

SERFF Tracking Number: CCGN-126785076 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 46607
Company Tracking Number: 10-4009
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life Insurance
Project Name/Number: Dependent Child Definition/10-4009

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Term Life Insurance

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: CCGN-126785076 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46607

Co Tr Num: 10-4009

Author: Terri Jones

Date Submitted: 08/25/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/26/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Dependent Child Definition

Project Number: 10-4009

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/26/2010

Deemer Date:

Submitted By: Terri Jones

Filing Description:

We submit form TL-010150 for your review and approval. This form is new and is not intended to replace any other form currently approved by your department. This form has not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

This form amends the definition of dependent child and is intended for use with our group term life forms, TL-004700 et al. previously approved by your Department. The definition may be added by amendatory rider, or may be incorporated

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directly into policies and certificates at the time the policy is issued.

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: 1 form. \$50.00 per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	08/25/2010	39011927

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/26/2010	08/26/2010

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Disposition

Disposition Date: 08/26/2010

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	Cover Letter		Yes
Supporting Document	Description of Variability		Yes
Form	Dependent Child Definition		Yes

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Form Schedule

Lead Form Number: TL-010150

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TL-010150	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		46.400	TL-010150 _Dependent Child Definition_.pdf

LIFE INSURANCE COMPANY OF NORTH AMERICA
[Amendatory Rider

{Policyholder, Subscriber}: {ABC Company}

Policy No.: {FLX-00000} Effective Date {September 1, 2010}

[Applicable to Class(es): {Class 1}]

In consideration of the payment of premiums by the {Policyholder, Subscriber}, this Rider amends the Policy identified above, and any Certificate delivered under the Policy, as described below. It takes effect on the effective date shown above and shall remain in force while the Policy is in effect and will terminate upon termination of the Policy.

The Policy is amended to {replace} the definition of Dependent Child in the Definitions section with the following definition.]

Dependent Child

An [unmarried] child who meets the following requirements.

1. A child {14 days of age} but less than {19} years old;
2. A child who is {19} or more years old but less than {26} years old, [enrolled in a school as a full-time student] and primarily supported by the Employee;
3. A child who is {19} or more years old, primarily supported by the Employee and incapable of self-sustaining employment by reason of mental or physical incapacity. Proof of the child's condition and dependence must be submitted to the Insurance Company within 31 days after the date the child ceases to qualify as a Dependent for the reasons listed above. During the next two years, the Insurance Company may, from time to time, require proof of the continuation of such condition and dependence. After that, the Insurance Company may require proof no more than once a year.

The term "child" means:

- a. the Employee's natural child;
- b. the Employee's legally adopted child, beginning with any waiting period pending finalization of the child's adoption. It also means the legally adopted child of the Employee's Spouse[Domestic Partner/Partner to a Civil Union] provided the child is [living with, and is] financially dependent upon the Employee;
- c. a stepchild born to the Employee's Spouse and who is [living with and] financially dependent upon, the Employee;
- d. [a {child, grandchild} less than {19} years old (unless the child otherwise satisfies the requirement of paragraph 3 above) for whom the Employee is the court-appointed legal guardian and who [resides with, and] is financially dependent upon the Employee;]

- e. [a child of the Employee's Domestic Partner/[Partner to a Civil Union], provided the child is [living with, and is] financially dependent upon, the Employee].

[Except as provided above, this Rider does not amend the terms of the Policy.

LIFE INSURANCE COMPANY OF NORTH AMERICA {

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive style with a large initial 'M'.

Matt Manders }
President]

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Supporting Document Schedules

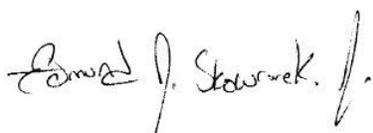
	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: LINA Flesch Cert.pdf		
Satisfied - Item: Cover Letter Comments: Attachment: filing Letter.pdf		
Satisfied - Item: Description of Variability Comments: Attachment: Description of Variability.pdf		

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-010150	Dependent Child Definition	46.4



Signature: _____

Name: Edmund J. Skowronek Jr. _____

Title: Assistant Secretary _____

Date: July 22, 2010 _____

Terri M. Jones
Sr. Compliance Specialist
Regulatory & State Government Affairs



CIGNA Group Insurance
Life • Accident • Disability

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215-761-3941
Facsimile 215-761-5609
terri.jones@cigna.com

August 25, 2010

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

RE: Life Insurance Company of North America
Group Term Life Insurance

NAIC #: 0901 – 65498
FEI Number: 23-1503749

Form: TL-010150 - Dependent Child Definition Amendatory Rider Company Filing #: 10-4009

Dear Commissioner Bradford:

Attached please find the above captioned form for your review and approval. This form is new and is not intended to replace any other form currently approved by your department. This form has not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

This form amends the definition of dependent child and is intended for use with our group term life forms, TL-004700 et al. previously approved by your Department. The definition may be added by amendatory rider, or may be incorporated directly into policies and certificates at the time the policy is issued.

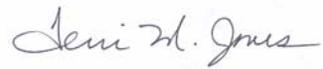
The form notes when certain provisions within the form may be included, deleted or modified, as applicable to a particular policy. Variable material indicated by hard brackets ([]) indicate text that may be included, excluded or modified as requested by the Policyholder or participating Subscriber. Illustrative material is indicated by soft brackets ({ }). Variable and illustrative material will never be more restrictive than permitted by law. A Description of Variability is enclosed.

The referenced form has been written in readable language and is being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than that required under your law.

August 25, 2010
Page 2

We appreciate your review of this submission and trust that you will find everything in order. If you should have any questions or require additional information, please feel free to contact me by phone at 215-761-3941.

Sincerely,

A handwritten signature in cursive script that reads "Terri M. Jones". The signature is written in dark ink on a light-colored background.

Terri M. Jones

DESCRIPTION OF VARIABILITY
GROUP LIFE INSURANCE POLICY/CERTIFICATE FORM
TL-010150

The above-captioned form is an additional form for use with previously approved group term life insurance policy and certificate forms, TL-004700 et al.

The form amends the definition of dependent child in the policy and certificate. However, if this definition is elected by the policyholder at the inception date of the policy, it will be incorporated into the policy as an insert page. If incorporated as an insert page, all text pertaining to this being an Amendatory Rider will be removed. All such text is hard bracketed [], meaning that it will be removed.

Within the definition, itself, text that is hard bracketed [] may be removed from the definition. Text that is soft bracketed { } may be changed. Any modifications made to the bracketed text (either removal of the text or a change to the ages of the dependent child) will comply with any laws your state has pertaining to dependent child coverage.