

SERFF Tracking Number: JEPT-127326221 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 49326
Company Tracking Number:
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Group Critical Illness
Project Name/Number: Critical Illness 2011 (GL51-4-DF AR Correction)/

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Group Critical Illness SERFF Tr Num: JEPT-127326221 State: Arkansas
TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Approved- State Tr Num: 49326
Limited Benefit Closed
Sub-TOI: H07G.001 Critical Illness Co Tr Num: State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor
Authors: Cindi Allgire, Matt Disposition Date: 07/19/2011
Rotundo, Debbie Turek, Lyn Ropell
Date Submitted: 07/18/2011 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Critical Illness 2011 (GL51-4-DF AR Correction) Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments: Form is for use in AR only.
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer, Association Overall Rate Impact:
Filing Status Changed: 07/19/2011
State Status Changed: 07/19/2011 Deemer Date:
Created By: Matt Rotundo Submitted By: Matt Rotundo
Corresponding Filing Tracking Number:
Filing Description:
Re: Group Critical Illness
Policy Form GL51-4-DF AR (Correction)

The captioned policy insert page is enclosed for informational filing with your Department. The form is intended for general use with our Group Policy Series GL51 and Group Certificate Series GL52, approved by your Department on 2/7/11, state filing number 47831, SERFF filing number MCHX-G127008323. These forms will be marketed by licensed

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agents and brokers primarily to employer groups, but also may be used with labor union or professional association groups.

Due to a typographical error, form GL51-4-DF AR was originally submitted with an incorrect form number. A corrected version of the form is enclosed. Other than the corrected form number, it is identical to the previously submitted version. You have our assurance that the incorrect version of the form has not been issued to any groups.

Your notice of informational filing will be greatly appreciated. If you have questions, please feel free to contact me.

Sincerely yours,

Matthew S. Rotundo, ACS, AIAA, AIRC, FLMI, HIA, HIPAAA
Senior Compliance Analyst
The Lincoln National Life Insurance Company
Voice: (800) 423-2765 ext. 2598
Fax: (402) 361-2568
E-Mail: matt.rotundo@lfg.com

Enclosures

Company and Contact

Filing Contact Information

Matt Rotundo, Compliance Manager matt.rotundo@lfg.com
8801 Indian Hills Drive 402-361-2598 [Phone]
P.O. Box 2616 402-361-2568 [FAX]
Omaha, NE 68114

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
350 Church Street Group Code: 20 Company Type: Group
Hartford, CT 06103 Group Name: State ID Number:
(800) 423-2765 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

SERFF Tracking Number: JEPT-127326221 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form (correction) X 1 form = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	07/18/2011	49864669

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/19/2011	07/19/2011

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GL51-4-DF AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/19/2011	GL51-4-DF AR	Policy/Cont Definitions ract/Fraternal Certificate: Amendments, Insert Page, Endorsement or Rider	Initial		40.000	4DFAR.pdf

DEFINITIONS

ACTIVE WORK or ACTIVELY AT WORK means an [Employee's/member's] performance of all customary duties of his or her occupation at:

- (1) the [Group Policyholder's/Participating Organization's] place of business; or
- (2) any other business location designated by the [Group Policyholder/Participating Organization.]

Unless disabled on the prior workday or on the day of absence, an [Employee/member] will be considered Actively at Work on the following days:

- (1) a Saturday, Sunday or holiday which is not a scheduled workday;
- (2) a paid vacation day, or other scheduled or unscheduled non-workday; or
- (3) a non-medical leave of absence of 12 weeks or less, whether taken with the Group Policyholder's prior approval or on an emergency basis.

ACUTE RESPIRATORY DISTRESS SYNDROME means acute respiratory failure resulting in inadequate oxygenation, due to aspiration or infection. Diagnosis is determined by a Physician and based on:

- (1) demonstration of infiltrates in both lungs in the absence of clinical heart failure; and
- (2) acute lung injury demonstrated by testing of blood gases.

ADVANCED ALZHEIMER'S DISEASE means dementia of the Alzheimer's Type that has progressed to the point that the individual can be classified as Functional Assessment Staging (FAST) Scale Stage 6. Diagnosis is made by a board-certified or board-eligible neurologist on the basis of neurological examination and cognitive testing. Initial diagnosis of Alzheimer's Disease must occur while the Insured Person [or Insured Dependent] is covered under this Policy.

