

SERFF Tracking Number: JEPL-126755918 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 46758
Company Tracking Number: LFF07384-40
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Conversion Application LFF07384-40
Project Name/Number: /LFF07384-40

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Group Conversion Application SERFF Tr Num: JEPL-126755918 State: Arkansas
LFF07384-40

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 46758
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: LFF07384-40

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Ray Fortier, James Kane, Jeanine Taylor
Disposition Date: 09/14/2010

Date Submitted: 09/10/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 11/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: LFF07384-40

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/14/2010

Explanation for Other Group Market Type:

State Status Changed: 09/14/2010

Deemer Date:

Created By: Jeanine Taylor

Submitted By: James Kane

Corresponding Filing Tracking Number:

Filing Description:

Re. Individual Life Application Forms

LFF07384-40 Group Conversion Application

The Lincoln National Life Insurance Company

Group & NAIC #: 020-65676

Dear Mr. Musgrove:

SERFF Tracking Number: JEPL-126755918 State: Arkansas
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We are submitting the required number of copies of the above-referenced form for your review and approval. The application is a new form and is not intended to replace any previously approved forms.

Application for Conversion of Group Life Insurance will be used in applying for conversion from group life insurance to any of our actively marketed, previously approved individual life insurance policies. Additionally, it may be used with any other individual life insurance policies that may be approved and become actively marketed, as appropriate.

We have bracketed several items within the forms as variable information to allow for flexibility in the content of the form. These items include: the Service Office address, service mailing address, contact phone number for life conversion quote, listing of Additional Benefits and Riders, and form page number references. It is our understanding that changes to the bracketed items for new issues will not require a new filing of these forms. We confirm that the brackets will not actually appear on the forms at issue. Upon approval, we reserve the right to change the format of a form without altering the approved language, though it is possible page numbers may change.

The application form achieves a Flesch score of 50.00. This form has been submitted concurrently to our Home State of Indiana and is pending approval. If applicable, the appropriate certifications, transmittals, checklists and filing fees are included. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards. To the best of our knowledge and belief, these forms comply with all the laws and regulations of your state.

We trust the information provided will be satisfactory and we look forward to your response. Should you require any additional information, please feel free to contact me toll-free at 1-800-258-3648, extension 5426, or via the fax number or e-mail address shown below.

Sincerely,

James P. Kane

Analyst, State Filing
E-mail: James.Kane@LFG.com
Fax: 1-603-226-5128

Company and Contact

Filing Contact Information

James Kane, Compliance Analyst	james.kane@lfg.com
One Granite Place	800-258-3648 [Phone] 5426 [Ext]
PO Box 515	603-226-5128 [FAX]

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Concord, NH 03302-0515

Filing Company Information

The Lincoln National Life Insurance Company	CoCode: 65676	State of Domicile: Indiana
350 Church Street	Group Code: 20	Company Type: Life Insurance
Hartford, CT 06103	Group Name:	State ID Number:
(800) 258-3648 ext. [Phone]	FEIN Number: 35-0472300	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form filed x \$50.00 per form = \$50.00 TOTAL.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	09/10/2010	39425263

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/14/2010	09/14/2010

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Disposition

Disposition Date: 09/14/2010

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	Application for Conversion of Group Life Insurance		Yes

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Form Schedule

Lead Form Number: LFF07384-40

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LFF07384-40	Application/ Enrollment Form	Application for Conversion of Group Life Insurance	Initial		50.000	LFF07384-40 AR_OH Bracketed.pdf



Mail to:
The Lincoln National Life Insurance Company
PO Box 0821, Carol Stream, IL 60132-0821

APPLICATION FOR CONVERSION OF GROUP LIFE INSURANCE

A. APPLICANT/PROPOSED INSURED: Please call 800-423-2765 for a Life Conversion Quote. You must complete the Application for Conversion within 31 days from the date your group insurance terminated. Please note, eligibility will NOT be confirmed until the completed and signed application is received by the Company.

1. a. Group Policy Name	b. Group ID	c. Group Policy Number
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Proposed Insured Information:

2. Name (First, MI, Last)	
3. Date of Birth (mm/dd/yy)	4. Social Security Number
5. Address (Street, City, State, ZIP)	
6. Phone Number (include area code)	7. <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Has the Proposed Insured become eligible for any other Group Insurance since the date the life insurance terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," for how much? _____	

Coverage Information: (As available per product. After calling for a quote, you will receive an illustration that will assist you with completing these questions.)

