

SERFF Tracking Number: PRUX-G126925234 State: Arkansas  
Filing Company: The Prudential Insurance Company of America State Tracking Number: 47479  
Company Tracking Number: AR025560100001  
TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
Product Name: CF: 83500 ADD R 10012  
Project Name/Number: CF: 83500 ADD R 10012/

## Filing at a Glance

Company: The Prudential Insurance Company of America

Product Name: CF: 83500 ADD R 10012 SERFF Tr Num: PRUX-G126925234 State: Arkansas  
TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved-Closed State Tr Num: 47479  
Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: AR025560100001 State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Rosalind Minor  
Author: SPI Prudential Disposition Date: 12/09/2010  
Date Submitted: 12/08/2010 Disposition Status: Approved-Closed  
Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: CF: 83500 ADD R 10012 Status of Filing in Domicile:  
Project Number: 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, Trust  
Filing Status Changed: 12/09/2010 Explanation for Other Group Market Type:  
State Status Changed: 12/09/2010  
Deemer Date: Created By: SPI Prudential  
Submitted By: SPI Prudential Corresponding Filing Tracking Number:  
Filing Description:  
Please see cover letter.

The following TOI's and sub-TOI's also apply to this filing.

LO4G Group Life - Term  
LO4G.500 - Other

SERFF Tracking Number: PRUX-G126925234 State: Arkansas  
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 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
 Product Name: CF: 83500 ADD R 10012  
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## Company and Contact

### Filing Contact Information

Lois Shafman, Regulatory Contract Specialist lois.shafman@prudential.com  
 80 Livingston Avenue 973-548-6477 [Phone]  
 Roseland, NJ 07068 973-548-6480 [FAX]

### Filing Company Information

The Prudential Insurance Company of America CoCode: 68241 State of Domicile: New Jersey  
 80 Livingston Avenue Group Code: 304 Company Type: Life and Health  
 Roseland, NJ 07068 Group Name: State ID Number:  
 (973) 548-6479 ext. [Phone] FEIN Number: 22-1211670  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Company of America	\$100.00	12/08/2010	42754589

SERFF Tracking Number: PRUX-G126925234 State: Arkansas  
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TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: CF: 83500 ADD R 10012  
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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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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Form</b>	Voluntary Accidental Death and Dismemberment Coverage	Approved-Closed	Yes
<b>Form</b>	Employee Term Life Coverage Schedule of Benefits	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: 83500 ADD R 10012**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/09/2010	83500 ADD R 10012	Certificate	Voluntary Accidental Death and Dismemberment Coverage	Initial		51.100	83500 ADD R 10012.PDF
Approved-Closed 12/09/2010	83500 LIF U 10004	Certificate	Employee Term Life Coverage Schedule of Benefits	Initial		49.700	83500 LIF U 10004.PDF

# 1 [Voluntary Accidental Death and Dismemberment] Coverage [#1]

## [FOR YOU AND YOUR DEPENDENTS]

2 This Coverage pays benefits for accidental Loss [which results from a Covered Accident].

Loss means [the person's:

(1)] loss of life[;

3 (2) total and permanent loss of sight;

(3) total and permanent loss of speech;

(4) total and permanent loss of hearing;

(5) loss of hand or foot by severance at or above the wrist or ankle;

(6) loss of thumb and index finger of the same hand by severance at or above the point at which they are attached to the hand;

(7) all toes on the same foot by severance at or above the point at which they are attached to the foot;

(8) Loss of Use of a hand, foot, arm or leg;

(9) loss due to Quadriplegia, Triplegia, Paraplegia, Hemiplegia, or Uniplegia;

(10) loss due to Coma; or

(11) Total and Permanent Disability.]

4 [Covered Accident means an accident which happens:

(1) to you while you are engaged in or the victim of a Hazard described in the Hazard provisions; or

(2) to your Qualified Dependent for whom you are insured for Dependents Insurance and who is engaged in or the victim of a Hazard described in the Hazard provisions.]

