

SERFF Tracking Number: JEPL-126499607 State: Arkansas
 Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 44861
 Company Tracking Number: WP-5765.11
 TOI: L04I Individual Life - Term Sub-TOI: L04I.313 Decreasing - Single Life - Fixed/Indeterminate Premium
 Product Name: WP-5765.11
 Project Name/Number: WP-5765.11/WP-5765.11

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: WP-5765.11

SERFF Tr Num: JEPL-126499607 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved- Closed State Tr Num: 44861

Sub-TOI: L04I.313 Decreasing - Single Life - Fixed/Indeterminate Premium

Co Tr Num: WP-5765.11

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jane Neidermyer, William Otten, Lori Saltmarsh

Disposition Date: 02/18/2010

Date Submitted: 02/16/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: WP-5765.11

Status of Filing in Domicile: Pending

Project Number: WP-5765.11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/18/2010

Explanation for Other Group Market Type:

State Status Changed: 02/18/2010

Deemer Date:

Created By: Lori Saltmarsh

Submitted By: Jane Neidermyer

Corresponding Filing Tracking Number:

Filing Description:

Re: Individual Life Insurance Policy Form - Rider

WP-5765.11 Waiver of Premium Rider

The Lincoln National Life Insurance Company

Group & NAIC #: 020-65676

We are submitting the required number of copies of the above-referenced Rider for your review and approval. It is a

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new form and will not replace any previously approved form. We will use previously approved application LFF06321 which was approved on 06/16/08 under file # 39195.

This individually underwritten Rider will be available for use with form TRM 5065 Level Term approved on 11/25/08 and any term products approved in the future. The Rider is an option for the client at the time of application as the rider may not be added after issue. It will be available on fully underwritten term policies. The issue ages for this Rider are 18-59 for the 10, 15 and 20 year versions of the product. For the 30 year version, issue ages follow the policy issue ages which are 18-50 for Non-tobacco classes, and 18-45 for Tobacco classes.

We have bracketed certain items in the form as variable information because they may change for new issues in the future (but not in-force policies). These items include: officer names/signatures and the service office address. It is our understanding that changes to the bracketed items for new issues will not require a new filing of these forms. We confirm that the brackets will not actually appear on the forms at issue.

Rider form WP-5765.11 achieves a Flesch score of 67.14. This filing is being submitted concurrently to our Home State of Indiana and is pending approval. The appropriate certification(s), transmittal and filing fee are included, as applicable. The term policy with the Waiver of Premium Benefit Rider is a non-illustrated product. To the best of our knowledge and belief, the filing complies with all the laws and regulations of your state. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards.

Company and Contact

Filing Contact Information

Jane Neidermyer, Senior Compliance Analyst jane.neidermyer@lfg.com
 One Granite Place 800-258-3648 [Phone] 5627 [Ext]
 PO Box 515 603-226-5128 [FAX]
 Concord, NH 03302-0515

Filing Company Information

The Lincoln National Life Insurance Company	CoCode: 65676	State of Domicile: Indiana
350 Church Street	Group Code: 20	Company Type: Life Insurance
Hartford, CT 06103	Group Name:	State ID Number:
(800) 258-3648 ext. [Phone]	FEIN Number: 35-0472300	

Filing Fees

SERFF Tracking Number: JEPL-126499607 State: Arkansas
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Fee Required? Yes
Fee Amount: \$35.00
Retaliatory? Yes
Fee Explanation: IN fee for this filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$35.00	02/16/2010	34216529

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	02/18/2010	02/18/2010

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Disposition

Disposition Date: 02/18/2010

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		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Rates		Yes
Form	Waiver of Premium Benefit Rider		Yes

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Form Schedule

Lead Form Number: WP-5765.11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WP-5765.11	Policy/Cont Waiver of Premium ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		67.410	WP-5765.11 Multi for filing.pdf

WAIVER OF PREMIUM BENEFIT RIDER

This Rider is part of the policy to which it is attached and becomes effective as of the Policy Date. Except as stated in this Rider, all of the provisions, limitations and exclusions of the policy remain in effect.

Benefit If the Insured has a Total Disability as defined below, We will waive premium payments while the Insured has the Total Disability. The premium for this Rider is part of the policy premium in all calculations. The Total Disability must begin after the Insured's Attained Age 5 and prior to the Insured's Attained Age 65. If the Total Disability begins on or after the Insured's Attained Age 60, We will waive only those premiums which become due while the Insured has the Total Disability and before the Insured's Attained Age 70. The Total Disability must begin while this Benefit and the policy are in force. This Benefit is subject to the following provisions.

