

SERFF Tracking Number: CCGN-127344575 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 49434
Company Tracking Number: 11-4006
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life Insurance
Project Name/Number: Administrative Provisions/11-4006

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Term Life Insurance

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: CCGN-127344575 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49434

Co Tr Num: 11-4006

Author: Rose Clark

Date Submitted: 08/01/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/08/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Administrative Provisions

Project Number: 11-4006

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Trust

Filing Status Changed: 08/08/2011

State Status Changed: 08/08/2011

Created By: Rose Clark

Corresponding Filing Tracking Number: 11-4006

Filing Description:

Attached please find the above captioned forms for your review and approval. These forms have not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Filing not required
in domicile state of Pennsylvania.

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 form TL-004700, et al which was previously approved by your Department. These forms include additional text to the payment of premium provision that will accommodate situations where premium is payable directly to the insurance company by the insured.

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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.

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

Life Insurance Company of North America CoCode: 65498 State of Domicile: Pennsylvania
 1601 Chestnut Street Group Code: 901 Company Type:
 TL16D Group Name: State ID Number:
 Philadelphia, PA 19192 FEIN Number: 23-1503749
 (215) 761-8442 ext. [Phone]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$100.00	08/01/2011	50220420

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Correspondence Summary

Dispositions

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

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Description of Variability	Terri Jones	08/01/2011	08/01/2011

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Disposition

Disposition Date: 08/08/2011

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		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Description of Variability		Yes
Form	Administrative Provisions (Policy)		Yes
Form	Administrative Provisions (Certificate)		Yes

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Amendment Letter

Submitted Date: 08/01/2011

Comments:

Description of Variability to be included in Supporting Documents.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Description of Variability

Comment:

LINA DOV.pdf

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Form Schedule

Lead Form Number: TL-010165

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TL-010165	Policy/Cont Administrative ract/Fratern Provisions (Policy) al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			TL-010165 Policy Admin Prov.pdf
	TL-010167	Certificate Administrative Amendmen Provisions t, Insert (Certificate) Page, Endorseme nt or Rider	Initial			TL-010167 Cert Admin Prov.pdf

ADMINISTRATIVE PROVISIONS

Premiums

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

If the Insured's coverage amount is reduced due to acceleration of his or her Death Benefit, his or her premium will be based on the amount of coverage he or she has in force on the day before the reduction took place. If the Insured's coverage amount is reduced due to his or her attained age, premium will be based on the amount of coverage in force on the day after the reduction took place.

Changes in Premium Rates

The premium rates may be changed by the Insurance Company from time to time with at least {31} days advance written notice. No change in rates will be made until {12} months after the Policy Effective Date. An increase in rates will not be made more often than once in a {12 month period}. However, the Insurance Company reserves the right to change the rates even during a period for which the rate is guaranteed if any of the following events take place.

- [1. The terms of the Policy change.]
- [2. A division, subsidiary, affiliated company or eligible class is added or deleted from the Policy.]
- [3. There is a change in the factors bearing on the risk assumed.]
- [4. Any federal or state law or regulation is amended to the extent it affects the Insurance Company's benefit obligation.]
- [5. The Insurance Company determines that the Employer has failed to promptly furnish any necessary information requested by the Insurance Company, or has failed to perform any other obligations in relation to the Policy.]

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Reporting Requirements

The Employer must, upon request, give the Insurance Company any information required to determine who is insured, the amount of insurance in force and any other information needed to administer the plan of insurance.

Payment of Premium

The first premium is due on the Policy Effective Date. After that, premiums will be due monthly unless the Employer and the Insurance Company agree on some other method of premium payment.

If any premium is not paid when due, the plan will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Include when premiums payable directly to Insurance Company by the Employee/Insured

[The {Employee / Insured} {shall / may} be responsible for the payment of premium directly to the Insurance Company, as determined by the {Employer / Policyholder/Subscriber} from the Policy Effective Date, or following the expiration of {60 / 90 / 120} days from the date coverage is continued for an {Employee / Insured} under the Continuation of Insurance provisions of the Policy. Premium shall be due {monthly / quarterly / semi-annually / annually}, unless the {Employee / Insured} and the Insurance Company agree on some other period for premium payment. If premium is not paid when due, coverage will end as of the Premium Due Date, except as provided in the Grace Period for the Insured section. [In addition to premium, the Insurance Company may assess a Monthly Administrative Charge, as appropriate to the Eligible Class of Insureds. In no event will the Monthly Administrative Charge exceed an amount equal to the sum of {0 to \$ 10.00} and {0% to 2.5%} of the monthly premium due].]

