## Filing at a Glance

Company: Lincoln Life and Annuity Company of New York

| | | |
|---|---|---|
| Product Name: Avocation Supplement LFF10009 | SERFF Tr Num: LCNC-127040336 | State: Arkansas |
| TOI: L08 Life - Other | SERFF Status: Closed-Approved-Closed | State Tr Num: 48332 |
| Sub-TOI: L08.000 Life - Other | Co Tr Num: LFF10009 - LLANY | State Status: Approved-Closed |
| Filing Type: Form | | Reviewer(s): Linda Bird |
| | Authors: Beth Scekeres, Anabela Tavares, Denise Tenney | Disposition Date: 03/29/2011 |
| | Date Submitted: 03/24/2011 | Disposition Status: Approved-Closed |
| Implementation Date Requested: | | Implementation Date: |
| State Filing Description: | | |

## General Information

Project Name: Avocation Supplement
Project Number: LFF10009
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Beth Scekeres
Filing Description:
Lincoln Life & Annuity Company of New York
NAIC# 107-62057, FEIN # 22-0832760

Re: NEW SUBMISSION

Re. Individual Life Application Form
LFF10009 Avocation and Sports Supplement

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 05/04/2011
State Status Changed: 03/29/2011
Created By: Denise Tenney
Corresponding Filing Tracking Number:

The attached supplement is a new form and is not intended to replace any previously approved forms.

Upon approval, this supplement will be used in applying for our individual life insurance products sold by properly licensed agents/representatives. The supplement will be used in conjunction with the Application for Life Insurance (Part I) LFF06321, which was approved on 6/16/2008 under SERFF number JEPL-125673253, when additional information is required, as applicable, and will constitute a part of the application for life insurance.

We have bracketed several items within the form as variable information to allow for flexibility in the content of the form. These items include: company names, the Service Office addresses and form page number references. This form is a multi-company form. In the event that one of our underwriting companies referenced in the form chooses to stop using a form, it is our intent to remove the company name from the form without re-filing the form. As the form is multi-company, we are submitting filings similar to this one for each of the companies listed on the form. It is our understanding that changes to the bracketed items for new issues will not require a new filing of this form. We confirm that the brackets will not actually appear on the form at issue.

The form appears in final printed format. 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.

We reserve the right to have this supplement completed using a telephone application process and also to make this form available electronically subject to compliance with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal ESIGN Act.

Appended to the previously approved base application LFF06321, the form received the following Flesch score: 50.00. This filing 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, this form complies with all the applicable laws and regulations of your state.

Thank you for your attention to this filing. Please do not hesitate to contact me if you require any additional information that may assist with your review.

## Company and Contact

**Filing Contact Information**


Beth Scekeres, Contract Analyst
350 Church Street
MPM1
Hartford, CT 06103-1106

Beth.Scekeres@lfg.com
860-466-1962 [Phone]
860-466-1348 [FAX]

**Filing Company Information**

| | | |
|---|---|---|
| Lincoln Life and Annuity Company of New York | CoCode: 62057 | State of Domicile: New York |
| 350 Church Street | Group Code: 107 | Company Type: Life |
| Hartford, CT 06103 | Group Name: | State ID Number: |
| (800) 238-6252 ext. [Phone] | FEIN Number: 22-0832760 | |

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# Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---|---|---|
| Lincoln Life and Annuity Company of New York | $50.00 | 03/24/2011 | 45937805 |

# Correspondence Summary

### Dispositions

| Status | Created By | Created On | Date Submitted |
|---|---|---|---|
| Approved-Closed | Linda Bird | 05/04/2011 | 05/04/2011 |
| Approved-Closed | Linda Bird | 03/29/2011 | 03/29/2011 |

### Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|---|---|---|---|---|
| Thank you for your note | Note To Reviewer | Beth Scekeres | 05/03/2011 | 05/03/2011 |
| Re-Open Approval Filing Request | Note To Filer | Linda Bird | 04/28/2011 | 04/28/2011 |
| Re-Open Approval Filing Request | Note To Filer | Linda Bird | 04/11/2011 | 04/11/2011 |
| Re-Open Approval Filing Request - Attn: Ms. Linda Bird | Note To Reviewer | Denise Tenney | 04/07/2011 | 04/07/2011 |

# Disposition

Disposition Date: 03/29/2011

Implementation Date:

Status: Approved-Closed

Comment: No change was made to the original filing approved 03/29/2011.

Rate data does NOT apply to filing.

