

SERFF Tracking Number: CCGH-126937816 State: Arkansas
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 47474
Company Tracking Number:
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.001 Student
Product Name: Student Blanket Product Withdrawal
Project Name/Number: /

Filing at a Glance

Company: Connecticut General Life Insurance Company

Product Name: Student Blanket Product SERFF Tr Num: CCGH-126937816 State: Arkansas

Withdrawal

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 47474
Closed

Sub-TOI: H04.001 Student

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Eva Midgley

Reviewer(s): Rosalind Minor

Date Submitted: 12/07/2010

Disposition Date: 12/09/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: N/A

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Blanket

Filing Status Changed: 12/09/2010

Explanation for Other Group Market Type:

State Status Changed: 12/09/2010

Deemer Date:

Created By: Eva Midgley

Submitted By: Eva Midgley

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

Filing Description:

Please see the supporting document, entitled AR Withdrawal, which provides advanced notification of our intended Student Blanket product withdrawal in the State of Arkansas.

Company and Contact

Filing Contact Information

Eva Midgley, Compliance Specialist

eva.midgley@cigna.com

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8505 E. Orchard Road 10T1 303-729-8467 [Phone]
 Greenwood Village, CO 80111 303-729-8433 [FAX]

Filing Company Information

Connecticut General Life Insurance Company CoCode: 62308 State of Domicile: Connecticut
 900 Cottage Grove Road Group Code: 901 Company Type:
 Hartford, CT 06152 Group Name: State ID Number:
 (860) 226-5209 ext. [Phone] FEIN Number: 06-0303370

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Connecticut General Life Insurance Company	\$50.00	12/07/2010	42720315

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/09/2010	12/09/2010

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Disposition

Disposition Date: 12/09/2010

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Student Blanket product withdrawal letter	Approved-Closed	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	12/09/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/09/2010
Bypass Reason:	I have enclosed a letter that gives the prior approval information.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/09/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Student Blanket product withdrawal letter	Approved-Closed	12/09/2010
Comments:			
Attachment:	AR Withdrawal letter.pdf		

Robyn D. Marino
Counsel
Legal & Public Affairs



December 2, 2010

VIA SERFF

Jay Bradford, Commissioner
Dan Honey, Deputy Commissioner, Life & Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

Routing TL16I
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215.761.1226
Facsimile 215.761.5715
robyn.marino@cigna.com

**RE: Prior Notification of Product Withdrawal
Blanket Student Accident and Sickness Policy
SERFF Filing #CCGH-125860743; Approved: 10-29-08**

Dear Commissioner Bradford and Deputy Commissioner Honey:

Thank you for speaking with Jeff Tindall, Director, in the CIGNA Regulatory Affairs and State Government Relations Unit with respect to the withdrawal of the above-captioned product. In accordance with A.C.A. §23-63-211(e), §23-86-311(c)(A) and §23-63-311(B), please accept this letter as advance written notification to you of our intent to withdraw this product offering in your state. After performing a thorough review of our product portfolio, we determined that this product does not fit within our strategy for the future. Our decision is being effected in all jurisdictions where we maintain approval for this product. We certify that this product withdrawal will have no impact on our writing other healthcare coverages or impact our company personnel and/or operations domiciled in your state. In addition, there is no material financial impact to the underwriting entity, Connecticut General Life Insurance Company.

We confirm that we currently have 5 active policies representing 157 certificate holders* in your state relating to this product. Once we receive Departmental approval, we request that the date of discontinuance be effective 90 days from the date we notify our policyholders with coverage terminating on our policyholders' policy anniversary dates. We affirm that we have performed an assessment of prospective availability of replacement coverage offered by other carriers in your state and will work vigorously with our policyholders to assist them in seeking replacement coverage. Please find enclosed for your review a copy of the proposed notification and form of termination notice we intend to use with our covered groups. We look forward to working with the Department during this transitional period. Thanking you in advance for your consideration, please feel free to contact me should you have any questions or concerns.

Sincerely,

A handwritten signature in blue ink that reads "Robyn" followed by a stylized flourish.

Robyn Marino

Enclosure

* Membership numbers may vary from time to time based on numerous effective dates of university/school programs.

NOTICE OF DISCONTINUANCE - POLICYHOLDER

Date

[Policyholder Name]
[Address]
[City State Zip]

Re: Notice of Discontinuance
Policyholder Renewal Date: [Date]

Dear Policyholder:

In accordance with the laws of your state that require that insurers give you 90 days advance written notice of contract discontinuance, please accept this letter as formal notification to you of CIGNA's intent to discontinue your coverage with us. After performing a thorough review of our product portfolio, we determined that this product does not fit within our strategy for the future.

As such, your policy with Connecticut General Life Insurance Company will terminate on the above-captioned renewal date. We would like to work beside you in helping to replace this coverage with another carrier with like benefits in your area.

We certainly appreciate your business and apologize for any disruption this may cause as you move forward.

Sincerely:

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