ADVANCED MULTIPLE SCLEROSIS (MS) means Multiple Sclerosis with demonstrated neurological deficits that have been present for six months or more. Diagnosis is made by a board-certified or board-eligible neurologist on the basis of:

- (1) neurological examination demonstrating functional impairments;
- (2) imaging studies of the brain or spine demonstrating lesions consistent with MS; and
- (3) analysis of cerebrospinal fluid consistent with the diagnosis.

Initial diagnosis of Multiple Sclerosis must occur while the Insured Person [or Insured Dependent] is covered under this Policy.

ADVANCED PARKINSON'S DISEASE means Parkinson's Disease that has progressed to Stage 4, as diagnosed by a board-certified or board-eligible neurologist based on abnormal findings from neurological examination, cognitive testing, and results of imaging studies. Initial diagnosis of Parkinson's Disease must occur while the Insured Person [or Insured Dependent] is covered under this Policy.

ALS/LOU GEHRIG'S DISEASE means amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease) of the Middle Stage according to the Muscular Dystrophy Association. Definitive diagnosis must be made by a board-certified or board-eligible neurologist according to diagnostic criteria for the specific illness. Other motor neuron diseases are not considered to be ALS. Initial diagnosis of ALS/Lou Gehrig's Disease must occur while the Insured Person [or Insured Dependent] is covered under this Policy.

ALTERNATE CARE OR REHABILITATIVE FACILITY means a facility that is licensed according to state and/or local laws to provide skilled care, intermediate care, intermingled care, custodial care, or rehabilitative care as an alternative to care at a Hospital.

ANEURYSM DUE TO ARTERIOSCLEROSIS means an abnormal widening or ballooning of a portion of an artery due to weakness of the arterial wall caused by Arteriosclerosis, of sufficient severity to require angioplasty, stent placement, atherectomy, or bypass. Aneurysm is diagnosed by a Physician based on arteriography or other appropriate imaging studies.

DEFINITIONS
(Continued)

ANNUAL/OPEN ENROLLMENT PERIOD means the period in the calendar year, not to exceed 31 days, during which the Group Policyholder allows eligible [Employees/members] to purchase or make changes to their Personal [or Dependent] Critical Illness Insurance.

Participation in an Annual/Open Enrollment Period does not change Policy provisions related to the Eligibility Waiting Period [or Benefit Waiting Period].

ARTERIOSCLEROSIS means blockage of a coronary artery of sufficient severity to require angioplasty, stent placement, atherectomy, or bypass. Diagnosis is made by a board-certified or board-eligible cardiologist and is accompanied by the demonstrated need for intervention.

BENEFIT WAITING PERIOD means the period of time an Insured Person [or Insured Dependent] must be covered under this Policy before becoming eligible for benefits (including benefits provided by Amendments).

BENIGN BRAIN TUMOR means a tumor within the brain cavity, known or presumed to be non-malignant, that results in a fixed neurological deficit. Diagnosis of the tumor and neurological deficit must be confirmed by imaging and examination findings conducted by a board-certified or board-eligible neurologist or other Physician appropriately licensed to diagnose the deficit.

BONE MARROW TRANSPLANT means a transplant necessitated by a compromise of the bone marrow's ability to appropriately produce blood cells. Diagnosis is made by a board-certified or board-eligible hematologist or board-certified or board-eligible oncologist who determines that the bone marrow transplant is necessary and places the Insured Person [or Insured Dependent] on the Be The Match registry. If the Insured Person [or Insured Dependent] is determined to be too ill for a transplant, but otherwise meets the criteria for placement on the registry; the registry requirement will be waived. The registry requirement will also be waived if the Insured Person [or Insured Dependent] receives the transplant prior to placement on the registry.

CANCER means malignant cells or tumors characterized by uncontrolled growth with spread beyond the initial tissue. Diagnosis must be by a board-certified or board-eligible oncologist or board-certified or board-eligible pathologist and based on microscopic tissue evaluation (biopsy). The following are not considered Cancer for purposes of this definition:

- (1) Cancer in Situ;
- (2) basal cell carcinoma and squamous cell carcinoma of the skin; and
- (3) melanoma that is diagnosed as Clark's level I or II, or Breslow less than 0.75 mm.

