

SERFF Tracking Number: CCGN-127347971 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 49435
Company Tracking Number: 11-4008
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life Insurance
Project Name/Number: RA-Claim payment Rider/11-4008

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-127347971 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49435

Co Tr Num: 11-4008

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: RA-Claim payment Rider

Project Number: 11-4008

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: 11-4008

Filing Description:

Attached is the above captioned form for your review and approval. This form is new and is not intended to replace any other form currently approved by your department.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

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

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Rose Clark

It is intended for use with all Group Term Life forms approved by your Department. The form is intended to amend the claim payment provisions, providing clarity on claim payment options. We may issue this form as an amendatory rider to existing policyholders, or language may be incorporated directly into newly issued policies.

Variable material is indicated in brackets. Hard brackets ([]) indicate text that may be included or excluded. Illustrative

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material is indicated by soft brackets ({ }). Illustrative 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? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	08/01/2011	50223543

<i>SERFF Tracking Number:</i>	<i>CCGN-127347971</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>49435</i>
<i>Company Tracking Number:</i>	<i>11-4008</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>RA-Claim payment Rider/11-4008</i>		

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		Yes
Supporting Document	Description of Variability		Yes
Form	Claim Payment Amendatory Rider		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: RA-TL-1000.00

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RA-TL1000.00	Certificate	Claim Payment Amendmen t, Insert Page, Endorseme nt or Rider	Initial			Claim Payment Rider TL.pdf

Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, Pennsylvania 19192-2235

[CLAIM PAYMENT] AMENDATORY RIDER

{Policyholder, Subscriber}: {ABC Company}

Policy No.: {FLX-00000} Effective Date {September 1, 2011}

[Applicable to Class(es): {Class 1}]

This Amendatory Rider is attached to and made part of the Policy/Certificate specified above.

The Group Policy/Certificate delivered is amended as follows:

CLAIM PROVISIONS

Manner of Payment of Claims

{The Policyholder, Employer authorizes that} {A}ny benefit payment [due as a lump sum] of {\$5,000.00} or more shall be credited to a draft account with the Insurance Company, in the name of the {claimant, recipient, beneficiary}. The {claimant, recipient, beneficiary, account holder} may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

(The following text may be added to the Schedule of Rates or Administrative Provisions)

Draft Accounts

The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

Life Insurance Company of North America



{Mathew G. Manders, President}

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Supporting Document Schedules

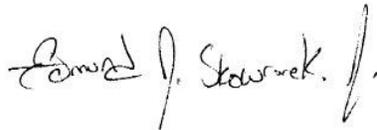
	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: LINA Flesch Cert.pdf		
Satisfied - Item: Application Comments: Previously filing TL-004778 approved January 4, 1994		
Satisfied - Item: Cover Comments: Attachment: Cover letter.pdf		
Satisfied - Item: Description of 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
RA-TL-1000.00	Claim Payment Provision Rider	50.4



Signature: _____

Name: Edmund J. Skowronek

Title: Assistant Secretary

Date: 8/1/2011

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 72201-1907

Re: Life Insurance Company of North America

NAIC #: 0901 – 65498
FEI Number: 23-1503749
Company ID#: 11-4008

Group Term Life Insurance
Claim Payment Amendatory Rider, RA-TL-1000.00

Dear Commissioner Bradford:

Attached is the above captioned form for your review and approval. This form is new and is not intended to replace any other form currently approved by your department.

It is intended for use with all Group Term Life forms approved by your Department. The form is intended to amend the claim payment provisions, providing clarity on claim payment options. We may issue this form as an amendatory rider to existing policyholders, or language may be incorporated directly into newly issued policies.

Variable material is indicated in brackets. Hard brackets ([]) indicate text that may be included or excluded. Illustrative material is indicated by soft brackets ({ }). Illustrative material will never be more restrictive than permitted by law.

The referenced form has been written in readable language and is 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 25, 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 or by phone 215.761.4110.

Sincerely,

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
CLAIM PAYMENT AMENDATORY RIDER**

FORM: RA-TL-1000.00

The above-captioned form is an additional form for use with all previously approved Group Term Life forms.

General Notes on Variability

This rider is designed to be used with 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 form, 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 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 above-captioned form.

- The policyholder name/subscriber name, policy number, rider effective date and eligible classes are enclosed in soft brackets { }. This signifies that this information will vary based on the policy number, effective date of the rider and eligible class(es) to which the rider applies.
- A minimum of \$5,000 shall be credited to a draft account.
- References to claimant, recipient, beneficiary or account holder may be selected as applicable.