

SERFF Tracking Number: UNUM-127671594 State: Arkansas  
Filing Company: Unum Life Insurance Company of America State Tracking Number: 50054  
Company Tracking Number: C.V.L.98  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Term Life  
Project Name/Number: Handicapped Child/C.V.L.98

## Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: Group Term Life

SERFF Tr Num: UNUM-127671594 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-  
Closed State Tr Num: 50054

Sub-TOI: L04G.500 Other

Co Tr Num: C.V.L.98

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Nancy Brimigion, Theresa Mitchell  
Disposition Date: 10/24/2011

Date Submitted: 10/18/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Handicapped Child

Status of Filing in Domicile: Authorized

Project Number: C.V.L.98

Date Approved in Domicile: 09/19/2011

Requested Filing Mode:

Domicile Status Comments: Approved

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 10/24/2011

State Status Changed: 10/24/2011

Deemer Date:

Created By: Theresa Mitchell

Submitted By: Nancy Brimigion

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval is the above named form to be used with our previously approved C.FP-1 modular contract/certificate series.

Form C.V.L.98 provides additional variables for handicapped dependent children under the Group Life and Accidental Death & Dismemberment Insurance.

These additional variables are in addition to those already approved and on file with your Department. Any modifications will be made within the confines of the law of the governing jurisdiction.

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These additional variables do not affect the rates currently on file with your department.

We request that any of our previously filed variables be applied to this filing.

If anything further is needed to complete this submission, please do not hesitate to contact me at (800) 974-2266 ext 52586, or email nbrimigion@unum.com, or fax (423) 209-3498.

## Company and Contact

### Filing Contact Information

Nancy Brimigion, Contract Consultant      nbrimigion@unum.com  
 2211 Congress Street      207-575-2586 [Phone]  
 Portland, ME 04122      423-209-3498 [FAX]

### Filing Company Information

Unum Life Insurance Company of America      CoCode: 62235      State of Domicile: Maine  
 2211 Congress Street      Group Code: 565      Company Type: L&H  
 Portland, ME 04122      Group Name:      State ID Number:  
 (207) 575-2211 ext. [Phone]      FEIN Number: 01-0278678

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## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$50.00  
 Retaliatory?      Yes  
 Fee Explanation:  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$50.00	10/18/2011	52941348

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/24/2011	10/24/2011

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## **Disposition**

Disposition Date: 10/24/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UNUM-127671594</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>50054</i>
<i>Company Tracking Number:</i>	<i>C.V.L.98</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Term Life</i>		
<i>Project Name/Number:</i>	<i>Handicapped Child/C.V.L.98</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Additional Variables		Yes

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## Form Schedule

### Lead Form Number: C.FP-1

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	C.V.L.98	Policy/Cont	Additional Variables ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		49.100	Additional Variables CVL 98 revised.pdf

UNUM Life Insurance Company of America  
Portland, Maine

Additional general Policy/Certificate variables to be used with our previously approved C.FP-1 series for Life and Accidental Death & Dismemberment plans.

**[WHAT DEPENDENTS ARE ELIGIBLE FOR COVERAGE?]**

The following dependents are eligible for coverage under the plan:

- your [unmarried or married] **handicapped** dependent children age [19-30] or over who became handicapped prior to the child's attainment of age [19-30].

UNUM must receive proof within [30-90] days of the date the child is eligible for coverage under this Summary of Benefits, and as required during the first [one-five] years. After the first [one-five] years, UNUM will ask for proof when needed, but not more than once a year.]

**[WILL COVERAGE CONTINUE FOR A HANDICAPPED CHILD INSURED UNDER THE PLAN WHO IS AGE [19-30] OR OVER?]**

Coverage will continue for a child age [19-30] or over who is handicapped, provided:

- the child is currently insured under the plan; and
- the child is [unmarried or married]; and
- you are the main source of support and maintenance.

Unum must receive proof within [30-90] days of the date the child attains [19-30] and as required during the first [one-five] years. After the first [one-five] years, Unum will ask for proof when needed, but not more than once a year.]

**[HANDICAPPED]** means permanently and continuously incapable of self sustaining support by reason of mental or physical incapacity.]

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> See Flesch Form <b>Attachment:</b> Flesch Form (C.V.L.98).pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A <b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> Statement of Variability for C.V.L.98 <b>Attachment:</b> Statement of Variability Revised.pdf		

UNUM Life Insurance Company of America  
Portland, Maine

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**[WILL COVERAGE CONTINUE FOR A HANDICAPPED CHILD INSURED UNDER THE PLAN WHO IS AGE [19-30] OR OVER?]**

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## **Statement of Variability**

C.V.L. 98

### **Specific Variables**

#### **WHAT DEPENDENTS ARE ELIGIBLE FOR COVERAGE?**

1. This entire provision may be inserted, deleted or modified based on each policyholder's plan.
2. [Unmarried] can be changed to married.
3. Age [26] can range from age 19-30.
4. Age [26] can range from age 19-30.
5. [31] days maybe changed from 30 days to 90 days.
6. [Two] years can be changed from 1 year to 5 years.
7. [Two] years can be changed from 1 year to 5 years

#### **WILL COVERAGE CONTINUE FOR A HANDICAPPED CHILD INSURED UNDER THE PLAN WHO IS AGE [19-30] OR OVER?**

1. This provision may be inserted, deleted or modified based on each policyholder's plan.
2. Age [26] can range from age 19-30.
3. Age [26] can range from age 19-30.
4. [Unmarried] can be changed to married.
5. [31] days maybe changed from 30 days to 90 days.
6. Age [26] can range from age 19-30.
7. [Two] years can be changed from 1 year to 5 years.
8. [Two] years can be changed from 1 year to 5 years

#### **HANDICAPPED – Glossary term**

1. This definition may be inserted, deleted or modified based on each policyholder's plan.