CANCER IN SITU means Cancer cells confined to the surface tissues (epithelium) without invasion of the basement membrane and with no spread to regional lymph nodes or other tissues. Diagnosis is made by a board-certified or board-eligible oncologist or board-certified or board-eligible pathologist and based on microscopic examination of tissue (biopsy). Basal cell and squamous cell carcinomas of the skin are not considered Cancer in Situ.

CHANGE IN FAMILY STATUS means a marriage, divorce, birth, adoption, death or change of employment or eligibility status or other event which qualifies under the requirements of Section 125 of the Internal Revenue Code of 1986, as amended. [Change in Family Status also means:

- (1) a civil union or domestic partnership;
- (2) dissolution of a civil union or domestic partnership; or
- (3) the involuntary loss of comparable coverage under a spouse's, civil union partner's, or domestic partner's benefit plan.]

COMPANY means The Lincoln National Life Insurance Company, an Indiana corporation. Its Group Insurance Service Office address is 8801 Indian Hills Drive, Omaha, Nebraska 68114-4066.

DEFINITIONS
(Continued)

CONGENITAL METABOLIC DISORDER means:

- (1) Infantile Tay Sachs;
- (2) Zellweger Syndrome;
- (3) Gaucher Disease Types II and III;
- (4) Niemann-Pick Disease;
- (5) Lesch-Nyhan Syndrome; or
- (6) Glycogen Storage Disease Types I, II, IV, and VII.

Diagnosis must be made during childhood by a Physician based on blood tests, physical exams, and/or genetic testing.

DAY OR DATE means the period of time that begins at 12:01 a.m. and ends at 12:00 midnight, at the [Group Policyholder's/Participating Organization's] place of business, when used with regard to eligibility dates and effective dates. When used with regard to termination dates, it means 12:00 midnight, at the same place.

DEPENDENT CRITICAL ILLNESS INSURANCE means the coverage provided by this Policy for eligible Dependents.

ELIGIBILITY WAITING PERIOD means the period of time an Employee must be employed in an eligible class with the [Group Policyholder/Participating Organization], before he or she becomes eligible to enroll for insurance under this Policy. The period of service must be continuous, except as explained in the Eligibility section captioned Prior Service Credit Towards Waiting Period. / means the period of time a Person must be in an eligible class with the [Group Policyholder/Participating Organization], before he or she becomes eligible to enroll for insurance under this Policy.

EMPLOYEE means a Full-Time Employee or Regular Part-Time Employee of the [Group Policyholder/Participating Organization].

END STAGE RENAL FAILURE means chronic and irreversible failure of the kidneys of such magnitude that permanent dialysis or transplant is required to sustain life.

EVENT/ILLNESS means a Critical Illness event or illness:

- (1) shown in the Schedule of Benefits; and
- (2) for which the Insured Person [or Insured Dependent] is covered under this Policy.

FAMILY OR MEDICAL LEAVE means an approved leave of absence that:

- (1) is subject to the federal FMLA law (the Family and Medical Leave Act of 1993 and any amendments to it) or a similar state law;
- (2) is taken in accord with the [Group Policyholder's or Participating Organization's] leave policy and the law which applies; and
- (3) does not exceed the period approved by the [Group Policyholder or Participating Organization] and required by that law.

The leave period may:

- (1) consist of consecutive or intermittent work days; or
- (2) be granted on a part-time equivalency basis.

If a Person is entitled to a leave under both the federal FMLA law and a similar state law, he or she may elect the more favorable leave (but not both). If a Person is on an FMLA leave due to his or her own health condition on the date insurance under this Policy takes effect, he or she is not considered Actively at Work.

DEFINITIONS (Continued)

FULL-TIME EMPLOYEE means a person:

- (1) whose employment with the Group Policyholder/Participating Organization is the person's main occupation;
- (2) whose employment is for regular wage or salary;
- (3) who is regularly scheduled to work at such occupation at least the Minimum Hours shown in the Schedule of Benefits per week;
- (4) who is a member of an eligible class under this Policy;
- (5) who is not a temporary or seasonal employee; and
- (6) who is a citizen of the United States or legally works in the United States.

