

SERFF Tracking Number: LCNC-127140923 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 48806
Company Tracking Number: AE-236 (REV. 4/11) - AR
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Contract Amendment
Project Name/Number: /

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Contract Amendment

SERFF Tr Num: LCNC-127140923 State: Arkansas

TOI: A10 Annuities - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 48806

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: AE-236 (REV. 4/11) - State Status: Approved-Closed
AR

Filing Type: Form

Reviewer(s): Linda Bird
Author: William Otten Disposition Date: 05/20/2011
Date Submitted: 05/18/2011 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/20/2011

State Status Changed: 05/20/2011

Deemer Date:

Created By: William Otten

Submitted By: William Otten

Corresponding Filing Tracking Number:

Filing Description:

Re: Individual Fixed Annuity Forms

AE-236 (Rev. 4/11) Contract Amendment for Long-Term Care Benefits

The Lincoln National Life Insurance Company

Group & NAIC #: 020-65676

We are submitting the above referenced amendment for your review and approval. This is a new form and will not replace any form previously approved by your Department. The form will only be used in conjunction with the issue and delivery of form 06-608 with rider AE-227 and endorsement AE-235 at this time, all 3 forms have been previously

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approved by your department. There may be a time when we determine that this form will be used with other fixed or fixed indexed annuity products in the future.

AE-236 (Rev. 4/11) is a contract amendment which must be signed and dated by the Contract Owner and received by the Company within 45 days of rider delivery. If the Contract Amendment is not returned, the Rider automatically terminates before any Rider Charges have been assessed. This amendment confirms eligibility criteria that is obtained from the client prior to rider issuance and is necessary to support the new business process for the issuance of the previously approved rider. We have no alternative or rated plan for customers who do not satisfy our eligibility criteria.

We have bracketed certain items in the form, indicating their status as variable information, because they may change for new issues of the form in the future. It is our understanding that changes to these items, within the ranges specified in our attached Statement of Variability, will not require a new form filing. Explanations of the rationale for variability are also provided. We confirm that these brackets will not actually appear on the forms as issued to customers. Please see the enclosed Statement of Variability for explanations regarding the variable items in each form.

The enclosed form is submitted in final printed format and is subject only to minor modifications in paper stock, ink, and adaptation to computer printing. This form contains no unusual or controversial features or language that deviates from normal insurance industry standards, and has a Flesch Readability Score of 52.

We trust that the information provided is satisfactory and look forward to your response. Should you require any additional information, please feel free to contact me directly at 1-800-258-3648 ext 5620 or via the email address provided below.

Sincerely,

William A. Otten
Director, Product Compliance and State Filing
Email: William.otten@lfg.com

Company and Contact

Filing Contact Information

William Otten, Manager, Product Compliance william.otten@lfg.com
One Granite Place 603-226-5620 [Phone]
Concord, NH 03301

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana

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Project Name/Number: /
350 Church Street - MPM1 Group Code: 20 Company Type: Life
Hartford, CT 06103-1106 Group Name: State ID Number:
(860) 466-2899 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	05/18/2011	47717959

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/20/2011	05/20/2011

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Disposition

Disposition Date: 05/20/2011

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	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Contract Amendment		Yes

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Form Schedule

Lead Form Number: AE-236 (Rev. 4/11)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AE-236 (Rev. 4/11)	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.000	AE-236 (Rev. 4-11).pdf

CONTRACT AMENDMENT FOR LONG-TERM CARE BENEFITS

Effective upon the date signed by the Owner (and the Covered Life, if different), this Contract Amendment for Long-Term Care Benefits ("Contract Amendment") becomes a part of the Annuity Contract ("Contract") to which it is attached.

Signed for The Lincoln National Life Insurance Company (the "Company")



Charles A. Brawley III, Secretary

I, the Owner, acknowledge that the Long-Term Care Benefits Rider that describes long-term care benefits along with the Contract shall be terminated and void from the beginning if this Contract Amendment is not: (1) signed and dated by me (and the Covered Life, if different); and (2) received by the Company within [45] days of the effective date of such Rider.

I, the Owner (and the Covered Life, if different), hereby affirm and agree that all the following statements are true to the best of my knowledge and belief. I understand that eligibility for long-term care coverage under the Contract is established by this Contract Amendment. I acknowledge that if any of the following statements are not true, the Covered Life is not eligible for long-term care coverage under the Contract. I acknowledge that if I knowingly and intentionally misrepresent the truthfulness of any of the following statements, which are relevant facts relating to the health of the Covered Life, the provisions of the Contract that relate to Long-Term Care Benefits may be void from the beginning pursuant to the Incontestability clause of the Long-Term Care Benefits Rider.

