

SERFF Tracking Number: JEPT-126938954 State: Arkansas  
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 47497  
Company Tracking Number:  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Life  
Project Name/Number: PPACA Dependent Amendment/GL1101-R-LF.PPACA

## Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Group Life

SERFF Tr Num: JEPT-126938954 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47497

Sub-TOI: L04G.500 Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Cindi Allgire, Debbie  
Turek, Betty Spratlen

Disposition Date: 12/13/2010

Date Submitted: 12/09/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: PPACA Dependent Amendment

Status of Filing in Domicile: Pending

Project Number: GL1101-R-LF.PPACA

Date Approved in Domicile:

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: 12/13/2010

Explanation for Other Group Market Type:

State Status Changed: 12/13/2010

Deemer Date:

Created By: Betty Spratlen

Submitted By: Betty Spratlen

Corresponding Filing Tracking Number:

Filing Description:

Re: Group Term Life Forms

Forms: GL1101-R-LF.PPACA, GL1102-R-LF.PPACA

Enclosed for filing with your Department are copies of the captioned forms. We are requesting that these forms be approved for general use with any of our previously approved Group Policy Series GL1101 and Group Certificate Series GL1102 forms. They will be marketed by licensed agents and brokers.

The submitted forms amend the definition of "Dependent" found in our Group Term Life product. The changes are

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designed to facilitate administrative integration with the requirements of The Patient Protection and Affordable Care Act ("PPACA"). Though PPACA does not apply directly to this line of coverage, we have included new dependent age and status requirements to accommodate any future group requests.

An Appendix of Variability and a Readability Certification are included. Your review and notice of approval will be greatly appreciated. If you have questions, please feel free to contact me.

## Company and Contact

### Filing Contact Information

Betty Spratlen, Compliance Specialist Elizabeth.Spratlen@lfg.com  
 8807 Indian Hills Drive 402-361-2690 [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

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: \$50.00 per form x's 2 forms  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$100.00	12/09/2010	42781341

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/13/2010	12/13/2010

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## **Disposition**

Disposition Date: 12/13/2010

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		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Policy Amendment		Yes
Form	Certificate Amendment		Yes

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## Form Schedule

### Lead Form Number: GL1101-R-LF.PPACA

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GL1101-R-LF.PPACA	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Amendment	Initial		55.300	R-LF_PPACA.pdf
	GL1102-R-LF.PPACA	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Amendment	Initial		55.600	R-LF_PPACA.pdf

**POLICY AMENDMENT**

**TO BE ATTACHED TO AND MADE A PART OF POLICY NO.: 00000000**

**ISSUED TO: ABC Company**

**[FOR: Plan 1/Class 1/Participating Employer XYZ]**

**The definition of DEPENDENT shown in the DEPENDENTS LIFE INSURANCE is amended to read:**

DEPENDENT. A Dependent means a person who is an Insured Person's:

- (1) spouse, who is not legally separated from the Insured Person;
- [(2) civil union partner or domestic partner;]
- (3) child less than 26 years of age; or
- (4) child who is totally and permanently disabled and who became so disabled prior to reaching 26 years of age.

The word "child" includes:

- (1) an Insured Person's natural child, legally adopted child, or stepchild;
- (2) a child placed with the Insured Person for the purpose of adoption, from the date of placement;
- [(3) ][a child of a civil union partner or domestic partner;]
- [(4) ][a grandchild;] [and]
- (5) a foster child for whom the Insured Person has assumed full parental responsibility and control.

The term Dependent does not include:

- (1) anyone serving in the armed forces of any state or country; except for duty of 30 days or less for training in the Reserves or National Guard; or
- (2) anyone covered under this Policy as an Insured Person.

A person may be covered as either an Insured Person or a Dependent (but not both at the same time). If both parents are Insured Persons, their child may be covered as a Dependent of either parent (but not both at the same time).

**This amendment takes effect on December 1, 2010, 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**



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Officer of the Company

Accepted by the Group Policyholder this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

**CERTIFICATE AMENDMENT**

**TO BE ATTACHED TO AND MADE A PART OF THE CERTIFICATE FOR  
GROUP POLICY NO.: 00000000**

**ISSUED TO: ABC Company**

**[FOR: Plan 1/Class 1/Participating Employer XYZ]**

**The definition of DEPENDENT shown in the DEPENDENTS LIFE INSURANCE is amended to read:**

DEPENDENT. A Dependent means a person who is your:

- (1) spouse, who is not legally separated from you;
- [(2) civil union partner or domestic partner;]
- (3) child less than 26 years of age; or
- (4) child who is totally and permanently disabled and who became so disabled prior to reaching 26 years of age.

