

|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>CCGN-127345887</i>   | <i>State:</i>                 | <i>Arkansas</i>   |
| <i>Filing Company:</i>          | <i>Life Insurance Company of North America</i>                  | <i>State Tracking Number:</i> | <i>49438</i>  |
| <i>Company Tracking Number:</i> | <i>11-2007</i>  |                               |   |
| <i>TOI:</i>                     | <i>H03G Group Health - Accidental Death &amp; Dismemberment</i> | <i>Sub-TOI:</i>               | <i>H03G.000 Health - Accidental Death &amp; Dismemberment</i> |
| <i>Product Name:</i>            | <i>Group Accident Insurance</i>                                 |                               |   |
| <i>Project Name/Number:</i>     | <i>Administrative Provisions/11-2007</i>                        |                               |   |

## Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Accident Insurance      SERFF Tr Num: CCGN-127345887 State: Arkansas

TOI: H03G Group Health - Accidental Death & Dismemberment      SERFF Status: Closed-Approved- Closed      State Tr Num: 49438

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment      Co Tr Num: 11-2007      State Status: Approved-Closed

Filing Type: Form

Author: Rose Clark

Date Submitted: 08/01/2011

Reviewer(s): Rosalind Minor

Disposition Date: 08/02/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Administrative Provisions

Project Number: 11-2007

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

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

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust

Overall Rate Impact:

Filing Status Changed: 08/02/2011

State Status Changed: 08/02/2011

Deemer Date:

Created By: Rose Clark

Submitted By: Rose Clark

Corresponding Filing Tracking Number: 11-2007

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.

These forms are new and not intended to replace any forms currently on file. They are intended for use with Group Policy form GA-00-1000.00, et al which was previously approved by your Department.

SERFF Tracking Number: CCGN-127345887 State: Arkansas  
 Filing Company: Life Insurance Company of North America State Tracking Number: 49438  
 Company Tracking Number: 11-2007  
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
 Dismemberment  
 Product Name: Group Accident Insurance  
 Project Name/Number: Administrative Provisions/11-2007

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]

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## Filing Fees

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

| COMPANY                                 | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Life Insurance Company of North America | \$50.00 | 08/01/2011     | 50231251      |
| Life Insurance Company of North America | \$50.00 | 08/01/2011     | 50237111      |

SERFF Tracking Number: CCGN-127345887 State: Arkansas  
Filing Company: Life Insurance Company of North America State Tracking Number: 49438  
Company Tracking Number: 11-2007  
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: Group Accident Insurance  
Project Name/Number: Administrative Provisions/11-2007

## Correspondence Summary

### Dispositions

| Status          | Created By     | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 08/02/2011 | 08/02/2011     |

*SERFF Tracking Number:* CCGN-127345887      *State:* Arkansas  
*Filing Company:* Life Insurance Company of North America      *State Tracking Number:* 49438  
*Company Tracking Number:* 11-2007  
*TOI:* H03G Group Health - Accidental Death &      *Sub-TOI:* H03G.000 Health - Accidental Death &  
Dismemberment      Dismemberment  
*Product Name:* Group Accident Insurance  
*Project Name/Number:* Administrative Provisions/11-2007

## **Disposition**

Disposition Date: 08/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: CCGN-127345887 State: Arkansas  
 Filing Company: Life Insurance Company of North America State Tracking Number: 49438  
 Company Tracking Number: 11-2007  
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
 Product Name: Group Accident Insurance  
 Project Name/Number: Administrative Provisions/11-2007

## Form Schedule

Lead Form Number: GA-00-1741.00

| Schedule Item                 | Form Number         | Form Type   | Form Name                                     | Action  | Action Specific Data | Readability | Attachment                           |
|-------------------------------|---------------------|---|---|---------|----------------------|-------------|--------------------------------------|
| Approved-Closed<br>08/02/2011 | GA--<br>001740.00   | Policy/Cont<br>ract/Fratern<br>al   | Administrative Policy                         | Initial |                      |             | Accident<br>Policy Admin<br>Prov.pdf |
| Approved-Closed<br>08/02/2011 | GA-00-<br>CE1740.00 | Certificate<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Administrative<br>Provisions<br>(Certificate) | Initial |                      |             | Accident Cert<br>Admin<br>Prov.pdf   |

## **ADMINISTRATIVE PROVISIONS**

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### **Premiums**

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Schedule of Benefits*, the plan and amounts of insurance in effect. [Variable; e.g., If {a Covered Person's} insurance amounts are reduced due to age, premium will be based on the amounts of insurance in force on the day {after, before} the reduction took place.]