1. Within the past 5 years, the Covered Life has **not**:
 - a. Applied for any long-term care insurance, or annuity or life insurance with a long-term care benefit and been either: (i) declined; or (ii) offered coverage on a rated or modified risk classification basis.
 - b. Resided in, nor been recommended by a Licensed Health Care Practitioner to reside in, a Nursing Home or Assisted Living Facility as defined in the Long-Term Care Coverage Endorsement.
 - c. Received Home Health Care, Maintenance or Personal Care Services or Adult Day Care, as defined in the Long-Term Care Coverage Endorsement, for more than a total of 14 days.
 - d. Received or applied for any form of disability benefits, including but not limited to, disability insurance, Worker's Compensation and Social Security Disability Insurance.
 - e. Had any impairment, mental or physical, for which the Covered Life needed or received assistance or supervision with the Activities of Daily Living (Bathing, Continence, Dressing, Eating, Toileting or Transferring) as defined in the Long-Term Care Coverage Endorsement.
 - f. Used or been advised by a Licensed Health Care Practitioner to use: oxygen, catheter, dialysis machine or other health-related mechanical device.
 - g. Been advised by a Licensed Health Care Practitioner to have any surgery which has not been completed.

CONTRACT OWNER NAME: [JOHN DOE]
[PRODUCT NAME] CONTRACT NUMBER: [XX987654321]

- h. Been issued a permanent handicap parking placard, plate or sticker, unless issued for use pursuant to qualification of someone other than the Covered Life as handicapped.
 - i. (i) used or required the use of any assistive device (including but not limited to a wheelchair, walker, stair lift, motorized cart or cane) on more than a total of 30 days; and/or
(ii) been advised by a Licensed Health Care Practitioner to habitually use any assistive device.
2. Within the past 5 years, the Covered Life has **not** been: (i) diagnosed as having or treated by a Licensed Health Care Practitioner for and/or (ii) hospitalized for:
- a. Alcohol or drug use.
 - b. Any type of cancer, other than non-melanoma skin cancer.
 - c. Bipolar disorder, schizophrenia, major depression requiring the use of three or more different medications taken simultaneously, or attempted suicide.
3. Within the past 2 years the Covered Life has **not**: been diagnosed as having or treated by a Licensed Health Care Practitioner for:
- a. Heart attack, heart surgery, angioplasty of any heart vessels, heart valve replacement or repair.
 - b. Stroke, Transient Ischemic Attack (TIA, that is, mini-stroke), carotid artery surgery or other vascular surgery.
 - c. Chronic Obstructive Pulmonary Disease (COPD), or chronic bronchitis.
4. The Covered Life has **never** been (i) diagnosed as having or treated by a Licensed Health Care Practitioner for; and/or (ii) taken medication for:
- a. Congestive Heart Failure, cardiomyopathy or congenital heart disease.
 - b. Acquired Immune Deficiency Syndrome (AIDS) or an AIDS related condition.
 - c. Memory loss, Alzheimer's Disease or other dementia.
 - d. Parkinson's disease, Huntington's chorea, Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis (MS), myasthenia gravis (except ocular form of myasthenia gravis which is acceptable), or muscular dystrophy.
 - g. Rheumatoid arthritis, systemic lupus, polymyositis, dermatomyositis, systemic sclerosis, or vasculitis.
 - h. Chronic liver disease, chronic hepatitis B or C, cirrhosis, impaired kidney function, or kidney transplant.
 - i. Diabetes, treated with insulin.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR Readability .pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: AE-236 (Rev. 4-11) -SOV.pdf		

Arkansas

READABILITY CERTIFICATION

The Lincoln National Life Insurance Company

Re: AE-236 (Rev. 4/11)

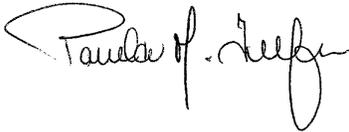
We hereby certify that the attached Form(s) is (are) in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has (have) achieved a Flesch Reading Ease score of:

Form Number:

AE-236 (Rev. 4/11)

Flesch:

52.00



Pamela M. Telfer, Assistant Vice President
Product Compliance

Date: May 1, 2011

STATEMENT OF VARIABILITY

The Lincoln National Life Insurance Company

NAIC # 65676 FEIN 35-0472300

AE-236 (Rev. 4/11), Contract Amendment for Long-Term Care Benefits

The following data has been shown within brackets in the above referenced form for reasons stated as follows:

Page #	Bracketed Item	Explanation
1 & 2	Contract Number	The policy number assigned to the Contract.
1 & 2	Contract Owner Name	The Owner's name is based on the person who purchases the Contract.
1	45 days	The Company may set the time period for return of the Contract Amendment from 30 to 90 days after the Rider Date. We wish to receive this affirmation as promptly as possible, but require flexibility in setting an absolute deadline pursuant to our actual experience with this process. As the first rider charges are assessed 3 months after the Rider Date, we would not set a deadline past the point upon which we would need to refund rider charges.
1 & 2	Product Name	Will be the marketing name of the product to which this Amendment is attached.
1	Officer Signatures and Titles	In the event the officer or the title of an officer signing the Amendment form changes, any new officer or title utilized will be the officer or title of an officer of the company.