9. Plan of Insurance _____
10. Amount of Insurance (Specified Amount, if UL or VUL) \$ _____
11. Have you smoked any cigarettes in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Premium Mode (check one) a. <input type="checkbox"/> Annual b. <input type="checkbox"/> Semi-Annual c. <input type="checkbox"/> Quarterly d. <input type="checkbox"/> Monthly (Bank draft required for this option, please complete the attached EFT form.)
13. a. Death Benefit Option <input type="checkbox"/> Level <input type="checkbox"/> _____ (Not available with all products, see product specifications for details)
b. Death Benefit Qualification Test (DBQT) - For IRS purposes, premiums will be tested using: <input type="checkbox"/> GPT <input type="checkbox"/> CVAT The DBQT cannot be changed after issue unless the terms of the policy require a change.
14. Additional Benefits and Riders (If applicable): <input type="checkbox"/> Accelerated Benefit Rider <input type="checkbox"/> Other Benefits and Riders (not listed above). (Please provide full details: e.g. coverage amounts/percentages/etc.):

Beneficiary Information: (If naming more than one Primary or Contingent Beneficiary, please attach a separate sheet of paper.)

15. Primary Beneficiary Name	a. Relationship	b. Social Security Number
16. Contingent Beneficiary Name	a. Relationship	b. Social Security Number

Proposed Owner Information: (Complete this Section if the Proposed Insured is not the Owner.)

17. Full Name of Owner	18. Relationship to Proposed Insured
19. Address of Owner (Street, City, State, ZIP)	20. Owner SSN or TIN

B. SUITABILITY (Complete only if applying for Variable Life Insurance and submit allocation form(s) with this Application.)

- 1. Have you, the Proposed Insured(s) and the Owner, if other than the Proposed Insured(s), received a current Prospectus for the policy applied for and have you had sufficient time to review it? Y N
- 2. Do you understand that the amount and duration of the death benefit may increase or decrease depending on the investment performance of funds in the Separate Account? Y N
- 3. Do you understand that the cash values may increase or decrease depending on the investment performance of the funds held in the Separate Account? Y N
- 4. With this in mind, do you believe that the policy applied for is in accord with your insurance objective and your anticipated financial needs? Y N

CASH VALUES MAY INCREASE OR DECREASE IN ACCORDANCE WITH THE EXPERIENCE OF THE SEPARATE ACCOUNT. THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS.

SERVICE OFFICE ENDORSEMENTS (For Company Use Only. We will attach additional documentation as needed.)

AGREEMENT AND ACKNOWLEDGEMENT

I, the Owner, certify my TIN or SSN as provided by me is correct. I also certify that I am not subject to backup withholding. Each of the Undersigned declares that:

- 1. This Application consists of: a) Application for Conversion of Group Life Insurance; b) any amendments to the application(s) attached thereto; and d) any supplements, all of which are required by the Company for the plan, amount and benefits applied for.
- 2. No agent, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company's requirements.
- 3. I HAVE READ, or have had read to me, the completed Application for Conversion of Group Life Insurance before signing below. All statements and answers in this application are correctly recorded, and are full, complete and true. I confirm that upon receipt of the contract I will review the answers recorded on the application. I will notify the Company immediately if any information in the application is incorrect. Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind coverage under the policy and any riders attached to it.
- 4. I agree that with the acceptance of any policy issued on the life of the Proposed Insured, all rights under the Group Policy for such person are relinquished.
- 5. Corrections, additions or changes to this application may be made by the Company. Any such changes will be shown under "Service Office Endorsements". Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.

STATE DISCLOSURE AND SIGNATURE

AR, NM and OH Only. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

To the best of my knowledge and belief, the answers given above are true and complete. I agree that: (a) this application, a copy of which will be attached to the policy when issued, will be a part of the policy; (b) by acceptance of any policy issued on the life of the Proposed Insured, all rights under the Group Policy for such person are relinquished; and (c) only an officer of the Company can make or alter a contract of insurance or bind the Company in any way.

WHEN INSURANCE TAKES EFFECT. The Insurance applied for on any person to be insured will take effect on the 1st day of the month following the termination of the group coverage if the first premium is paid during the conversion period and the lifetime of the Proposed Insured. Upon timely receipt by the Company of the conversion application and first premium, coverage will be available to the Owner(s) and/or any beneficiaries either under the group policy or the Company's new policy/certificate, but not under both.

Signed in _____, this _____ day of _____ (state) (month) (year)

Signature of Proposed Insured
(Parent or Guardian if under 14 years of age)

Signature of Owner
(If other than the Proposed Insured)

Signature of Licensed Agent, Broker or Registered Rep.

Printed Name of Licensed Agent, Broker or Registered Rep.

APPLICABLE TO VARIABLE LIFE ONLY: I have reviewed the Application, Supplements, New Account Form and allocation forms and find the transaction suitable.

Signature of Registered Principal or Broker/Dealer

Printed Name of Registered Principal or Broker/Dealer

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Please refer to the Readability Certification attached below.

Attachment:

AR_Readability.pdf

Arkansas

READABILITY CERTIFICATION

The Lincoln National Life Insurance Company

Re: LFF07384-40 – Application for Conversion of Group Life Insurance

We hereby certify that the attached Form(s) is (are) in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has (have) achieved a Flesch Reading Ease score of:

Form Number:

Flesch:

LFF07384-40

50.00



Pamela M. Telfer, Assistant Vice President
Product Compliance

Date: August 3, 2010