### **Changes in Premium Rates**

We may change the premium rates from time to time with at least {31 days} advance written notice to {variable; e.g., the Policyholder, Subscriber}. 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, We reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
- [2. the terms of the Subscriber's participation change;]
- [3.] a division, subsidiary, affiliated company or eligible class is added or deleted from this Policy;
- [4.] there is a change in the factors bearing on the risk assumed;
- [5.] any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

### **Payment of Premium**

- [1.] Policyholder

The first premium is due on the Policy Effective Date. Thereafter, premiums are due on the Premium Due Dates agreed upon between Us and the Policyholder.

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

- [2. [Optional: Subscriber]

The first premium is due on the Subscriber's effective date of participation under this Policy. Thereafter, premiums are due on the Premium Due Dates agreed upon between Us and the Subscriber. If any premium is not paid when due, the Subscriber's participation under this Policy will be terminated as of the Premium Due Date on which premium was not paid.]

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

- [3. {Covered Person}

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

### **Grace Period**

- [1.] {Policy}

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

- [2. Subscriber

A Grace Period of {31 days} will be granted to each Subscriber for payment of its required premiums under this Policy. A Subscriber's participation under this Policy will remain in effect during the Grace Period. The Subscriber is liable to Us for any unpaid premium for the time its participation under this Policy was in force.]

*Include when premiums payable directly by Employee or Member*

[3. {Covered Person}

A Grace Period of {31 days} will be granted for payment of required premiums under this Policy. {A Covered Person's} insurance under this Policy will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the grace period by the amount of premium due. If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.]

## **ADMINISTRATIVE PROVISIONS**

### **[Premiums**

All premium rates are expressed in, and all premium are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Schedule of Benefits*, the plan and amounts of insurance in effect. [Variable; e.g., If {Your , Your Spouse's and/or Dependent Child's} insurance amounts are reduced due to age, premium will be based on the amounts of insurance in force on the day {after, before} the reduction took place.]]

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

### **Payment of Premium**

You {*shall / may*} be responsible for the payment of premium directly to Us, as determined by the {*Employer / Policyholder/Subscriber*} from the Policy Effective Date, or following the expiration of {*60 / 90 / 120 / X*} days from the date {Your, Your Spouse's and/or Dependent Child's} insurance is continued 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, insurance will end as of the premium due date, except as provided in the Grace Period section. [In addition to premium, We may assess a Monthly Administrative Charge, as appropriate to the Covered Class. In no event will the Monthly Administrative Charge exceed an amount equal to the sum of {*\$1.00 / \$ 10.00*} and {*0% / 2.5%*} of the monthly premium due].]

### **Grace Period**

A Grace Period of {*31 days*} will be granted for payment of required premiums under this Policy. Insurance under this Policy for You {, Your Spouse and/or Dependent Child} will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the grace period by the amount of premium due. If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.

|                                 |   |                               |   |
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| <i>SERFF Tracking Number:</i>   | <i>CCGN-127345887</i>   | <i>State:</i>                 | <i>Arkansas</i>   |
| <i>Filing Company:</i>          | <i>Life Insurance Company of North America</i>                  | <i>State Tracking Number:</i> | <i>49438</i>  |
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| <i>TOI:</i>                     | <i>H03G Group Health - Accidental Death &amp; Dismemberment</i> | <i>Sub-TOI:</i>               | <i>H03G.000 Health - Accidental Death &amp; Dismemberment</i> |
| <i>Product Name:</i>            | <i>Group Accident Insurance</i>                                 |                               |   |
| <i>Project Name/Number:</i>     | <i>Administrative Provisions/11-2007</i>                        |                               |   |

