

SERFF Tracking Number: HARL-126589189 State: Arkansas  
Filing Company: Hartford Life and Accident Insurance Company State Tracking Number: 45547  
Company Tracking Number: GBD\_1100\_AR-WOP-CI\_2010\_04  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: GCF\_AR\_HLA\_Life\_GBD-1100 H26\_2010 Waiver of Premium with Critical Illness Benefit  
Project Name/Number: /

## Filing at a Glance

Company: Hartford Life and Accident Insurance Company

Product Name: GCF\_AR\_HLA\_Life\_GBD-1100 SERFF Tr Num: HARL-126589189 State: Arkansas

H26\_2010 Waiver of Premium with Critical Illness Benefit

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved- State Tr Num: 45547  
Closed

Sub-TOI: L04G.500 Other

Co Tr Num: GBD\_1100\_AR-WOP- State Status: Approved-Closed  
CI\_2010\_04

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Mattie Fagan, Nancy  
Foohey, Yolanda Topps, Richard  
Mesick

Disposition Date: 04/30/2010

Date Submitted: 04/30/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

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

Filing Status Changed: 04/30/2010

Explanation for Other Group Market Type:

State Status Changed: 04/30/2010

Deemer Date:

Created By: Richard Mesick

Submitted By: Nancy Foohey

Corresponding Filing Tracking Number:

Filing Description:

The attached module, GBD-1100 H26, is being submitted to your Department for review and approval on a general use basis. It will be used in conjunction with group life insurance certificate form GBD-1100 A.1, et al previously approved by your Department on February 17, 2004. It is new and not intended to replace any previously approved form.

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The purpose of this benefit is to provide an additional, one time, lump sum benefit to an insured who is eligible and approved for Waiver of Premium and has been diagnosed with a defined Critical Illness. The benefit payable will be in a amount equal to a percentage of the Basic Amount of Life Insurance under the Policy. The insured may be approved for only one of these benefits and that benefit is only available upon initial approval of Premium Waiver claim.

Domiciliary state approval. The enclosed module is not being submitted to our domiciliary state of Connecticut. Therefore a copy of domiciliary state approval is not available.

Flesch Test. The module has been tested for readability and has achieved a Flesch readability score of 52.3.

Variability. The variable material is set off by brackets, to indicate it may be added to, deleted from or changed.

## Company and Contact

### Filing Contact Information

Richard Mesick, Richard.Mesick@hartfordlife.com  
 200 Hopmeadow St. 860-843-8018 [Phone]  
 Simsbury, CT 06089

### Filing Company Information

Hartford Life and Accident Insurance Company	CoCode: 70815	State of Domicile: Connecticut
200 Hopmeadow Street	Group Code: 91	Company Type: Life
Simsbury, CT 06089	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0838648	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Policy and contract forms, all lines, filing corrections in previously filed policy and contract form...\$50.00.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Accident Insurance Company	\$50.00	04/30/2010	36090113

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/30/2010	04/30/2010

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## Disposition

Disposition Date: 04/30/2010

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
Form	Waiver of Premium with Critical Illness Benefit		Yes

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## Form Schedule

**Lead Form Number: GBD-1100 H26**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GBD-1100 H26	Certificate	Waiver of Premium with Critical Illness Benefit	Initial		52.300	Waiver of Premium with Critical Illness Benefit.pdf
		t, Insert Page, Endorsement or Rider					

<p><b>[Waiver of Premium with Critical Illness Benefit:</b> <i>What conditions must I satisfy before I qualify for this provision?</i></p>	<p>If You are eligible and approved for Waiver of Premium and have been diagnosed with a defined Critical Illness, We will pay You an additional, one time, lump sum benefit in the amount equal to [10%] of Your Basic Amount of Life Insurance under this Policy up to a maximum of [\$100,000]. You may be approved for only one of these benefits and that benefit is only available upon initial approval of Premium Waiver claim.</p>
<p><b>[Critical Illness</b></p>	<p>means Cancer, Heart Attack, Stroke, Kidney Failure, Major Organ Transplant or Coronary Artery Bypass Surgery.]</p>
<p><b>[Cancer</b></p>	<p>means the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes Hodgkin's disease, leukemia, lymphoma, carcinoma, sarcoma, or malignant tumor. It does not include other conditions which may be considered pre-cancerous, including, but not limited to: leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, nonmalignant melanoma, moles, basal cell carcinoma, or similar diseases or lesions. Cancer does not mean Carcinoma in Situ, or any tumors in the presence of any human immuno-deficiency virus (HIV).]</p>
<p><b>[Heart Attack</b></p>	<p>means a myocardial infarction only. Heart attack does not include any other disease, arrhythmia or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a heart attack.]</p>
<p><b>[Stroke</b></p>	<p>means a cerebrovascular accident which results in paralysis lasting more than 24 hours and produces measurable neurological deficit persisting of at least 30 days following the occurrence of the stroke. Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.]</p>
<p><b>[Kidney Failure</b></p>	<p>means permanent and irreversible failure of both kidneys (end stage renal disease) from any cause requiring treatment by dialysis, or necessitating kidney transplantation.]</p>
<p><b>[Major Organ Transplant</b> (recipient and donor)</p>	<p>means the receipt by transplant of any of the following organs or tissues: heart, liver, lung, kidney, bone marrow, pancreas or intestine.]</p>
<p><b>[Coronary Artery Bypass Surgery</b></p>	<p>means heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a cardiologist licensed and practicing in the United States. Coronary artery bypass surgery does not include non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques.]]</p>
<p>GBD-1100 H26</p>	

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## Supporting Document Schedules

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

Please see attached readability certification.

**Attachment:**

2-15-10\_Readability\_HLA.pdf

**Item Status:**

**Status  
Date:**

**Bypassed - Item:** Application

**Bypass Reason:** Not applicable to this form filing.

**Comments:**

**CERTIFICATION OF READABILITY**

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**

Certification of Readability for module GBD-1100 H26, Waiver of Premium with Critical Illness Benefit which will be used in conjunction with group life certificate form GBD-1100 A et al.

Form GBD-1100 H26      52.3

We hereby certify that the following module meets the minimum Flesch Reading Ease Base Score.

GBD-1100 H26



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Dana S. MacKinnon  
Vice President

February 15, 2010

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Date