GENETIC DISORDER means:

- (1) Cystic Fibrosis;
- (2) Down's Syndrome;
- (3) Muscular Dystrophy;
- (4) Fragile X Syndrome;
- (5) Vascular Ehlers-Danlos Syndrome;
- (6) Infantile Onset Ascending Spastic Paralysis;
- (7) Juvenile Lateral Sclerosis;
- (8) Spinal Muscular Atrophy Type I or II ; or
- (9) Osteogenesis Imperfecta Type II, III, IV, V, VI, VII, or VIII.

Diagnosis must be made during childhood by a Physician and based on genetic testing.

GROUP POLICYHOLDER means the person, partnership, corporation, trust, or other organization, as shown on the Title Page of this Policy.

HEART ATTACK (MYOCARDIAL INFARCTION) means death of a portion of heart muscle due to inadequate circulation in coronary arteries. If no death of heart muscle occurs, this is not considered a heart attack. Diagnosis is made by a board-certified or board-eligible cardiologist and based on findings from an electrocardiogram (EKG) and elevation of cardiac enzymes associated with heart attack.

HEART TRANSPLANT means the transplantation of a healthy heart from a suitable donor, necessitated by the diagnosis of end-stage heart disease, as determined by a Physician appropriately specialized for the heart. Acceptance to the UNOS (United Network for Organ Sharing) list is required for this determination. If the Insured Person [or Insured Dependent] is determined to be too ill for a transplant, but otherwise meets the criteria for placement on the UNOS list, the network requirement will be waived. The network requirement will also be waived if the Insured Person [or Insured Dependent] receives the transplant prior to placement on the network.

HOSPITAL means a general hospital which:

- (1) is licensed, approved or certified by the state where it is located;
- (2) is recognized by the Joint Commission;
- (3) is operated to treat Inpatients;
- (4) has a registered nurse always on duty; and
- (5) has organized facilities and equipment for diagnosis and treatment of acute medical and surgical conditions, either on its premises or in facilities available to it on a prearranged basis.

It does not include a place that:

- (1) is specialized solely in dentistry, mental illness or substance abuse;
- (2) is a rest home, home for the aged, convalescent home or nursing home; or
- (3) Alternate Care or Rehabilitative Facility, extended care or skilled nursing facility.

INPATIENT means an Insured Person [or Insured Dependent] who is an overnight resident patient.

DEFINITIONS
(Continued)

INSURANCE MONTH means that period of time:

- (1) beginning at 12:01 a.m. on the first day of any calendar month; and
 - (2) ending at 12:00 midnight on the last day of the same calendar month;
- at the [Group Policyholder's/Participating Organization's] primary place of business.

INSURED DEPENDENT means a Dependent for whom Policy coverage is in effect.

INSURED DEPENDENT SPOUSE means the Insured Person's spouse[, domestic partner, or civil union partner] for whom coverage is in effect.

INSURED PERSON means a Person for whom Policy coverage is in effect.

LOSS OF HEARING means permanent reduction in both ears to a point that the Insured Person[/Insured Dependent] is unable to hear sounds at or below 70 decibels. Diagnosis is made by a board-certified or board-eligible otolaryngologist as diagnosed by audiometric testing.

LOSS OF SIGHT means permanent loss of sight in both eyes such that corrected visual acuity is 20/200 or less, or the field of vision is less than 20 degrees. Diagnosis is made by a board-certified or board-eligible ophthalmologist or board-certified or board-eligible neuro-ophthalmologist based on the above criteria and noted to be of permanent duration.

LOSS OF SPEECH means loss of the ability to speak to the extent that the individual is unintelligible to another person with normal hearing, for at least 12 months. Diagnosis is made by a board-certified or board-eligible otolaryngologist or board-certified or board-eligible neurologist.

MAJOR ORGAN means the [heart,] liver, lungs, pancreas, intestines, or combinations of these organs.

