

SERFF Tracking Number: CCGN-127342364 State: Arkansas
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 49413
Company Tracking Number: 11-7003
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Universal Life
Project Name/Number: Death and Beneficiary Provisions/11-7003

Filing at a Glance

Company: Connecticut General Life Insurance Company

Product Name: Group Universal Life

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: CCGN-127342364 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49413

Co Tr Num: 11-7003

Authors: Terri Jones, Rose Clark

Date Submitted: 07/27/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/03/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Death and Beneficiary Provisions

Project Number: 11-7003

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Trust

Filing Status Changed: 08/03/2011

State Status Changed: 08/03/2011

Created By: Rose Clark

Corresponding Filing Tracking Number:

Filing Description:

Attached please find the above captioned forms for your review and approval.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/09/2011

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Rose Clark

These forms are new and not intended to replace any forms currently on file. They are intended for use with Group Policy forms XX-603404/XX-603405 which was previously approved by your Department.

A Description of Variability is enclosed. The forms themselves, as well as the Description of Variability, note when certain provisions within these forms may be included, deleted or modified, as applicable to a particular policy. Variable material indicated by hard brackets ([]) indicate text that may be included or excluded. Material indicated by soft brackets ({ }) may be modified as requested by the Policyholder or participating Subscriber. Variable material will never

SERFF Tracking Number: CCGN-127342364 State: Arkansas
 Filing Company: Connecticut General Life Insurance Company State Tracking Number: 49413
 Company Tracking Number: 11-7003
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Group Universal Life
 Project Name/Number: Death and Beneficiary Provisions/11-7003
 be more restrictive than permitted by law.

Company and Contact

Filing Contact Information

Rose Clark, Rose.Clark@CIGNA.com
 1601 Chestnut St -Two Liberty 215-761-4101 [Phone]
 Philadelphia, PA 19192

Filing Company Information

Connecticut General Life Insurance Company CoCode: 62308 State of Domicile: Connecticut
 1601 Chestnut Street Group Code: 901 Company Type:
 Philadelphia, PA 19192 Group Name: State ID Number:
 (215) 761-8442 ext. [Phone] FEIN Number: 06-0303370

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Connecticut General Life Insurance Company	\$50.00	07/27/2011	50138819
Connecticut General Life Insurance Company	\$50.00	07/27/2011	50140518

SERFF Tracking Number: CCGN-127342364 State: Arkansas
 Filing Company: Connecticut General Life Insurance Company State Tracking Number: 49413
 Company Tracking Number: 11-7003
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Group Universal Life
 Project Name/Number: Death and Beneficiary Provisions/11-7003

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/03/2011	08/03/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/02/2011	08/02/2011	Rose Clark	08/02/2011	08/02/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fees	Note To Reviewer	Rose Clark	07/27/2011	07/27/2011

SERFF Tracking Number: CCGN-127342364 State: Arkansas
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 49413
Company Tracking Number: 11-7003
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Universal Life
Project Name/Number: Death and Beneficiary Provisions/11-7003

Disposition

Disposition Date: 08/03/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CCGN-127342364 State: Arkansas
 Filing Company: Connecticut General Life Insurance Company State Tracking Number: 49413
 Company Tracking Number: 11-7003
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Group Universal Life
 Project Name/Number: Death and Beneficiary Provisions/11-7003

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Form	Death Benefit		Yes
Form	Beneficiary Provisions		Yes

SERFF Tracking Number: CCGN-127342364 State: Arkansas
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 49413
Company Tracking Number: 11-7003
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Universal Life
Project Name/Number: Death and Beneficiary Provisions/11-7003

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/02/2011
Submitted Date 08/02/2011
Respond By Date 09/02/2011

Dear Rose Clark,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: CCGN-127342364 State: Arkansas
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 49413
Company Tracking Number: 11-7003
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Universal Life
Project Name/Number: Death and Beneficiary Provisions/11-7003

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/02/2011
Submitted Date 08/02/2011

Dear Linda Bird,

Comments:

Thank you for your speedy response to my filing.

