group accident forms, GA-00-1000.00 et al. which were previously approved by your Department. The definition may be added by amendatory rider, or may be incorporated directly into policies and certificates at the time the policy is issued.

Company and Contact

Filing Contact Information

Terri Jones, Compliance Sr. Specialist Terri.Jones@CIGNA.com
 1601 Chestnut St -Two Liberty 215-761-3941 [Phone]
 Philadelphia, PA 19192 215-761-5609 [FAX]

Filing Company Information

Life Insurance Company of North America CoCode: 65498 State of Domicile: Pennsylvania
 1601 Chestnut Street Group Code: 901 Company Type:
 TL16D Group Name: State ID Number:
 Philadelphia, PA 19192 FEIN Number: 23-1503749
 (215) 761-8442 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form. \$50.00 per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	10/12/2010	40617646

SERFF Tracking Number: CCGN-126857262 State: Arkansas
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Product Name: Group Accident Insurance
Project Name/Number: Dependent Child Definition Rider/10-2006

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/29/2010	10/29/2010

SERFF Tracking Number: CCGN-126857262 *State:* Arkansas
Filing Company: Life Insurance Company of North America *State Tracking Number:* 47035
Company Tracking Number: 10-2006
TOI: H03G Group Health - Accidental Death & *Sub-TOI:* H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: Group Accident Insurance
Project Name/Number: Dependent Child Definition Rider/10-2006

Disposition

Disposition Date: 10/29/2010

Implementation Date:

Status: Approved-Closed

Comment:

This submission is being approved with the understanding that with respect to handicapped, there can be no time limit set for furnishing proof of incapacity. In Arkansas, please remove the 31 day notification period.

Rate data does NOT apply to filing.

SERFF Tracking Number: CCGN-126857262 State: Arkansas
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 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Product Name: Group Accident Insurance
 Project Name/Number: Dependent Child Definition Rider/10-2006

Form Schedule

Lead Form Number: GA-00-4002.00

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/29/2010	GA-00-4002.00	Policy/Cont	Definition of Fraternal Dependent Child	Initial			GA-00-4002.00 Dependent Child Definition.pdf
		Certificate:	Amendmen				
		t, Insert	Page,				
		Endorseme	nt or Rider				

[AMENDMENT

{Policyholder, Subscriber}: { _____ } Policy No. { _____ }

Amendment Effective Date: { _____ }

[Applicable to Class(es): { Class 1 }]

This Amendment is attached to and made part of the Policy specified above. It is subject to all of the policy provisions that do not conflict with its provisions.

Policyholder and We hereby agree that the Policy [and any Certificates delivered under the Group Policy are] amended as follows:

The definition of **Dependent Child** is replaced by the following:]

{An Employee's, Member's} [unmarried] child who meets the following requirements:

1. A child {from live birth to 19} years old;
2. A child who is {19} or more years old but less than {26} years old, [enrolled in a school [as a full-time student]] and primarily supported by {the Employee, Member};
3. [A child who is {19} or more years old, primarily supported by {the Employee, Member} and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within {31 days} after the date the child ceases to qualify as a Dependent Child for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year.]

A child, for purposes of this provision, includes {an Employee's, Member's}:

1. natural child;
2. adopted child, beginning with any waiting period pending finalization of the child's adoption. It also means the legally adopted child of {the Employee's, Member's} Spouse [or Domestic Partner/Partner to a Civil Union] provided the child is [living with, and is] financially dependent upon {the Employee, Member};
3. stepchild who [resides with {the Employee, Member}] and is financially dependent upon {the Employee, Member};
4. [{child, grandchild} for whom {the Employee, Member} is the court-appointed legal guardian[, as long as the child resides with {the Employee, Member} and depends on {the Employee, Member} for financial support. Financial support means that {the Employee, Member} is eligible to claim the dependent for purposes of Federal and State income tax returns].

[If {an Employee, Member} who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with {the Employee, Member} for at least [six consecutive months] and intend to reside with {the Employee, Member} for an indefinite period of time.]

5. [a child of the Employee's Domestic Partner/[Partner to a Civil Union], provided the child is living with, and is] financially dependent upon, {the Employee, Member}];
6. [legally placed ward who permanently resides with {the Employee, Member}].

Signed for the
Life Insurance Company of North America

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive style with a large, prominent initial "M".

Matthew G. Manders, President

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/29/2010
Comments:			
Attachment:			
LINA Flesch Cert.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/29/2010
Bypass Reason:	Not applicable to this filing.		
Comments:			

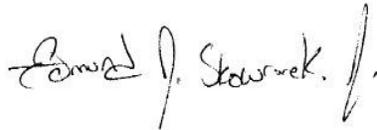
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	10/29/2010
Comments:			
Attachment:			
Cover Letter.pdf			

Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235

READABILITY CERTIFICATION

We, the Life Insurance Company of North America, certify that we have carefully scored the form listed below, using the Flesch Readability Test, in accordance with applicable readability standards. This form was scored separately and in its entirety.

Form Number	Description of Form	Score
GA-00-4002.00	Definition of Dependent Child	46.2



Signature: _____

Name: Edward J. Skowronek

Title: Assistant Secretary

Date: 8/12/2010

Terri M. Jones
Compliance Analyst
Product Filing



CIGNA Group Insurance
Life • Accident • Disability

October 12, 2010

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215-761-3941
Facsimile 215-761-5609
terri.jones@cigna.com

ATT: Commissioner Jay Bradford
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Life Insurance Company of North America

Group Accident Insurance
Definition of Dependent Child (GA-00-4002.00)

NAIC #: 0901 – 65498
FEI Number: 23-1503749
Company ID#: 10-2006
SERFF FILING #: CCGN-126857262

Dear Commissioner Bradford:

Attached please find a copy of the above captioned form for your review and approval. This form is new and is not intended to replace any other form currently approved by your department. This form has not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

This form amends the definition of dependent child and is intended for use with group accident forms, GA-00-1000.00 et al. which were previously approved by your Department. The definition may be added by amendatory rider, or may be incorporated directly into policies and certificates at the time the policy is issued.

The form notes when certain provisions within the form may be included, deleted or modified, as applicable to a particular policy. A Description of Variability is enclosed. Variable material indicated by hard brackets ([]) indicate text that may be included or excluded. Material indicated by soft brackets ({ }) may be modified as requested by the Policyholder or participating Subscriber. Variable material will never be more restrictive than permitted by law.

The referenced form has been written in readable language and is being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than that required under your law.

We appreciate you taking the time to review this form and trust that you will find everything in order. If you should have any questions or require additional information, please do not hesitate to e-mail me at terri.jones@cigna.com or call me collect at 215.761.3941.

Very truly yours,

Terri M. Jones