

SERFF Tracking Number: CCGN-126582641 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 45408
Company Tracking Number: 10-1003
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
Product Name: Group Disability Insurance
Project Name/Number: ET-State Modifying Provisions Amendment/10-1003

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Disability Insurance SERFF Tr Num: CCGN-126582641 State: Arkansas

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved- State Tr Num: 45408
Closed

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: 10-1003 State Status: Approved-Closed
Long Term

Filing Type: Form

Author: Terri Jones

Date Submitted: 04/13/2010

Reviewer(s): Rosalind Minor

Disposition Date: 04/13/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ET-State Modifying Provisions Amendment

Project Number: 10-1003

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/13/2010

Deemer Date:

Submitted By: Terri Jones

Filing Description:

Life Insurance Company of North America is seeking approval of rider form TL-01-3000.00. This form is new and is not intended to replace any other form currently approved by your department.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

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

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association,
Other

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

State Status Changed: 04/13/2010

Created By: Terri Jones

Corresponding Filing Tracking Number:

This form is intended for use with our previously approved Group Disability policy. This form is intended for issue to eligible groups specifically defined in your law. We will submit any required individual group informational filings once

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we have identified such groups.

This rider is intended to ensure compliance with extraterritorial requirements of other states when the group policy covers their residents. It will also be used to ensure compliance with the laws of your state when the group policy is issued in other jurisdictions covering residents of your state.

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: \$50.00 per submission
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	04/13/2010	35601155

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/13/2010	04/13/2010

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Disposition

Disposition Date: 04/13/2010

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Description of Variability	Approved-Closed	Yes
Form	State Modifying Provisions Amendment Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: TL-01-3000.00

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/13/2010	TL-01-3000.00	Policy/Cont ract/Fratern al	State Modifying Provisions Amendment Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			Modifying Provisions Amendment _NewET rider_.pdf

Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, Pennsylvania 19192-2235

STATE MODIFYING PROVISIONS AMENDMENT RIDER
Group Disability

This amendment form will be used to bring the policy/certificate into compliance with state laws that are applicable to residents of that state when the policy is issued in another state.

{Policyholder/Subscriber} Name: {ABC Group}

Policy No.: {LK-XXXX }

Amendment Effective Date: {April 1, 2010}

This amendment is attached to and made part of the Policy/Certificate specified above. Its provisions are intended to conform this Policy/Certificate to the laws of the state in which the insured resides.

The Policy delivered under the Group Policy is amended as follows:

[APPLICABLE TO LOUISIANA RESIDENTS: {The percentage of Indexed Earnings, if any, that qualifies an insured to meet the definition of Disability/Disabled may not be less than 80%.}]

[APPLICABLE TO MINNESOTA RESIDENTS: {The Pre-existing Condition Limitation, if any, may not be longer than 24 months from the insured's most recent effective date of insurance.}]

[APPLICABLE TO TEXAS RESIDENTS: {Any provision offsetting or otherwise reducing any benefit by an amount payable under an individual or franchise policy will not apply.}]

Life Insurance Company of North America {



Matthew G. Manders, President}

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	04/13/2010
Comments:			
Attachment:			
	LINA Flesch Cert.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	04/13/2010
Bypass Reason:	Not applicable to this filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Description of Variability	Approved-Closed	04/13/2010
Comments:			
Attachment:			
	LINA DOV_State Modifying Provisions Rider.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 forms listed below, using the Flesch Readability Test, in accordance with applicable readability standards. Each form was scored separately and in its entirety. These scores are set forth below.

Form Number	Description of Form	Score
TL-01-3000.00	State Modifying Provisions Amendment Rider	52.3



Signature: _____
Name: Sharon Battle
Title: Assistant Secretary
Date: March 19, 2010

LIFE INSURANCE COMPANY OF NORTH AMERICA

DESCRIPTION OF VARIABILITY

RE: State Modifying Provisions Amendment Rider, Form TL-01-3000.00

This rider will be attached to our previously approved group disability policy forms TL-004700 et al.

It is intended to ensure compliance with any extraterritorial laws of other states when the group policy is issued in your state and covers residents of other states. It will also be used to ensure compliance with any extraterritorial laws of your state when the group policy is issued in other jurisdictions covering residents of your state.

The name of the policyholder, the policy number, and the rider effective date are enclosed in soft brackets { }. This signifies that this information will change based on who the policyholder is, the policy number, and the effective date of the rider.

The rider will list the states and the applicable provisions that are state-mandated on an extraterritorial basis to residents of that state. The state entries are enclosed in hard brackets []. This signifies that the state entry and the provision may be omitted if the state's laws should change. The provisions are also enclosed in soft brackets { }. This signifies that the provisions may change or be excluded; or other provisions may be added, to comply, on an ongoing basis, with the state's extraterritorial laws.

To ensure we are always in compliance with each state's laws that are applicable on an extraterritorial basis, we would like the flexibility to add states and their provisions to the rider, on an ongoing basis.