### A. BENEFITS.

Benefits for accidental Loss are payable only if all of these conditions are met:

(1) [The person] sustain[s] an accidental bodily Injury while a Covered Person.

2 (2) The Loss results directly from that Injury and from no other cause.

[(3) The Loss is due to a Covered Accident.]

3

(4) [The person] suffer[s] the Loss within [<30-365> days after the Covered Accident]. [But, if the Loss is due to:

(a) Quadriplegia, Triplegia, Paraplegia, Hemiplegia, or Uniplegia, the person suffers the Loss within <30-365> days after the Covered Accident.

(b) Coma, that Loss:

- (i) begins within <30-365> days after the Covered Accident;
- (ii) requires a Hospital Inpatient Stay of more than <1-60> consecutive days within <30-365> days after the Covered Accident;
- (iii) continues for <one-twelve> consecutive months; and
- (iv) is total, continuous and permanent at the end of that <one-twelve> month period.

Any benefit for a Loss due to Coma will not begin until the end of the <one-twelve>-month period in (iii) above.

(c) Total and Permanent Disability, that Loss:

- (i) begins within <30-365> days after the Covered Accident;
- (ii) continues for <one-twelve> consecutive months; and
- (iii) is total, continuous and permanent at the end of that <one-twelve> month period.

Any benefit for a Loss due to Total and Permanent Disability will not begin until the end of the <one-twelve>-month period in (ii) above.]

5

[For the purposes of the Coverage:

- (1) Exposure to the elements will be considered an accidental bodily Injury.
- (2) It will be presumed that the person has suffered a Loss of life if the person's body has not been found within one year of disappearance, stranding, sinking or wrecking of any vehicle in which the person was an occupant.]

Not all such Losses are covered. See Losses Not Covered below.

6

**Benefit Amount Payable:** [The amount payable depends on the type of Loss as shown below. All benefits are subject to the Limits below.

Percent of the Person's  
Amount of Insurance

Loss of or by Reason of:

Life .....	<100-200>
Sight of Both Eyes .....	<100-200>
Speech and Hearing in Both Ears .....	<100-200>
Both Hands .....	<100-200>
Both Feet .....	<100-200>
One Hand and One Foot .....	<100-200>
One Hand and Sight of One Eye .....	<100-200>

One Foot and Sight of One Eye .....	<100-200>
Quadriplegia .....	<100-200>
Triplegia .....	<75-150>
Paraplegia.....	<50-150>
Sight of One Eye.....	<50-100>
Speech .....	<50-100>
Hearing in Both Ears.....	<50-100>
One Hand .....	<50-100>
One Foot.....	<50-100>
Hemiplegia.....	<50-100>
Uniplegia .....	<25-50>
Thumb and Index Finger of the Same Hand .....	<25-50>
Hearing in One Ear.....	<25-50>
All Toes on One Foot .....	<13-26>
Loss of Use .....	<25-100>
Coma .....	the lesser of <1%-5%> per month and <\$100-\$5,000>, up to <11-100> months
Total and Permanent Disability.....	<1%-5%> per month, up to <11-100> months]

2

**[Limits:]**

7

**[Limits Per Covered Accident:**

- (1) No more than the Amount of Insurance on a person at the time of the Covered Accident will be paid for all Losses resulting from Injuries sustained in that accident.
- (2) Benefits for accidental Loss which results from a Covered Accident will be paid only once, even if more than one Hazard provision applies.]

8

**[Aggregate Limit(s):** If, as a result of one accident, the total amount of benefits payable for all Covered Persons under all accident Coverages of the Group Contract is more than the applicable Aggregate Limit, the benefit amount payable for a specific Covered Person's Loss will be determined as a proportionate share of that Limit.

The Aggregate Limit(s) are shown in the Schedule of Benefits.]

