

SERFF Tracking Number: HARL-126689414 State: Arkansas
Filing Company: Hartford Life and Accident Insurance Company State Tracking Number: 46252
Company Tracking Number: GBD_1300_GCF_PA-9221 C13 (REV.)_2010_07
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
Dismemberment Dismemberment
Product Name: GCF_AR_HLA_ADD_PA-9221 C13 (Rev.)_2010_Dependent Age
Project Name/Number: /

Filing at a Glance

Company: Hartford Life and Accident Insurance Company

Product Name: GCF_AR_HLA_ADD_PA-9221 SERFF Tr Num: HARL-126689414 State: Arkansas
C13 (Rev.)_2010_Dependent Age

TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved- Closed State Tr Num: 46252

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: GBD_1300_GCF_PA-9221 C13 (REV.)_2010_07 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

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

Disposition Date: 08/12/2010

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: 08/12/2010

Explanation for Other Group Market Type:

State Status Changed: 08/12/2010

Deemer Date:

Created By: Christine Sawyer

Submitted By: Nancy Foohy

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

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of the modules included in our Group Accidental Death and Dismemberment Insurance certificate.

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-1300 A.1 et al

Approved On:
1/9/2004

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 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: \$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 and Accident Insurance Company	\$50.00	07/20/2010	38149461

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/12/2010	08/12/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/05/2010	08/05/2010	Christine Sawyer	08/06/2010	08/11/2010

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Disposition

Disposition Date: 08/12/2010

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 (revised)	Flesch Certification	Approved-Closed	Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Red-lined Version	Approved-Closed	Yes
Supporting Document	Red-lined Version	Replaced	Yes
Form (revised)	Dependent Child(ren)	Approved-Closed	Yes
Form	Dependent Child(ren)	Replaced	Yes

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Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/05/2010
Submitted Date 08/05/2010
Respond By Date 09/06/2010

Dear Christine Sawyer,

This will acknowledge receipt of the captioned filing.

Objection 1

- Dependent Child(ren), PA-9221 C13 (Rev.) (Form)

Comment:

The definition of Dependent Children states that....1) [at least 15 days old bur under age [19]];

Our law on Newborn infants must be for at least 90 days as outlined under ACA 23-79-129.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Product Name: GCF_AR_HLA_ADD_PA-9221 C13 (Rev.)_2010_Dependent Age
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/06/2010
Submitted Date 08/11/2010

Dear Rosalind Minor,

Comments:

Thank you for your correspondence on August 5, 2010.

Response 1

Comments: After reviewing your concerns, we have updated our form to include coverage for newborn infants. The previous language "[at least 15 days old but under age [19]]" was deleted and replaced with "from live birth but not yet [19] years".

In response to your second concern regarding coverage for newborn infants for at least 90 days, please note that our certificate has been updated to comply with ACA 23-79-129.

At this time, we kindly ask you to grant the approval for this filing.

Related Objection 1

Applies To:

- Dependent Child(ren), PA-9221 C13 (Rev.) (Form)

Comment:

The definition of Dependent Children states that....1) [at least 15 days old bur under age [19]];

Our law on Newborn infants must be for at least 90 days as outlined under ACA 23-79-129.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Flesch Certification

Comment:

Satisfied -Name: Red-lined Version

SERFF Tracking Number: HARL-126689414 State: Arkansas
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 Dismemberment
 Product Name: GCF_AR_HLA_ADD_PA-9221 C13 (Rev.)_2010_Dependent Age
 Project Name/Number: /

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Dependent Child(ren)	PA-9221 C13 (Rev.) (AR)		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		52.100	8-10-10_PA-9221 C13 (Rev.) (AR).pdf

Previous Version

Dependent Child(ren)	PA-9221 C13 (Rev.)		Certificate Amendment, Insert Page, Endorsement or Rider	Initial		50.900	7-15-10_PA-9221 C13 (Rev.).pdf
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No Rate/Rule Schedule items changed.

Your consideration to this filing is appreciated.

Thank you.

Sincerely,

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

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 Product Name: GCF_AR_HLA_ADD_PA-9221 C13 (Rev.)_2010_Dependent Age
 Project Name/Number: /

Form Schedule

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

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/12/2010 (AR)	PA-9221 C13 (Rev.)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Dependent Child(ren)Initial			52.100	8-10-10_PA-9221 C13 (Rev.) (AR).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) from live birth but not yet [19] years;
- 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	Approved-Closed	08/12/2010
Comments:		
Attachment: 8-10-10_Readability_ADD-HLA.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	08/12/2010
Bypass Reason: Not applicable to this form filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Red-lined Version	Approved-Closed	08/12/2010
Comments:		
Attachment: 8-10-10_Red-lined Version.pdf		

CERTIFICATION OF READABILITY

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Certification of Readability for module PA-9221 C13 (Rev.) (AR), definition of Dependent Child(ren) which will be used in conjunction with group Accidental Death and Dismemberment Insurance certificate form GBD-1300 A.1 et al.

PA-9221 C13 (Rev.) (AR) 52.1

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

PA-9221 C13 (Rev.) (AR)



Dana S. MacKinnon
Vice President

August 10, 2010

Date

**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) from live birth but not yet [19] years;
- 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.}]~~

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 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/14/2010	Form	Dependent Child(ren)	08/10/2010	7-15-10_PA-9221 C13 (Rev.).pdf (Superseded)
06/23/2010	Supporting Document	Flesch Certification	08/10/2010	7-14-10_Readability_ADD-HLA.pdf (Superseded)
07/14/2010	Supporting Document	Red-lined Version	08/10/2010	7-15-10_Red-lined Version.pdf (Superseded)

[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.]]

CERTIFICATION OF READABILITY

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Certification of Readability for module PA-9221 C13 (Rev.), definition of Dependent Child(ren) which will be used in conjunction with group Accidental Death and Dismemberment Insurance certificate form GBD-1300 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.)



Dana S. MacKinnon
Vice President

July 14, 2010

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.]~~