MAJOR ORGAN TRANSPLANT means the transplantation of a healthy Major Organ from a suitable donor, necessitated by the diagnosis of end-stage organ disease (organ failure), as determined by a Physician appropriately specialized for the involved organ. Acceptance to the UNOS (United Network for Organ Sharing) list is required for this determination. If the Insured Person [or Insured Dependent] is determined to be too ill for a transplant, but otherwise meets the criteria for placement on the UNOS list, the network requirement will be waived. The network requirement will also be waived if the Insured Person [or Insured Dependent] receives the transplant prior to placement on the network.

MILITARY LEAVE means a leave of absence that:

- (1) is subject to the federal USERRA law (the Uniformed Services Employment and Reemployment Rights Act of 1994 and any amendments to it);
- (2) is taken in accord with the [Group Policyholder's or Participating Organization's] leave policy and the federal USERRA law; and
- (3) does not exceed the period required by that law.

PAYROLL PERIOD means that period of time established by the Group Policyholder/or Participating Organization for payment of employee wages.

PERSON means a Full-Time Employee of the Group Policyholder[:]

- [(1) who is a member of a class that is eligible for insurance under this Policy[: and]
- [(2) who has completed an enrollment form].

PERSONAL CRITICAL ILLNESS INSURANCE means the insurance provided by this Policy for Insured Persons.

**DEFINITIONS
(Continued)**

PHYSICIAN means:

- (1) a legally qualified medical doctor who is licensed to practice medicine, to prescribe and administer drugs, or to perform surgery; or
- (2) any other duly licensed medical practitioner who is deemed by state law to be the same as a legally qualified medical doctor.

The medical doctor or other medical practitioner must be acting within the scope of his or her license.

Physician does **not** include the Insured Person or a relative of the Insured Person receiving treatment. Relatives include:

- (1) the Insured Person's spouse, [domestic partner, civil union partner], siblings, parents, children and grandparents; and
- (2) his or her spouse's [, domestic partner's, or civil union partner's] relatives of like degree.

POLICY means this Group Critical Illness Insurance policy issued by the Company to the Group Policyholder.

PREMIUM means the amount charged for insurance coverage.

REGULAR PART-TIME EMPLOYEE means a person:

- (1) whose employment is for wage or salary;
- (2) who is regularly scheduled to work at such occupation at least the Minimum Hours shown in the Schedule of Benefits per week;
- (3) who is a member of a class which is eligible for insurance under this Policy;
- (4) who is not a temporary or seasonal employee; and
- (5) who is a citizen of the United States or legally works in the United States.

RETIREE means a former [full-time] Employee of the [Group Policyholder or Participating Organization] who is eligible for retirement benefits.

STROKE means permanent neurological damage to the brain due to inadequate blood flow in any of the cranial vessels, due to either blockage or rupture of the vessel and categorized as Score 3 on the Modified Rankin Scale. Diagnosis of permanent neurological damage should be made by a neurologist and demonstrated by imaging (CT or MRI) and examination demonstrating lasting neurological deficits (motor, cognitive, or sensory). Transient Ischemic Attacks (TIA) are not considered Strokes.

STRUCTURAL CONGENITAL DEFECT means any of the following:

- (1) cleft lip/palate;
- (2) club foot;
- (3) Patent ductus arteriosus;
- (4) coarctation;
- (5) transposition of the great arteries;
- (6) hypoplastic left heart system;
- (7) tetralogy of fallot;
- (8) diaphragmatic hernia;
- (9) pyloric stenosis;
- (10) Hirschsprung's disease;
- (11) gastroschisis and omphalocele;
- (12) anal atresia;
- (13) biliary atresia;
- (14) spina bifida; or
- (15) anencephaly.

Diagnosis must be made during childhood by a board-certified or board-eligible pediatrician.

DEFINITIONS
(Continued)

TYPE 1 DIABETES means diabetes that results from auto-immune destruction of insulin-producing cells in the pancreas. Diagnosis is made during childhood or adolescence by a board-certified or board-eligible endocrinologist or other specialist in the treatment of diabetes, based on blood tests, and requires the confirmation of the cause of low insulin production.

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	07/19/2011
Bypass Reason:	Please refer to state filing number 47831, SERFF filing number MCHX-G127008323 for Flesch certification.		

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	07/19/2011

Comments:

Group application GL2-APP.02/10 was previously approved under State Tracking No. 45382, SERFF Tracking No. JEPT-126576276 on April 8, 2010.