2

**[Optional Settlement:** If an amount becomes payable under this Coverage at death, the person to whom it is payable and Prudential may then mutually agree to payment in other than one sum. This may be done only if that person is a natural person taking in that person's own right.]

**B. LOSSES NOT COVERED.**

A Loss is not covered if it results from any of these:

9

- [(1) Suicide or attempted suicide, while sane or insane.
- (2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.

- (3) Sickness, whether the Loss results directly or indirectly from the Sickness.
- (4) Medical or surgical treatment of Sickness, whether the Loss results directly or indirectly from the treatment.
- (5) Any bacterial or viral infection. But, this does not include:
  - (a) a pyogenic infection resulting from an accidental cut or wound; or
  - (b) a bacterial infection resulting from accidental ingestion of a contaminated substance.
- (6) Taking part in any insurrection.
- (7) War, or any act of war, except as provided by the War Risk Hazard provision. War means declared or undeclared war, and includes resistance to armed aggression.
- (8) An accident that occurs while the person is serving on full-time active duty for more than <30-120> days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- (9) Travel or flight in any vehicle used for aerial navigation, except as provided by any Hazard provision, if:
  - (a) the person is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  - (b) the person is performing as a pilot or a crew member of any aircraft; or
  - (c) the person is riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates.

This includes getting in, out, on or off any such vehicle.
- (10) Commission of or attempt to commit an assault or a felony.
- (11) Being legally intoxicated or under the influence of any narcotic unless administered or consumed on the advice of a Doctor.
- (12) Participation in these hazardous sports: scuba diving; bungee jumping; skydiving; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning.
- (13) Injury arising out of, or in the course of, any work for wages or profit (whether or not with the Employer), except as provided by any Hazard provision.]

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The Claim Rules and the "To Whom Payable" part of the Schedule of Benefits apply to the payment of the benefits.

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## The Prudential Insurance Company of America

### Explanation of Variable Language for

#### 83500 ADD R 10012

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

**Illustrative material** consists of any entries such as dates, names, addresses, numbers, percentages, classes eligible, waiting periods, weekly or monthly benefits, maximum periods of benefits, amounts, times and ages which may be varied.

Ranges (e.g., percentages, amounts, times) are shown for some illustrative material and are indicated by arrows on the forms. Actual entries will always fall within the ranges, but may be revised as appropriate. For example, “30 days” may be changed to “1 month” or “365 days” may be changed to “1 year”.

The terms “Contract Holder” and “Employer” may be used interchangeably or may be replaced by other appropriate terms.

The terms “you”, “person” or “Employee” may be replaced by the term “member” or other appropriate term describing a member of the group insured. A term such as “Employee” may also be added in front of any coverage name, such as “Employee Voluntary Accidental Death and Dismemberment.”

The terms “Dependent”, “Spouse” or “Child” may be deleted or modified to reflect only the applicable dependents, and references such as “You and Your Dependents” may be modified to reflect how the coverage may be issued, such as employee only; spouse and children; spouse only; children only; other dependents.

The coverage names may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Supplemental”.

Whenever a definition appears in a Coverage form, it may be deleted and appear in the Definitions section instead. Similarly, any of the items appearing in the Definitions section may be moved to other forms.

Whenever a reference to a Schedule of Benefits item appears in a Coverage form, the actual Schedule of Benefits item may be substituted.

The bracketed references will be appropriately modified to reflect grammatical form.

**Specific variable material** is noted by margin notes. Specific variable material will be changed only as indicated in the marginal note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

## The Prudential Insurance Company of America

### Explanation of Variable Language for

#### 83500 ADD R 10012

#### Additional Illustrative Material for 83500 ADD R 10012

The term “Covered Accident” may be replaced by “accident”, where appropriate.

