

SERFF Tracking Number: HARL-126683828 State: Arkansas  
Filing Company: Hartford Life Insurance Company State Tracking Number: 46251  
Company Tracking Number: GBD\_1100\_GCF\_PA-9221 C13 (REV.)\_2010\_07  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: GCF\_AR\_HL\_Life\_PA-9221 C13 (Rev.)\_2010\_Dependent Age  
Project Name/Number: /

## Filing at a Glance

Company: Hartford Life Insurance Company

Product Name: GCF\_AR\_HL\_Life\_PA-9221 SERFF Tr Num: HARL-126683828 State: Arkansas

C13 (Rev.)\_2010\_Dependent Age

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved- State Tr Num: 46251  
Closed

Sub-TOI: L04G.500 Other

Co Tr Num: GBD\_1100\_GCF\_PA- State Status: Approved-Closed  
9221 C13 (REV.)\_2010\_07

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Mattie Fagan, Nancy  
Foohey, Yolanda Topps, Richard  
Mesick, Lindsey Smith, Christine  
Sawyer

Disposition Date: 07/22/2010

Date Submitted: 07/20/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 06/25/2010

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, Association

Filing Status Changed: 07/22/2010

Explanation for Other Group Market Type:

State Status Changed: 07/22/2010

Deemer Date:

Created By: Christine Sawyer

Submitted By: Nancy Foohey

Corresponding Filing Tracking Number:

Filing Description:

RE: PA-9221 C13 (Rev.)

Purpose: We are submitting the enclosed form for your review and approval. Upon your approval, this form will be one of the modules included in our Group Life Insurance certificate, with optional Accidental Death and Dismemberment

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benefits.

This module is new and does not replace any previously approved form. It will be used with the following previously approved forms:

Previously approved forms:

Form GBD-1100 A.1 et al

Approved On:

2/17/2004

The definition of Dependent Child(ren) is amended so that the policyholders have the option to mirror the new broader Health Care Reform definition.

Domiciliary Approval: These forms have been submitted to our domiciliary state of Connecticut and approved on June 25, 2010.

Flesch Test: The certificate has been tested for readability and achieves a Flesch readability score of 50.9. A Readability Certification is attached.

If you have any questions or comments, please don't hesitate to call me, collect, at (860) 843-3603. If it would be more convenient to fax or e-mail your comments, my fax number is (860) 843-3608 and my email address is christine.sawyer@hartfordlife.com. I look forward to your approval.

## Company and Contact

### Filing Contact Information

Christine Sawyer, christine.sawyer@hartfordlife.com  
200 Hopmeadow St. 860-843-3603 [Phone]  
Simsbury, CT 06089

### Filing Company Information

Hartford Life Insurance Company CoCode: 88072 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: 06-0974148

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life Insurance Company	\$50.00	07/20/2010	38149424

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/22/2010	07/22/2010

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## **Disposition**

Disposition Date: 07/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

### Lead Form Number: PA-9221 C13 (Rev.)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PA-9221 C13 (Rev.)	Certificate Amendment, Insert Page, Endorsement or Rider	Dependent Child(ren)Initial			50.900	7-15-10_PA-9221 C13 (Rev.).pdf

**[Dependent Child(ren)]** means:

Your [unmarried] children, stepchildren, legally adopted children; or

any other children related to You by blood or marriage [or domestic partnership] [who:

- 1) live with You in a regular parent-child relationship; and/or
- 2) You claimed as a dependent on Your last filed federal income tax return;]

provided such children [are primarily dependent upon You for financial support and maintenance and] are[:

- 1) [at least 15 days old but under age [19]];
- 2) age [19], but not yet age [21], and in full-time attendance (at least [12] course credit hours per semester) at an accredited institution of learning. If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student continues to qualify as a Dependent; or
- 3) age [19] or older and disabled. Such children must have become disabled before attaining age [19]. You must submit proof, satisfactory to Us, of such children's disability.]]

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## Supporting Document Schedules

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

**Satisfied - Item:**              Flesch Certification

**Comments:**

**Attachment:**

7-14-10\_Readability\_Life-HL.pdf

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

**Satisfied - Item:**              Red-lined Version

**Comments:**

**Attachment:**

7-15-10\_Red-lined Version.pdf

**CERTIFICATION OF READABILITY**  
**HARTFORD LIFE INSURANCE COMPANY**

Certification of Readability for module PA-9221 C13 (Rev.), definition of Dependent Child(ren) which will be used in conjunction with group life certificate form GBD-1100 A.1 et al.

PA-9221 C13 (Rev.)      50.9

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

PA-9221 C13 (Rev.)



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Dana S. MacKinnon  
Vice President

July 14, 2010

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Date

**Dependent Child(ren)**

means:

- 1) Your ~~unmarried~~ children, stepchildren, legally adopted children; or
- 2) any other children related to You by blood or marriage [or domestic partnership] [who:
  - a) 1) ~~live with You in a regular parent-child relationship; and/or~~
  - b) 2) ~~You claimed as a dependent on Your last filed federal income tax return;~~]

provided such children are [primarily dependent upon You for financial support and maintenance ~~and~~] are:

- 1) [at least 15 days old but under age [19]]; ~~2) from live birth to age 19 years;~~
- 2) ~~age [19];~~ but ~~under not yet~~ ~~age XX [21];~~ and in full-time attendance [(at least [12] course credit hours per semester)] at an accredited institution of learning. If the institution establishes full-time status in any other manner, We reserve the right to determine whether the student continues to qualify as a Dependent;] or
- 3) ~~age [19] or older and disabled. Such children must have become disabled before attaining~~ ~~age [19]. You must submit proof, satisfactory to Us, of such children's disability.]~~