Written Notice of Disability We must receive written notice that the Insured has a Total Disability. The notice must be received during the lifetime and Total Disability of the Insured. The notice must be received not later than 12 months after the Insured's Attained Age 65. We will not waive any premium if its due date occurred more than 12 months before We received the written notice. Failure to give notice within the time required will not invalidate a claim if it was not reasonably possible to provide notice within such time.

Definition of Total Disability Disability shall be deemed to be Total if it has been continuous for a period of at least four (4) months. It must be caused by disease or accidental bodily injury. The Insured must be unable to do the material and substantial duties of the Insured's regular job. The Insured must not be engaged in any other job. After a period of such Total Disability has continued for 60 months, the term "Total Disability" means the Insured is unable to perform the material and substantial duties of any job for which the Insured is reasonably suited by education, training or experience. If the Insured is a full-time student, the word "job" shall mean "attending school."

Specified Disabilities The total loss of sight of both eyes shall be deemed a Total Disability. The total loss of use of both hands or of both feet, or of one (1) hand and one (1) foot shall be deemed a Total Disability.

Due Proof of Total Disability In addition to written notice, due proof of the Total Disability of the Insured must be submitted to Us. The proof must be received within four (4) months after We receive the notice. The Total Disability must have continued for four (4) months. You must continue to pay premiums and your policy must remain in force until your claim for waiver of premiums has been approved. Failure to provide such proof within the time required will not invalidate any claim if it was not reasonably possible to provide proof within such time. Except in the absence of legal capacity, written proof must always be given no later than one (1) year from the time proof is otherwise required.

Proof of Total Disability includes but is not limited to:

1. Any requested claim form including claim forms from the Insured and the Insured's Doctor(s);
2. Copies of medical records, test results and/or Doctor's progress notes;
3. Independent Medical Examination(s); and
4. Other proof of Total Disability We deem necessary.

Exception No Benefit is paid if the Total Disability of the Insured is due to:

1. Attempted suicide, whether sane or insane;
2. Willfully or intentionally self-inflicted injuries, whether sane or insane.

Effect on Conversion to a Permanent Plan of Life Insurance You will have access to a waiver benefit such as Waiver of Premium Benefit, Waiver of Monthly Deduction or another waiver rider as made available by Us on the new policy, as part of the term conversion. The waiver rider offered for term conversions and the issue guidelines for the waiver will be based on the company's guidelines at the time of conversion and are subject to change at the company's option. Such guidelines will be applied on a basis that is not unfairly discriminatory. The disability waiver benefit will be made available to the Insured without regard to disability status at the time of conversion. If the Insured has a Total Disability at the time of conversion, has an approved claim under this Rider and has met the company's issue guidelines, the premiums or monthly deductions for the new policy will be waived according to the specifications of the waiver rider offered for term conversions as if the Rider had been in force at the start of the disability.

Continuance of Total Disability We may require, at reasonable intervals, proof of the continuance of the Total Disability. We may require the Insured to take medical exams from doctors picked by Us. We will not require proof more often than once a year after the Total Disability of the Insured has been documented for two (2) full years. If the Total Disability of the Insured begins prior to Attained Age 60 and continues uninterrupted, We will not require proof after the Insured's Attained Age 65. This benefit will cease if proof of continued Total Disability is not furnished when We request it, or if the Total Disability of the Insured terminates.

Total Disability Commencing During Grace Period If the Total Disability of the Insured begins after a premium is due and before the end of the grace period, this Benefit will be allowed as if the premium had been paid. However, the premium due, with interest at six percent (6%) per year, will become an Indebtedness on the policy.

Termination This Rider will terminate upon the earliest of the following events:

1. Upon Our receipt of Your written request to terminate the Rider;
2. The policy terminates or is surrendered; or
3. Upon the Insured's Attained Age 65, subject to any then existing claim.

A handwritten signature in cursive script that reads "Chas A. Brantley". The signature is written in black ink and is positioned to the left of the [Secretary] text.

[Secretary]

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attachments: AR_Readability_UL_Term.pdf AR_Cert. of Compliance_UL_VUL_Term ..pdf</p>		
<p>Bypassed - Item: Application Bypass Reason: N/A Not a policy filing Comments:</p>		
<p>Satisfied - Item: Rates Comments: Attachment: WP rates WP-5765.pdf</p>		

Arkansas

READABILITY CERTIFICATION

The Lincoln National Life Insurance Company

Re: WP-5765.11 Waiver of Premium Benefit Rider

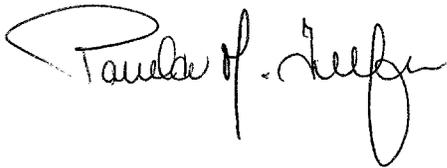
We hereby certify that the attached Form(s) is (are) in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has (have) achieved a Flesch Reading Ease score of:

Form Number:

Flesch:

WP-5765.11

67.41



Pamela M. Telfer, Assistant Vice President
Product Compliance

Date: 2/11/2010

ARKANSAS

CERTIFICATE OF COMPLIANCE

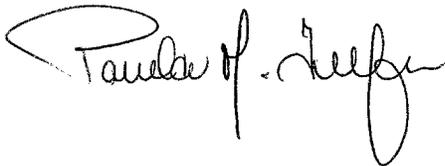
The Lincoln National Life Insurance Company

Re: WP-5765.11 Waiver of Premium Benefit Rider

To the best of my knowledge and belief, the rider form listed above complies with the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance department.