#### Marginal Notes

1. The title may be modified. For example, it may be modified to:
  - reflect death only coverage; or
  - delete “Voluntary”; or
  - delete “Voluntary” and then add another descriptive term such as “Optional”, “Supplemental”, or “Additional Provisions for” or
  - reflect Business Travel Accident Coverage.
2. This item may be deleted.
3. This item may be deleted in whole or in part, additional losses may be added, and this item may be altered to reflect the losses mutually agreed upon by Prudential and the Contract Holder. In addition, the term “Coma” may be replaced with “Brain Damage/Vegetative State”, or another similar term.
4. This item may be deleted in whole or in part, or may be revised to reference the applicable Hazard(s).
5. This item may be deleted in whole or in part, or altered to reflect the losses mutually agreed upon by Prudential and the Contract Holder.
6. This item may be deleted in whole or part, additional losses may be added, and this item may be altered to reflect the losses mutually agreed upon by Prudential and the Contract Holder. In addition, the term “Coma” may be replaced with “Brain Damage/Vegetative State”, or another similar term, and all amounts may be increased or decreased as mutually agreed upon by Prudential and the Contract Holder.
7. This item may be deleted in whole or part or revised to reflect another limit, such as:
  - No more than the Amount of Insurance on a person will be paid for all Losses resulting from Injuries sustained in one or more Covered Accidents.

- Only one amount, the largest, on a person at the time of the Covered Accident will be paid for all Losses resulting from Injuries sustained in that accident.
  - Only one amount, the largest, on a person will be paid for all Losses resulting from Injuries sustained in one or more Covered Accidents.
8. This item may be deleted in whole or part, or revised to reference the specific coverage(s) or the specific Aggregate Limit(s).
9. This item may be deleted in whole or part, or revised to reflect the losses not covered that are mutually agreed upon by Prudential and the Contract Holder. For example:
- The war item may be revised to be waived if employment requires travel to specific areas, such as areas other than the Continental United States.
  - The air travel item may be revised to not cover flight or travel in certain types of aircraft or in aircraft used for certain types of activities, such as firefighting, exploration, pipe or powerline work or aerial photography.
  - The felony item may reference common law felony, defined to include crimes such as robbery, rape, arson, murder, kidnapping or burglary.
  - The intoxication item may reference alcohol, specific drugs, poisons or gases that are voluntarily taken, or the intoxication laws of the state where the accident occurs, or it may apply to injuries sustained while operating an air, land or water vehicle.

# [Employee] Term Life Coverage Schedule of Benefits [# 1]

**Effective:** [January 1, 19XX]

**Group Contract No.:** [G-XXX]

**Covered Classes:** [All Employees]

**1 Insurance Provided:** [Contributory Employee Insurance]

This Schedule of Benefits is made part of a Coverage that includes [this form: 83500 LIF R 50XX.]

**2 [BENEFIT AMOUNTS:**

**Amount For Each Benefit Class:**

<b>Benefit Classes</b>	<b>Amount of Insurance</b>
All Employees	\$250,000]

**3 [Non-medical Limit on Amount of Insurance:** There is a limit on the amount for which you may be insured without submitting evidence of insurability. This is called the Non-medical Limit.

If the amount of insurance for your Class and age at any time is more than the Non-medical Limit, you must give evidence of insurability satisfactory to Prudential before the part over the Limit can become effective.

This requirement applies: when you first become insured; when your Class changes; if you request an increase in your Amount of Insurance; or if the amount for your Class is changed by an amendment to the Group Contract. Even if you are insured for an amount over the Limit, you will still have to meet this evidence requirement before any increase in your amount of insurance can become effective. The amount of your insurance will be increased to the amount for your Class and age when Prudential decides the evidence is satisfactory and you meet the Active Work Requirement.

Non-medical Limit: \$125,000. If the Amount Limit for this Coverage applies at any time to your amount of insurance, that Limit will also apply to the Non-medical Limit as if it were an amount of insurance.

The Delay of Effective Date section does not apply to this provision.]