## Supporting Document Schedules

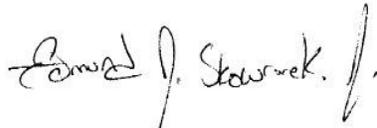
|   | <b>Item Status:</b> | <b>Status Date:</b> |
|---|---------------------|---------------------|
| <p><b>Satisfied - Item:</b> Flesch Certification</p> <p><b>Comments:</b><br/>Flesch Cert. attached<br/>Rule &amp; Regulation 19 not applicable to this filing.<br/>Rule &amp; Regulation 49 not applicable to this filing.</p> <p><b>Attachment:</b><br/>LINA Flesch Cert.pdf</p> | Approved-Closed     | 08/02/2011          |
| <p><b>Satisfied - Item:</b> Application</p> <p><b>Comments:</b><br/>Application approved August 17, 1998, form TL-007141.</p>   | Approved-Closed     | 08/02/2011          |
| <p><b>Satisfied - Item:</b> Cover Letter</p> <p><b>Comments:</b></p> <p><b>Attachment:</b><br/>Cover Letter.pdf</p>   | Approved-Closed     | 08/02/2011          |
| <p><b>Satisfied - Item:</b> Description of Variability</p> <p><b>Comments:</b></p> <p><b>Attachment:</b><br/>Admin Provisions - LINA DOV.pdf</p>  | Approved-Closed     | 08/02/2011          |

**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.

| <b>Form Number</b> | <b>Description of Form</b>              | <b>Score</b> |
|--------------------|---|--------------|
| GA-00-1740.00      | Administrative Provisions (Policy)      | 48.8         |
| GA-00CE1740.00     | Administrative Provisions (Certificate) | 50.2         |



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#: 11-2007

**Group Term Life Insurance**

Administrative Provisions (Policy) – Form GA-00-1740.00  
Administrative Provisions (Certificate) – Form GA-00-CE1740.00

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 GA-00-1000.00, et al 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.

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 Contact me via e-mail me at [rose.clark@cigna.com](mailto:rose.clark@cigna.com) or by phone at 215.761.4110.

Sincerely,

*Rose L. Clark*

Rose L. Clark

**LIFE INSURANCE COMPANY OF NORTH AMERICA (LINA)**  
**DESCRIPTION OF VARIABILITY**  
**GROUP ACCIDENT POLICY**  
**FORMS: GA-00-1740.00**  
**GA-00-CE-1740.00**

The above-captioned forms are additional forms for use with previously approved policy forms GA-00-1000.00, et al.

**General Notes on Variability**

This policy form is designed to provide Group Accident Insurance that can be issued (a) directly to an employer or other eligible group or (b) to a trust to which multiple employers or other eligible entities may subscribe. 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.

Certificates will consist of text identical to the Policy, but may be personalized for specific certificate holders. The content, format and text of the certificates may be varied by the Company in any of the following specific respects:

- a. Separate certificates may be issued for one or more Covered Classes of insureds under the policy. In that case, language not applicable to the rights of the Covered Person in that Covered Class may be omitted.
- b. Any language which reflects the rights and obligations of the Group Policyholder may be omitted.
- c. "You" may be substituted for the Covered Person and the text may be written in a more conversational style.
- d. The order and grouping of provisions may be modified to better apply to the certificateholder.
- e. The print size, style, page size and layout may be modified to reflect 8 ½" x 11" pages, 5" x 7" pages, or other sizes subject to any requirements of the readability law of your state.
- f. The listing of Initial Premium Rates may be deleted, in which case a reference to the premium rates contained in the Policy will be substituted.

**Specific Notes on Variability**

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

**Administrative Provisions (GA-00-1740.00 & GA-00-CE-1740.00)**

Variable text will be included, excluded or modified according to the type of group covered. Time limits may be increased but will not be less than the minimums required by law. Time frames and percentages may be modified at the request of the policyholder, but will not be less favorable to the insured than what is shown.

- The Premium Rates will be based on the amount of insurance in force on either the day before the reduction took place or after the reduction took place.
- 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 increase if requested by the Policyholder.
- Premium shall be due monthly, quarterly, semi-annually or annually.
- The number of days required for payment of premium following the expiration of continuation of insurance will range from 60 to 120 days.
- 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 Policy Grace Period and the Grace Period for the Insured may range from 30 days to 45 days