The word "child" includes:

- (1) your natural child, legally adopted child, or stepchild;
- (2) a child placed with you for the purpose of adoption, from the date of placement;
- [(3) ][a child of a civil union partner or domestic partner;]
- [(4) ][a grandchild;] [and]
- (5) a foster child for whom you have assumed full parental responsibility and control.

The term Dependent does not include:

- (1) anyone serving in the armed forces of any state or country; except for duty of 30 days or less for training in the Reserves or National Guard; or
- (2) anyone covered under this Policy as an Insured Person.

A person may be covered as either an Insured Person or a Dependent (but not both at the same time). If both parents are Insured Persons, their child may be covered as a Dependent of either parent (but not both at the same time).

**This amendment takes effect on December 1, 2010, 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

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

FL12082010 AR Life Regulations Cert.pdf  
FL12082010 DEP\_AMEND PPACA Readability \_LF\_.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Application

**Comments:**

The form number of the application previously approved is GL2-APP.02/10 and the date of approval was April 8, 2010.

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

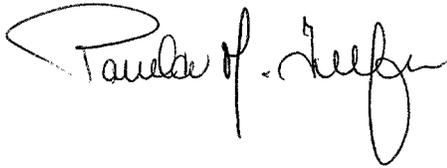
FL12082010 DEP\_AMEND PPACA Variability \_LF\_.pdf

**Certificate of Compliance with  
Arkansas Rule and Regulation 19 and 49**

Insurer:                   The Lincoln National Life Insurance Company

Form Number(s):        GL1101-R-LF.PPACA, et al.

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rules and Regulations 19 and 49.



\_\_\_\_\_  
Signature of Company Officer

Pamela M. Telfer  
Name

Assistant Vice President, Product Compliance & State Filing  
Title

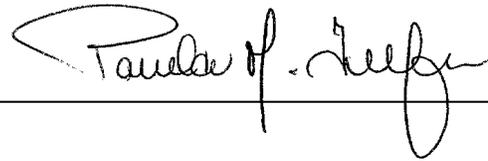
December 8, 2010  
Date

**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.

<b><u>FORM NO.</u></b>	<b><u>FLESCH SCORE</u></b>
GL1101-R-LF.PPACA	55.3
GL1102-R-LF.PPACA	55.6

A handwritten signature in black ink, appearing to read "Pamela M. Telfer", is written over a horizontal line.

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

**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**

**APPENDIX OF VARIABILITY**

For Forms:

GL1101-R-LF.PPACA

GL1102-R-LF.PPACA

**The above forms are for use with:**

**Group Policy Series GL1101**

**Group Certificate Series GL1102**

**Statement of Variable Material.** Variable material is denoted in the forms by underlining or bracketing. The text for the certificate is expressed in second person (you/your) language. The variability indicated in this Memorandum applies to both the policy version and certificate version of forms, unless otherwise indicated. Any alternate variations included in this memorandum that are in third person for the policy would be expressed in second person in the certificate. The following variability is requested.

The Lincoln National Life Insurance Company

**DEPENDENT DEFINITION AMENDMENTS.** Amendment forms GL1101-R-LF.PPACA and GL1102-R-LF.PPACA may be attached to the Life insurance policy and certificate. The following variability applies.

- A. We request variable filing of the group policy number, group policyholder name, plan/class number (if applicable), participating organization name (if to be included), amendment effective date and signature block.
  
- B. In the **DEPENDENT** section, the following variability applies.
  - 1. In item (2) under **DEPENDENT** and in item (3) under "child", the bracketed references to "domestic partner" and "civil union partner" are variable and may be included or excluded based upon policyholder request.
  - 2. We request that the underlined ages in items (3) and (4) be variable. The ages will never be lower than the dependent ages required by state law, but may be higher subject to a maximum of 30 years.
  - 3. In item (4) under "child", the bracketed reference to "grandchild" may be may be omitted when not required and based upon policyholder request.
  - 4. Item (5) under "child" may be renumbered based on inclusion or exclusion of items (3) and (4).
  - 5. The bracketed text at the end of the first paragraph which begins "The term Dependent does not include" may be omitted if not applicable. The underlined "30 days" range from 30 days to six months.