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *LCNC-127040336* | *State:* | *Arkansas* |
| *Filing Company:* | *Lincoln Life and Annuity Company of New York* | *State Tracking Number:* | *48332* |
| *Company Tracking Number:* | *LFF10009 - LLANY* | | |
| *TOI:* | *L08 Life - Other* | *Sub-TOI:* | *L08.000 Life - Other* |
| *Product Name:* | *Avocation Supplement LFF10009* | | |
| *Project Name/Number:* | *Avocation Supplement/LFF10009* | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---|---|---|---|
| **Supporting Document** | Flesch Certification | | Yes |
| **Supporting Document** | Application | | Yes |
| **Form** | Avocation and Sports Supplement | | Yes |

# Disposition

Disposition Date: 03/29/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *LCNC-127040336* | *State:* | *Arkansas* |
| *Filing Company:* | *Lincoln Life and Annuity Company of New York* | *State Tracking Number:* | *48332* |
| *Company Tracking Number:* | *LFF10009 - LLANY* | | |
| *TOI:* | *L08 Life - Other* | *Sub-TOI:* | *L08.000 Life - Other* |
| *Product Name:* | *Avocation Supplement LFF10009* | | |
| *Project Name/Number:* | *Avocation Supplement/LFF10009* | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---|---|---|---|
| **Supporting Document** | Flesch Certification | | Yes |
| **Supporting Document** | Application | | Yes |
| **Form** | Avocation and Sports Supplement | | Yes |

## Note To Reviewer

**Created By:**

Beth Scekeres on 05/03/2011 08:51 AM

**Last Edited By:**

Beth Scekeres

**Submitted On:**

05/03/2011 08:51 AM

**Subject:**

Thank you for your note

**Comments:**

No changes need to be made to this filing.  I apologize for the inconvenience.

Thank you for your time and consideration.

Beth

## Note To Filer

**Created By:**

Linda Bird on 04/28/2011 09:54 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

04/28/2011 09:54 AM

**Subject:**

Re-Open Approval Filing Request

**Comments:**

Filing has re-opened on 4/11/11 in order for update to be made to the Filing Description field. The filing does not indicate the correction has been made. Please advise.

## Note To Filer

**Created By:**

Linda Bird on 04/11/2011 09:40 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

04/11/2011 09:40 AM

**Subject:**

Re-Open Approval Filing Request

**Comments:**

Filing has been re-opened in order for update to be made to the Filing Description field.

## Note To Reviewer

**Created By:**

Denise Tenney on 04/07/2011 12:26 PM

**Last Edited By:**

Denise Tenney

**Submitted On:**

04/07/2011 12:57 PM

**Subject:**

Re-Open Approval Filing Request - Attn: Ms. Linda Bird

**Comments:**

Dear Ms. Bird:

We are requesting that this approved filing be re-opened so that we can make a quick update to the Filing Description field.  Your anticipated assistance in this matter is greatly appreciated.

Regards,
Denise Tenney
Lincoln Financials
Product Compliance
Tel: 603-226-5763
Email:denisetenney@comcast.net

# Form Schedule

**Lead Form Number: LFF10009**

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---|---|---|---|---|---|---|---|
| | LFF10009 | Application/ Enrollment Form | Avocation and Sports Supplement | Initial | | 50.000 | LFF10009 w brackets.pdf |

Lincoln Financial Group℠

**Please check appropriate underwriting company:**
☐ [**The Lincoln National Life Insurance Company,** Service Office: PO Box 21008, Greensboro, NC 27420-1008]
☐ [**Lincoln Life & Annuity Company of New York,** Service Office: PO Box 21008, Greensboro, NC 27420-1008]
☐ [**First Penn-Pacific Life Insurance Company,** Service Office: PO Box 21008, Greensboro, NC 27420-1008]
(hereinafter referred to as "the Company")

# AVOCATION AND SPORTS SUPPLEMENT (Do Not Use for Aviation)

**Answer questions with as much detail as possible.**

Proposed Insured *(please print name)* _____ Date of Birth *(mm/dd/yy)* _____

## SECTION I - DIVING

1. Are you a certified diver? ☐ Yes ☐ No
2. Are you a member of an organized club? ☐ Yes ☐ No
3. Are you classified as a ☐ Professional ☐ Instructor ☐ Amateur
4. How many years have you participated in underwater diving? ____
5. What are the locations of diving activities? (i.e., lakes, rivers, oceans, deep sea, caves, ice diving)? _____
6. Do you dive alone? ☐ Yes ☐ No
7. If "Yes", please provide details as to frequency, depth and average time _____
8. Indicate what countries you dive in _____
9. **Complete the following table**

| **Frequency and depth** | **Last 12 Months** | | **Expected Next 12 Months** | |
|---|---|---|---|---|
| | Number | Average Duration Per Dive | Number | Average Duration Per Dive |
| 0 to 100 Feet | | | | |
| 101 to 130 Feet | | | | |
| 131 to 150 Feet | | | | |
| Over 150 Feet | | | | |

## SECTION II - MOUNTAIN CLIMBING

10. Indicate type of climbing (i.e. rock, trail, ice, artificial climbing wall, scrambling, bouldering) _____
11. Indicate all locations where climbed (i.e., state, country, mountain) _____
12. Indicate Maximum height climbed _____
13. Indicate equipment used _____
14. Indicate degree of difficulty (easy, moderate, difficult, severe). Indicate grading system (UIAA, UK, YDS) and maximum technical grade. _____
15. **Complete the following table**

| Number of Climbs | 12 to 24 Months Ago | Last 12 Months | Est. Next 12 Months | Average Days Per Trip |
|---|---|---|---|---|
| | | | | |

## SECTION III - AERIAL SPORTS

**Choose the avocation from the list below**

☐ Parasailing and parascending ☐ Hang-gliding / Parachuting (excluding BASE jumping), skydiving and sky surfing