**4 [The Non-medical Limit does not apply to any amount of insurance for which you have provided evidence prior to the Program Date.**

The Non-medical Limit does not apply to any amount of insurance for which you were insured under another group contract providing employee term life coverage for Employees of the ABC Company on the day prior to the Program Date.]

5

**[Disability Benefit Amount:** Your amount of insurance, but not more than the Maximum Disability Amount.]

6

**[Maximum Disability Amount:** \$9,000. This is subject to any reduction or limitation below as if it were an amount of insurance.]

7

**[Effect of Disability Payments:** This part applies if you are a Covered Person after any such payments have become due under either: (a) Section D of the Coverage; or (b) any Prudential group life for which you had previously been covered. In that case, your amount of insurance (as determined in the absence of this part) will be reduced by the part of those payments that is not interest. If the Amount Limit Due to Age below applies, it will apply to that reduced amount.]

8

**[Amount Limit Due to Age:** When you are age 65 or more, your amount of insurance is limited. It is the Limited Percent (for that Age) of the amount for which you would then be insured if there were no limitation. Each Age and the Limited Percent for that Age are shown below.

Each Limited Percent for an Age takes effect on the first Premium Payment Date that occurs while you are that Age.

Each Limited Percent for an Age will apply to you if your death benefit protection is being extended while you are Totally Disabled under the Extended Death Benefit and Waiver of Premiums during Total Disability provision.

The Delay of Effective Date section does not apply to this provision.

Age	Limited Percent
65	60
70	40
75	25
80 and more	15]

9

**[Burial Expenses:** If it appears to Prudential that a person incurs expenses in connection with your burial, that person may receive part of your insurance under the Basic Employee Term Life Coverage. Prudential, at its option, may pay that person up to \$250. If an amount is so paid, Prudential will not have to pay that part of your insurance again.]

10

**[Assignment:** All assignments are allowed.]

**The Prudential Insurance Company of America**  
**Explanation of Variable Language for**  
**83500 LIF U 10004**

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

**Illustrative material** consists of any entries such as dates, numbers, percentages, classes eligible, amounts, times and ages which may be varied.

The terms “you” “person” or “Employee” may be replaced by the term “participant” or “associate” or other appropriate term describing a member of the group insured.

The coverage name may be referred to by other appropriate names, such as “Basic”, “Optional”, or “Voluntary”.

Amounts may be shown another way. For example minimums and maximums may be included; amounts may be a flat dollar amount only, a percentage of the Amount of Insurance only, the lesser of actual expenses and a flat dollar amount, etc.

The bracketed references will be appropriately modified to reflect grammatical form.

**Specific variable material** is noted by Marginal Notes. Specific variable material will be changed only as indicated in the Marginal Note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Marginal Notes

1. This item may indicate whether the insurance is on a contributory or non-contributory basis.
2. This item will be revised as applicable to a contract holder’s plan. For example:
  - The amounts shown are illustrative and may be higher or lower.
  - The amounts may be shown a different way, such as a percent of earnings, a percent of earnings plus or minus a flat dollar amount; or the lesser of a percent of earnings and a flat dollar amount, or increments of flat amounts.
  - A statement of how the amount will be rounded may be included.
  - A maximum or minimum amount may be included.