To the best of my knowledge and belief we are in compliance with the requirements of Arkansas Code Ann. 23-79-138. We provide a document entitled "Important Information to Policyholders" which contains the required information.

To the best of my knowledge and belief we are in compliance with the requirements of Regulation 49 and we provide the required Guaranty Association notice.

A handwritten signature in black ink, appearing to read "Pamela M. Telfer". The signature is written in a cursive style with a large initial "P" and a long, sweeping tail.

Pamela M. Telfer, AVP
Product Compliance

Date: 2/11/2010

LifeElements Term 2010
Waiver of Premium
Annual Premium Rates per \$1,000

Age at Issue	NO TOBACCO		TOBACCO		NO TOBACCO	TOBACCO	Attained	Yrs
	Male	Female	Male	Female	Unisex	Unisex	Age	11+
18	0.16	0.16	0.16	0.16	0.16	0.16	28	0.17
19	0.16	0.16	0.17	0.16	0.16	0.17	29	0.18
20	0.16	0.16	0.17	0.16	0.16	0.17	30	0.18
21	0.16	0.16	0.17	0.16	0.16	0.17	31	0.18
22	0.16	0.16	0.17	0.16	0.16	0.17	32	0.18
23	0.16	0.16	0.17	0.16	0.16	0.17	33	0.19
24	0.17	0.16	0.17	0.16	0.17	0.17	34	0.19
25	0.17	0.16	0.17	0.17	0.17	0.17	35	0.20
26	0.17	0.16	0.17	0.17	0.17	0.17	36	0.20
27	0.17	0.17	0.17	0.17	0.17	0.17	37	0.21
28	0.17	0.17	0.17	0.17	0.17	0.17	38	0.22
29	0.17	0.17	0.18	0.17	0.17	0.18	39	0.23
30	0.17	0.17	0.18	0.17	0.17	0.18	40	0.24
31	0.17	0.17	0.18	0.17	0.17	0.18	41	0.26
32	0.17	0.17	0.18	0.17	0.17	0.18	42	0.28
33	0.18	0.17	0.19	0.18	0.18	0.19	43	0.30
34	0.18	0.17	0.19	0.18	0.18	0.19	44	0.33
35	0.18	0.18	0.20	0.18	0.18	0.20	45	0.36
36	0.19	0.18	0.20	0.19	0.19	0.20	46	0.43
37	0.19	0.18	0.21	0.19	0.19	0.21	47	0.51
38	0.19	0.19	0.22	0.20	0.19	0.22	48	0.59
39	0.20	0.19	0.23	0.20	0.20	0.22	49	0.67
40	0.21	0.20	0.24	0.21	0.21	0.23	50	0.75
41	0.22	0.20	0.26	0.22	0.22	0.25	51	1.10
42	0.23	0.21	0.28	0.23	0.23	0.27	52	1.45
43	0.24	0.22	0.30	0.24	0.24	0.29	53	1.80
44	0.26	0.23	0.33	0.26	0.25	0.32	54	2.15
45	0.28	0.25	0.36	0.28	0.27	0.34	55	2.50
46	0.31	0.26	0.40	0.30	0.30	0.38	56	3.10
47	0.34	0.29	0.46	0.33	0.33	0.43	57	3.70
48	0.38	0.32	0.53	0.38	0.37	0.50	58	4.30
49	0.44	0.36	0.62	0.43	0.42	0.58	59	5.00
50	0.52	0.41	0.75	0.50	0.50	0.70	60	5.70
51	0.61	0.48	0.90	0.59	0.58	0.84	61	6.40
52	0.74	0.56	1.10	0.70	0.70	1.02	62	7.10
53	0.90	0.66	1.34	0.83	0.85	1.24	63	7.80
54	1.09	0.79	1.64	1.00	1.03	1.51	64	8.50
55	1.32	0.94	1.99	1.19	1.24	1.83		
56	1.54	1.08	2.36	1.39	1.45	2.17		
57	1.79	1.24	2.78	1.60	1.68	2.54		
58	2.04	1.39	3.21	1.82	1.91	2.93		
59	2.29	1.54	3.64	2.03	2.14	3.32		