Choose one of the following: ☐ Stunt person ☐ Instructor ☐ Amateur ☐ Other professional

If hang-gliding, complete the following questions

- Is it a powered or paramotor hang-glider? ☐ Yes ☐ No
- Record attempts? ☐ Yes ☐ No

16. Are you a member of a club associated with your sport? ☐ Yes ☐ No If "Yes", please specify _____
17. Choose usual location ☐ Over land ☐ Over cliffs and ridges ☐ Over water
18. Have you ever or do you plan to do any experimental jumping or delayed chute openings? ☐ Yes ☐ No If "Yes", please provide details _____
19. **Complete the following table regarding the number of flights or jumps**

| 12 to 24 Months Ago | Last 12 Months | Est. Next 12 Months | Total Number to Date |
|---|---|---|---|
| | | | |

## SECTION IV - MOTOR SPORT RACING

20. Under what sanctioning body do you normally compete? (AMA, NHRA, USAC, etc.) _____

21. Indicate make and model of each vehicle including horsepower and displacement and any special equipment

_____

22. Indicate locations where vehicle is raced including track type _____

**Choose the Motor Racing Classification from the list below:**

| | | | | | | |
|---|---|---|---|---|---|---|
| ☐ ARCA | ☐ ASA | ☐ Auto Crash | ☐ Autocross | ☐ Indy/Formula1 | ☐ Demolition Derby | ☐ Drift Racing |
| ☐ Drag Racing - *indicate type* | | | | ☐ IMSA - US Based Series - *indicate type* | | |
| ☐ Kart Racing - *indicate type* | | | | ☐ Midgets - *indicate type* | | |
| ☐ Modified - *indicate type* | | | | ☐ NASCAR - *indicate type* | | |
| ☐ Sand and Dune Buggy - *indicate type* | | | | ☐ Sprint Cars - *indicate type* | | |
| ☐ Sportscar Racing - *indicate type* | | | | ☐ Sportscar Vintage Racing - *indicate type* | | |

**Choose the Boat Racing Classification from the list below:**

| | |
|---|---|
| ☐ Offshore and Sportboat Racing | ☐ Drag Racing |
| ☐ Hydroplanes - *indicate type* | ☐ Record Attempts |

**Choose the Motor Cycle Racing Classification from the list below:**

| | | | |
|---|---|---|---|
| ☐ Dirt Track Racing | ☐ Enduro Racing | ☐ Hill Climbs | ☐ Ice Racing |
| ☐ Marshals | ☐ Sand Racing | ☐ Scooter and Moped Racing | ☐ Speedway |
| ☐ Spring Events | ☐ Stunt Riding | ☐ Trails Riding | ☐ Trials |
| ☐ Veteran and Vintage | ☐ Supercross, Arenacross (both motorcycle and ATV) | | |
| ☐ Circuit Racing - *indicate type* | | ☐ International Events - *indicate type* | |
| ☐ Drag Racing - *indicate type* | | ☐ Motocross - *indicate type* | |

23. **Complete the following table for all forms of racing**

| Frequency | **1-2 Years Ago** | | **Last 12 Months** | | | | **Contemplated Next 12 Months** | |
|---|---|---|---|---|---|---|---|---|
| | Number of Races | Total Miles | Number of Races | Total Miles | Average Distance of Each Race | Fastest Speed Attained | Number of Races | Total Miles |
| Automobile | | | | | | | | |
| Motorcycle | | | | | | | | |
| Boat | | | | | | | | |
| Other _____ | | | | | | | | |

## SECTION V - ADDITIONAL DETAILS OR OTHER AVOCATIONS NOT COVERED IN THE SUPPLEMENT

24. Provide details regarding any other hazardous avocations including rodeo sports, boxing, equine sports, extreme sports, etc. Also use this space for any additional details for avocations listed in any of the sections of this supplement. (Please specify to which question numbers details pertain, as applicable, and if more space is required, use the "Continuation of Details Supplement.")

I have read, or have had read to me the completed Avocation and Sports Supplement before signing below. All statements and answers in this supplement are correctly recorded and are full, complete and true. I agree that this Avocation and Sports Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may result in the loss of coverage under the policy.

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

_____
**Signature of Proposed Insured or Parent/Legal Guardian if Proposed Insured is a minor child**

# Supporting Document Schedules

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

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

AR_LLANY_Readability.pdf

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

**Satisfied - Item:** Application

**Comments:**

The application is attached to the Form Schedule tab and being filed for review and approval.

# Arkansas

## READABILITY CERTIFICATION

## *Lincoln Life & Annuity Company of New York*

***Re: LFF10009 – Avocation and Sports Supplement***

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:*** |
|---|---|
| ***LFF10009*** | |
| ***with previously approved reinstatement application LFF06363*** | ***50.00*** |

Pamela M. Telfer, Vice President
Product Compliance and State Filings

Date: 3/24/2011

UL, TERM – AR, FL, GA, IN, KS, ME, MA, MN, MT, NV, NH, NJ, NM, NC, ND, OH, OK, SC, SD, TN, WI, WV