Response 1

Comments: Additional fee in the amount of \$50.00 has been submitted \$50.00 07/27/2011 04:13 PM 50140518

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Rose Clark, Terri Jones

SERFF Tracking Number: CCGN-127342364 State: Arkansas
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 49413
Company Tracking Number: 11-7003
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Universal Life
Project Name/Number: Death and Beneficiary Provisions/11-7003

Note To Reviewer

Created By:

Rose Clark on 07/27/2011 04:15 PM

Last Edited By:

Linda Bird

Submitted On:

08/03/2011 12:57 PM

Subject:

Filing Fees

Comments:

Additional \$50.00 fee has been added. Thank you.

SERFF Tracking Number: CCGN-127342364 State: Arkansas
 Filing Company: Connecticut General Life Insurance Company State Tracking Number: 49413
 Company Tracking Number: 11-7003
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Group Universal Life
 Project Name/Number: Death and Beneficiary Provisions/11-7003

Form Schedule

Lead Form Number: XX-603405D

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	XX-603405D	Policy/Cont Death Benefit ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			Death Benefit XX- 603405D.pdf
	XX-603405E	Policy/Cont Beneficiary ract/Fraternal Provisions Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			Beneficiary Provisions XX- 603405E(200 1 CSO).pdf

LIFE INSURANCE

Death Benefit

If an Insured dies, we will pay the Death Benefit in effect on the date of death. The Death Benefit will be paid to the {Owner, Insured's Beneficiary} {named under this Policy, if any} as soon as due proof of death is received by us. The Death Benefit will be an amount equal to the greater of:

- the Insured's Coverage Amount on the date of death plus the Net Cash Value, if any; or
- an amount that, determined by us, is required to preserve the qualification of the Policy as a life insurance policy under the Internal Revenue Code.

Any Indebtedness will be deducted from the Death Benefit to be paid.

The Death Benefit will be reduced by any accelerated payment benefit paid under the Policy.

Endowment Benefit

If this insurance is in force and the Insured is living on the Certificate Maturity Date, we will pay to the Owner the Insured's Coverage Amount plus the Net Cash Value, if any.

[Ownership of Records

All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.]

BENEFICIARY PROVISIONS

{ Any beneficiary designations made under a prior policy/plan which was not provided by Insurance Company and which is replaced through coverage under this Policy shall be null and void. }

{ The [Employer/Insurance Company] shall solicit and maintain all beneficiary designations made under the Policy. }

{ If the Employer elects, after the Effective Date of the Policy, to have the Insurance Company solicit and maintain beneficiary designations under the Policy, then all beneficiary designations made under the Policy prior to the date of the start of the Solicitation Period by the Insurance Company shall be null and void as of the day immediately following the last date of that Solicitation Period. }

If the Employer elects, after the Effective Date of the Policy, to discontinue having the Insurance Company maintain beneficiary designations under the Policy, then all beneficiary designations made under the Policy prior to the date of the start of the Solicitation Period by the Employer shall be null and void as of the day immediately following the last date of that Solicitation Period.

Solicitation Period shall mean that {30/60/90} day period of time immediately preceding the effective date of the Employer's election that is provided to Employees insured under the Policy to designate a beneficiary. }

{ All beneficiaries designated as to any coverage under this Policy shall be null and void as of the effective date of cancellation of the Policy, except as to those Insureds for whom coverage remains in effect after Policy cancellation. }

The Owner may designate a Beneficiary to whom the proceeds will be paid in the event of death of the Insured. Upon the death of an Insured Dependent Child, the Coverage Amount will be paid to the Owner of the Certificate who has elected and paid the premiums for that Insured Dependent Child unless otherwise designated by the Owner.

If a Beneficiary dies before the Insured, that Beneficiary's interest will end; such Beneficiary's share will be paid in equal shares to the other Beneficiaries, if there are any. This does not apply if other arrangements have been filed with us.