- The amounts may include a choice of various options and statements about increases and decreases. For example:
    - To state that increases and decreases are permitted for certain types of plans, such as “optional” plans, or increases above a certain dollar amount.
    - To specify when increases or decreases are permitted and when evidence is or is not required for increases.
    - To permit increases or decreases at other times, such as within 31 days of a change in “family status” or “life event”, and to include any relevant definition or cross-reference to a definition in another part of the certificate.
  - Non-contributory and contributory amounts may be included.
  - A cross-reference to the definition of “Earnings” may be added or replaced by the actual definition of earnings.
3. This item may be deleted or revised as applicable to a contract holder’s plan. For example:
    - The reference to age may be removed from the second paragraph.
    - The amount of the Non-medical Limit may be shown a different way, such as the greater or lesser of a percent of earnings and a flat dollar amount.
    - The sentence after the amount of the Non-medical Limit may be deleted.
    - The Non-medical Limit may apply to only one coverage, such as only Basic or only Optional, or it may apply to a combined Basic and Optional amount.
  4. This item may be deleted in whole or in part or may reflect other exceptions to the Non-medical Limit.
  5. This item may be deleted or revised as applicable to a contract holder’s plan. For example the reference to the Maximum Disability Amount may be deleted.
  6. This item may be revised according to a contract holder’s plan. For example, the second sentence may be deleted if there are no age limits or the maximum may be shown as a percent of earnings.
  7. This item may be revised to refer to a different section of the Coverage or to delete reference to the Amount Limit Due to Age.
  8. This item may be deleted or revised as applicable to a contract holder’s plan. For example:
    - The age limit may have one or more steps, at different intervals, ages and percents.
    - The limit may take effect on another date, such as immediately, the next contract anniversary, the first month following birthday, or the first premium due date following birthday.
  9. This item may be deleted or the dollar amount may be replaced by another amount, such as the greater or lesser of a dollar amount or a percent of an amount.`

10. This item may be deleted or revised to describe the types of assignments that are allowed.

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 Product Name: CF: 83500 ADD R 10012  
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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	12/09/2010
<b>Comments:</b>	Please see cover letter.		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	12/09/2010
<b>Bypass Reason:</b>	Not Applicable		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	12/09/2010
<b>Comments:</b>			
<b>Attachment:</b>	Cover Letter.PDF		



Patricia A. Lloyd  
Assistant Secretary

**The Prudential Insurance Company of America**  
80 Livingston Avenue, Roseland, NJ 07068  
Tel 973-548-6479 Fax 973-548-6480  
pat.lloyd@prudential.com

December 8, 2010

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

RE: 83500 ADD R 10012, et al

Dear Commissioner Bradford:

We submit, for filing, the group insurance forms listed below. These are new forms and are not intended to replace any previously filed forms. The variable material in these forms has been indicated by brackets and is subject to change as described in the applicable Explanation of Variable Language.

<u>Form Number</u>	<u>Description</u>
83500 ADD R 10012	Voluntary Accidental Death and Dismemberment Coverage
83500 LIF U 10004	Employee Term Life Coverage Schedule of Benefits

**Intended Use.** These forms may be used with our 83500 series of forms and any other appropriate group insurance forms on file with the Department.

**Certification.** We certify that, in our judgment, the forms in this submission are in compliance with Rule 19 (Unfair Sex Discrimination in the Sale of Insurance), Rule 49 (Life and Health Insurance Guaranty Association Notices), A.C.A. 23-79-138 and Bulletin 11-88 (Policy Information Requirements), and all applicable requirements of the Department.

**Readability Certification.** We certify that, in our judgment, the forms in this submission comply with the requirements of A.C.A. 23-80-201 through 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act. These forms have been scored separately for the Flesch reading ease test using the computer service to which we subscribe. The test was applied to the entire contract form and the score for each form is shown below.

<u>Form Number</u>	<u>Flesch Score</u>
83500 ADD R 10012	51.1
83500 LIF U 10004	49.7

**Filing Fee.** The filing fee of \$100.00 is being sent through Electronic Fund Transfer (EFT). Please note that retaliatory filing fees are not applicable because our Home State, New Jersey, does not charge filing fees.

**Deemer.** We will place these forms in use 30 days after the date you receive this filing unless we receive affirmative acknowledgment, disapproval or request for extension.

If there are any questions regarding this filing, please feel free to call Lois Shafman at 973-548-6477 or me at 973-548-6479.

Sincerely,

*Patricia A. Lloyd*

Patricia A. Lloyd  
Assistant Secretary