Notice of Cancellation

The Employer or the Insurance Company may cancel the Policy as of any Premium Due Date by giving {31} days advance written notice. If a premium is not paid when due, the Policy will automatically be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Policy Grace Period

A Policy Grace Period of {31} days will be granted for the payment of the required premiums under this Policy. This Policy will be in force during the Policy Grace Period. The Employer is liable to the Insurance Company for any unpaid premium for the time this Policy was in force.

Grace Period for the Insured

If the required premium is not paid on the Premium Due Date, there is a {31} day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

If benefits are paid during the Grace Period for the Insured, the Insurance Company will deduct any overdue premium from the proceeds payable under the Policy.

Reinstatement of Insurance

Coverage may be reinstated without satisfying the Insurability Requirement, if an {Employee's} insurance ends because he or she is on an unpaid leave of absence and he or she applies for Reinstatement within {31} days of his return to Active Service.

After an {Employee's/Insured's} coverage has ceased, it may be reinstated at any date prior to five years after the date of termination if the following conditions are met:

1. The Policy is still in force.
2. The Insured is eligible under the Policy.
3. A written request for reinstatement and a new enrollment form are sent to the Insurance Company.
4. The required premium is paid.
5. The Insurability Requirement, if any, is satisfied.

ADMINISTRATIVE PROVISIONS

Premiums

The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

If an Insured's coverage amount is reduced due to acceleration of a Death Benefit, premium will be based on the amount of coverage in force on the day before the reduction took place. If the Insured's coverage amount is reduced due to his or her attained age, premium will be based on the amount of coverage in force on the day after the reduction took place.

Include when premiums payable directly to Insurance Company by the Employee/Insured

Payment of Premium

[You {*shall / may*} be responsible for the payment of premium directly to the Insurance Company, as determined by the {*Employer / Policyholder/Subscriber*} from the Policy Effective Date, or following the expiration of {*60 / 90 / 120*} days from the date coverage is continued for an {*Employee / Insured*} under the Continuation of Insurance provisions of the Policy. Premium shall be due {*monthly / quarterly / semi-annually / annually*}, unless you and the Insurance Company agree on some other period for premium payment. If premium is not paid when due, coverage will end as of the Premium Due Date, except as provided in the Grace Period section. [In addition to premium, the Insurance Company may assess a Monthly Administrative Charge, as appropriate to the Eligible Class of Insureds. In no event will the Monthly Administrative Charge exceed an amount equal to the sum of {*\$0 to \$ 10.00*} and {*0% to 2.5%*} of the monthly premium due].]

Your Grace Period

If your required premium is not paid on the Premium Due Date, there is a {*31*} day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

If benefits are paid during the Grace Period, the Insurance Company will deduct any overdue premium from the proceeds payable under the Policy.

Reinstatement of Insurance

Your coverage may be reinstated without satisfying the Insurability Requirement, if you are on an unpaid leave of absence or if your insurance ends because you are on an unpaid leave of absence and you apply for Reinstatement within {*31*} days of your return to Active Service.

After your insurance ends, it may be reinstated at any date prior to five years after the date of termination if the following conditions are met.

1. The Policy is still in force.
2. You are eligible under the Policy.
3. You send us a written request for reinstatement and a new enrollment form.
4. The required premium is paid.
5. The Insurability Requirement, if applicable, is satisfied.