If there is no surviving Beneficiary or the Owner has not designated a Beneficiary, benefits will be paid to the first surviving class of the following classes of Beneficiaries:

- the Insured's Spouse; or
- the Insured's Child or Children; or
- the Insured's parents; or
- the Insured's siblings.

If there is no surviving member of any of the above classes, the benefits will be paid to the Owner or Owner's estate. If the Beneficiary is a minor or is not able to give valid receipt for any payment due him, such payment will be made to his legal guardian.

Payment in the manner described above will release us from all liability to the extent of any payment made.

BENEFICIARY PROVISIONS

Change of Beneficiary

The Owner may change the Beneficiary at any time without the consent of the Beneficiary, unless the Beneficiary designation is irrevocable, [{{by giving written notice [to the Employer or the Insurance Company]}}.] The change must be made on a form satisfactory to us and signed by the Owner. Consent of the Beneficiary will not be required to effect any other changes.

No change in Beneficiary will take effect until this form is received by us. When this form is received, the change will take effect as of the date of the form. If the Insured dies before the form is received, we will not be liable for any payment that was made before receipt of the form.

SERFF Tracking Number: CCGN-127342364 State: Arkansas
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 49413
Company Tracking Number: 11-7003
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Universal Life
Project Name/Number: Death and Beneficiary Provisions/11-7003

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

GULII Flesch Cert.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

The form for the previously approved application is XX605565(96), which was approved on Sept. 3, 1997.

Item Status: **Status**
Date:

Satisfied - Item: Cover Letter

Comments:

Attached

Attachment:

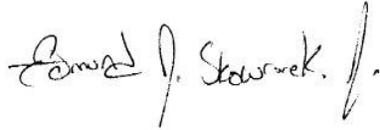
cover letter.pdf

Connecticut General Life Insurance Company

READABILITY CERTIFICATION

We, Connecticut General Life Insurance Company, certify that we have carefully scored the forms listed below, using the Flesch Readability Test, in accordance with applicable readability standards. These forms were scored separately and in their entirety.

Form Number	Description of Form	Score
XX-603405D	Death Benefit	48.9
XX-603405E	Beneficiary Provisions	49.6



Signature: _____

Name: Edward J. Skowronek

Title: Assistant Secretary

Date: 3/15/2011

Rose Clark
Compliance Specialist
Regulatory & State Government Affairs



CIGNA Group Insurance
Life • Accident • Disability

July, 27, 2011

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215-761-4110
Facsimile 215-761-5609
Rose.clark@cigna.com

Jay Bradford, Commissioner
Arkansas Insurance Department
Little Rock, Arkansas 72201-1904

Re: Connecticut General Life Insurance Company

NAIC #: 0901 – 62308
FEI Number: 06-0303370
Company ID#: 11-7003

Group Universal Life Insurance (GULI)
Death Benefit XX-603405D
Beneficiary Provisions XX-603405E

Dear Commissioner Bradford:

Attached please find the above captioned forms for your review and approval.

These forms are new and not intended to replace any forms currently on file. They are intended for use with Group Policy forms XX-603404/XX-603405 which was previously approved by your Department.

A Description of Variability is enclosed. The forms themselves, as well as the Description of Variability, note when certain provisions within these forms may be included, deleted or modified, as applicable to a particular policy. Variable material indicated by hard brackets ([]) indicate text that may be included or excluded. Material indicated by soft brackets ({ }) may be modified as requested by the Policyholder or participating Subscriber. Variable material will never be more restrictive than permitted by law.

The referenced forms have been written in readable language and are being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than that required under your law.

July 27, 2011
Page 2

We appreciate you taking the time to review these forms and trust that you will find everything in order. If you should have any questions or require additional information, please do not hesitate to e-mail me at rose.clark@cigna.com or call me collect at 215.761.4110.

Very truly yours,

A handwritten signature in cursive script that reads "Rose L. Clark".

Rose L. Clark