

SERFF Tracking Number: CCGN-127378641 State: Arkansas  
Filing Company: Life Insurance Company of North America State Tracking Number: 49618  
Company Tracking Number: 11-3004  
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness  
Product Name: Blanket Accident Insurance  
Project Name/Number: RA Cliam Payment Rider/11-3004

## Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Blanket Accident Insurance SERFF Tr Num: CCGN-127378641 State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 49618  
Closed

Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: 11-3004 State Status: Approved-Closed

Filing Type: Form

Author: Rose Clark

Date Submitted: 08/23/2011

Reviewer(s): Rosalind Minor

Disposition Date: 08/30/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: RA Cliam Payment Rider

Project Number: 11-3004

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association

Filing Status Changed: 08/30/2011

State Status Changed: 08/30/2011

Created By: Rose Clark

Corresponding Filing Tracking Number: 11-3004

PPACA: Not PPACA-Related

PPACA Notes: null

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 PA.

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Rose Clark

This form is new and not intended to replace any forms currently on file. It is intended for use with all Blanket Accident

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 Product Name: Blanket Accident Insurance  
 Project Name/Number: RA Cliam Payment Rider/11-3004

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.

## 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? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: \$50.00 filing fee per form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$50.00	08/23/2011	50879614

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/30/2011	08/30/2011

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*Project Name/Number:* RA Clam Payment Rider/11-3004

## **Disposition**

Disposition Date: 08/30/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	No
<b>Supporting Document</b>	Application	Approved-Closed	No
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	No
<b>Supporting Document</b>	Cover letter	Approved-Closed	No
<b>Supporting Document</b>	Description of Variability	Approved-Closed	No
<b>Supporting Document</b>	Actuarial Certificate	Approved-Closed	No
<b>Form</b>	Claim Payment Rider	Approved-Closed	No

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 Project Name/Number: RA Claim Payment Rider/11-3004

## Form Schedule

**Lead Form Number: RA-BA-1000.00**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/30/2011	RA-BA-1000.00	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Claim Payment Rider Initial			50.400	Claim Payment Rider-BA.pdf

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

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**{CLAIM PAYMENT} AMENDATORY RIDER**

{Policyholder, Subscriber}: {ABC Company}\_\_\_\_\_

Policy No.: {ABL -00000} Effective Date {September 1, 2010}\_\_\_\_\_

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

{ABC Group}:

Policy No. { }

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

The 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 }**

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Attachment <b>Attachment:</b> LINA Flesch Cert.pdf	Approved-Closed	08/30/2011
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not Applicable <b>Comments:</b>	Approved-Closed	08/30/2011
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> Not Applicable <b>Comments:</b>	Approved-Closed	08/30/2011
<b>Satisfied - Item:</b> Cover letter <b>Comments:</b> Attachment <b>Attachment:</b> Cover Letter 11-3004.pdf	Approved-Closed	08/30/2011
<b>Satisfied - Item:</b> Description of Variability	Approved-Closed	08/30/2011

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**Comments:**

Attachment

**Attachment:**

RA-BA-1000.00 LINA DOV.pdf

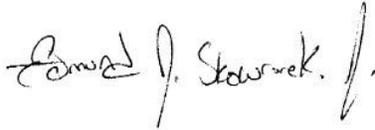
	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Actuarial Certificate	Approved-Closed	<b>Date:</b> 08/30/2011
<b>Comments:</b>		
Attachment		
<b>Attachment:</b>		
LINA Actuarial Cert BA.pdf		

**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.

<b>Form Number</b>	<b>Description of Form</b>	<b>Score</b>
RA-BA-1000.00	Claim Payment Amendatory Rider	50.4



Signature: \_\_\_\_\_

Name: Edmund J. Skowronek  
\_\_\_\_\_

Title: Assistant Secretary  
\_\_\_\_\_

Date: 8/19/2011  
\_\_\_\_\_

Rose Clark  
Compliance Specialist  
Regulatory & State Government Affairs



**CIGNA Group Insurance**  
Life • Accident • Disability

August 22, 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

**Blanket Accident Form Rider  
Claim Payment Amendatory Rider, RA-BA-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 Blanket 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.

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August 22, 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 215.761.4110.

Sincerely,

A handwritten signature in blue ink that reads "Rose L. Clark". The signature is written in a cursive style with a light blue background behind the text.

Rose L. Clark

**LIFE INSURANCE COMPANY OF NORTH AMERICA (LINA)  
DESCRIPTION OF VARIABILITY  
BLANKET ACCIDENT INSURANCE POLICY**

**FORM: RA-BA-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.

**LIFE INSURANCE COMPANY OF NORTH AMERICA (LINA)**

**Blanket Accident Claim Payment Amendatory Rider RA-BA-1000.00**

**Actuarial Certification**

I certify that the provisions in the forms listed below do not have an impact on the blanket accident rates on file.

Forms:

RA-BA-1000.00

Submitted by:

A handwritten signature in cursive script that reads "Kathryn R. Shelton".

Kathryn Shelton, FSA, MAAA  
Actuarial Director