

SERFF Tracking Number: CCGN-127348806 State: Arkansas
 Filing Company: Life Insurance Company of North America State Tracking Number: 49439
 Company Tracking Number: 11-2008
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Dismemberment
 Product Name: Group Accident Insurance
 Project Name/Number: RA-Claim Payment Rider/11-2008

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.

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 form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	08/01/2011	50231789

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 08/02/2011

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Description of Variability	Approved-Closed	Yes
Form	Claim Payment Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: RA-GA-1000.00

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/02/2011	RA-GA-100.00	Policy/Contract	Claim Payment Rider Initial	Initial			Claim Payment Rider-GA.pdf
			Certificate: Amendment, Insert Page, Endorsement or Rider				

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

[CLAIM PAYMENT] AMENDATORY RIDER

{Policyholder, Subscriber}: {ABC Company} _____

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

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

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

The Group Policy/Certificate is amended as follows under:

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 Benefits 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}

<i>SERFF Tracking Number:</i>	<i>CCGN-127348806</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>49439</i>
<i>Company Tracking Number:</i>	<i>11-2008</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group Accident Insurance</i>		
<i>Project Name/Number:</i>	<i>RA-Claim Payment Rider/11-2008</i>		

Supporting Document Schedules

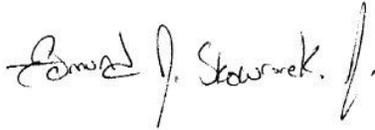
	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachment: LINA Flesch Cert.pdf</p>	Approved-Closed	08/02/2011
<p>Satisfied - Item: Application</p> <p>Comments: Application approved August 17, 1998, form TL-007141</p>	Approved-Closed	08/02/2011
<p>Satisfied - Item: Cover Letter</p> <p>Comments:</p> <p>Attachment: Cover Letter.pdf</p>	Approved-Closed	08/02/2011
<p>Satisfied - Item: Description of Variability</p> <p>Comments:</p> <p>Attachment: RA-GA-1000.00 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.

Form Number	Description of Form	Score
RA-GA-1000.00	Claim Payment Amendatory 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

**Group Accident Form Rider
Claim Payment Amendatory Rider, RA-GA-1000.00**

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.

This form is new and not intended to replace any forms currently on file. It is intended for use with all Group Accident 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 ACCIDENT INSURANCE POLICY**

FORM: RA-GA-1000.00

The above-captioned forms are additional forms for use with all previous approved Group Accident forms.

General Notes on Variability

This rider is designed to be used with Group Accident 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 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.

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.