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Supporting Document Schedules

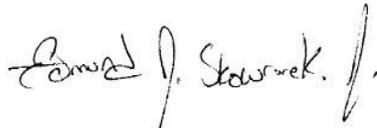
	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: LINA Flesch Cert.pdf		
Satisfied - Item: Application Comments: Form number is TL-004778 with the approval date of January 04, 1994.		
Satisfied - Item: Cover Letter Comments: Attachment: cover letter.pdf		
Satisfied - Item: Description of Variability Comments: Attachment: LINA DOV.pdf		

Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235

READABILITY CERTIFICATION

We, the Life Insurance Company of North America, 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
TL-010165	Administrative Provisions (Policy)	46.0
TL-010167	Administrative Provisions (Certificate)	45.5



Signature: _____

Name: Edmund J. Skowronek Jr.

Title: Assistant Secretary

Date: 7/25/2011

Rose Clark
Compliance Specialist
Regulatory & State Government Affairs



CIGNA Group Insurance
Life • Accident • Disability

August 1, 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
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Life Insurance Company of North America

NAIC #: 0901 – 65498
FEI Number: 23-1503749
Company ID#: 11-4006

Group Term Life Insurance

Administrative Provisions (Policy) – Form TL-010165
Administrative Provisions (Certificate) – Form TL-010167

Dear Commissioner Bradford:

Attached please find the above captioned forms for your review and approval. These forms have not been filed with our state of domicile since Pennsylvania does not require the filing of forms intended for delivery outside their state pursuant to PA Notices 96-1 and/or 96-13.

These forms are new and not intended to replace any forms currently on file. They are intended for use with Group Policy form TL-004700, et al which was previously approved by your Department. These forms include additional text to the payment of premium provision that will accommodate situations where premium is payable directly to the insurance company by the insured.

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.

August 1, 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

**LIFE INSURANCE COMPANY OF NORTH AMERICA (LINA)
DESCRIPTION OF VARIABILITY
GROUP TERM LIFE INSURANCE POLICY**

FORMS: TL-010165 and TL-010167

The above-captioned forms are additional forms for use with previously approved policy forms TL-004700, et al.

General Notes on Variability

This policy form is designed to provide Group Term Life Insurance that can be issued directly to an employer group or other eligible group. References to “Policyholder”, “Employer” and “Subscriber” may be selected as applicable.

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. Text enclosed within hard brackets ([]) indicate material that may be included or deleted as requested by a Policyholder. Variable material is indicated by soft brackets ({ }). Variations may result from negotiations between us and the Policyholder. However, variable material will never be more restrictive than permitted by law.

Certain terms, such as Employee, Member or Insured, may be varied if requested by a Policyholder. For example, an employer may request that his employees be referred to as associates, and an association may request use of a term such as insured member. Language indicating, for example, that a benefit or provision applies to a specific class, may be added as applicable.

Certain specific information on variability appears within the text of the forms as prepared for this submission. Generally, information on variability that will not be part of an issued policy will appear in italics or may be noted as identifying information that is optional.

Specific Notes on Variability

Listed below is a description of variable text for the forms submitted.

Administrative Provisions (Policy) TL-010165

- The number of days required for written notice of premium change may be changed, however it will never be less than 30 days.
- After the policy effective date, 12 months is the standard period of time in which rates will not change, however this time period may be increased at the request of the Policyholder.
- Increases in rates will not be made more often than in a 12 month period, however this time period may be increased to up to a 36 month period, if requested by the Policyholder.
- The number of days required for payment of premium following the expiration of continuation of insurance will range from 60 to 120 days.
- Premium shall be due monthly, quarterly, semi-annually or annually.
- The Monthly administrative charge will not exceed an amount equal to the sum of \$10.00 and 2.5% of the monthly premium due.
- The time period for notice of cancellation may range from 30 days to 120 days.
- The Policy Grace Period and the Grace Period for the Insured may range from 30 days to 45 days.
- The time period in which an insured must apply for Reinstatement of Insurance may range from 31 to 90 days.

Administrative Provisions (Certificate) TL-010167

- The number of days required for payment of premium following the expiration of continuation of insurance will range from 60 to 120 days.
- Premium shall be due monthly, quarterly, semi-annually or annually.
- The Monthly administrative charge will not exceed an amount equal to \$10.00 and 2.5% of the monthly premium due.
- The Grace Period for the insured may range from 30 days to 45 days.
- The time period in which an insured must apply for Reinstatement of Insurance may range from 31 to 90 days.