

SERFF Tracking Number: CCGN-127388504 State: Arkansas
Filing Company: Life Insurance Company of North America State Tracking Number: 49650
Company Tracking Number: 11-1008
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
Product Name: Group Disability Insurance
Project Name/Number: Administrative Provisions/11-1008

Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Group Disability Insurance SERFF Tr Num: CCGN-127388504 State: Arkansas

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved- State Tr Num: 49650
Closed

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: 11-1008 State Status: Approved-Closed
Long Term

Filing Type: Form

Author: Rose Clark

Date Submitted: 08/26/2011

Reviewer(s): Rosalind Minor

Disposition Date: 09/06/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Administrative Provisions

Project Number: 11-1008

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 PA.

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association

Filing Status Changed: 09/06/2011

State Status Changed: 09/06/2011

Created By: Rose Clark

Corresponding Filing Tracking Number: 11-1008

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Rose Clark

Filing Description:

Attached please find the above captioned forms for your review and approval. These forms are new and are not intended to replace any other form currently approved by your department. 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 intended for use with our previously approved group disability forms, TL-004700 et al. These forms include additional text to the payment of premium provision that will accommodate situations where premium is payable

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 directly to the insurance company by the insured.

The forms note when certain provisions within the form may be included, deleted or modified, as applicable to a particular policy. Material indicated by hard brackets ([]) indicate text that may be included or excluded as requested by the Policyholder. Variable text that is indicated by soft brackets ({ }) may be changed if such changes are requested by the Policyholder and agreed to by us. 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? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50.00 fee per filing form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	\$100.00	08/26/2011	51009394

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/06/2011	09/06/2011

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Disposition

Disposition Date: 09/06/2011

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
Supporting Document	Actuarial Certificate	Approved-Closed	Yes
Form	Administrative Provisions (Policy)	Approved-Closed	Yes
Form	Administrative Provision (Certificate)	Approved-Closed	Yes

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Form Schedule

Lead Form Number: TL-010225

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/06/2011	TL-010225	Policy/Cont Administrative ract/Fratern Provisions (Policy) al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.600	TL-010225 POLICY ADMIN PROV.pdf
Approved-Closed 09/06/2011	TL-010226	Policy/Cont Administrative ract/Fratern Provision (Certificate) al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.400	TL-010226 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.

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 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.

- [• The Policy terms change]
- [• A division, subsidiary, eligible company, or class is added or deleted]
- [• There is a change of more than {10%, 15%, 20%} in the number of {eligible Employees, Insureds}]
- [• Federal or state laws or regulation affecting benefit obligations change]
- [• Other changes occur in the nature of the risk that would affect the Insurance Company's original risk assessment]
- [• The Insurance Company determines the {Employer} fails to furnish necessary information]

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

[The {Employee} {shall / may} be responsible for the payment of premium directly to the Insurance Company, as determined by the {Employer} from the Policy Effective Date, or following the expiration of {60 / 90 / 120} days from the date coverage is continued for an {Employee} under the Continuation of Insurance provision of the Policy. Premium shall be due {monthly / quarterly / semi-annually / annually}, unless the {Employee} 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 Class of Eligible Employees. 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].]

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 is 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

{An Employee's} insurance may be reinstated if it ends {because he or she is on an unpaid leave of absence}. If {an Employee's} Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, {an Employee's} insurance may be reinstated at the conclusion of the FMLA leave.

If {an Employee's} Active Service ends due to an {Employer approved unpaid leave of absence}, other than an approved FMLA leave, insurance may be reinstated only:

1. If the reinstatement occurs within {12 weeks} from the date insurance ends, or
2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA).

Optional: Included at the option of the Policyholder:

[If {an Employee's} Active Service ends due to Temporary Layoff, insurance may be reinstated only if the reinstatement occurs within {31 days to 12 months} from the date insurance ends.]

For insurance to be reinstated the following conditions must be met:

1. {An Employee} must be in a Class of Eligible Employees.
2. The required premium must be paid.
- [3. The Insurance Company must receive a written request for reinstatement within 31 days from the date an Employee returns to Active Service.]

Reinstated insurance will be effective on the date {the Employee} returns to Active Service. If {an Employee} did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to {an unpaid leave of absence, Temporary Layoff} credit will be given for any time that was 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.

Include when premiums payable directly to Insurance Company by the Employee

Payment of Premium

[You {shall / may} be responsible for the payment of premium directly to the Insurance Company, as determined by the {Employer} from the Policy Effective Date, or following the expiration of {60 / 90 / 120} days from the date coverage is continued for an {Employee} under the Continuation of Insurance provision 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 for the {Insured} section. [In addition to premium, the Insurance Company may assess a Monthly Administrative Charge, as appropriate to the Class of Eligible Employees. 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].]

Your Grace Period

If your 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 is 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 insurance may be reinstated if it ends {because you are on an unpaid leave of absence}. If your Active Service ended due to an approved leave pursuant to the Family and Medical Leave Act (FMLA) and Continuation of Insurance is not applicable, your insurance may be reinstated at the conclusion of the FMLA leave.

If your Active Service ends due to an {Employer approved unpaid leave of absence}, other than an approved FMLA leave, insurance may be reinstated only:

1. If the reinstatement occurs within {12 weeks} from the date insurance ends, or
2. When returning from military service pursuant to the Uniformed Services Employment Act of 1994 (USERRA).

Optional: Included at the option of the Policyholder:

[If your Active Service ends due to Temporary Layoff, insurance may be reinstated only if the reinstatement occurs within {31 days to 12 months} from the date insurance ends.]

For insurance to be reinstated the following conditions must be met:

1. You must be in a Class of Eligible Employees.
2. The required premium must be paid.
- [3. The Insurance Company must receive a written request for reinstatement within 31 days from the date you return to Active Service.]

Reinstated insurance will be effective on the date you return to Active Service. If you did not fully satisfy the Eligibility Waiting Period or the Pre-Existing Condition Limitation (if any) before insurance ended due to {an unpaid leave of absence, Temporary Layoff} credit will be given for any time that was satisfied.

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/06/2011
Comments:	Attached		
Attachment:	LINA Flesch Cert.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/06/2011
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	09/06/2011
Comments:	Attached		
Attachment:	Cover Letter.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Description of Variability	Approved-Closed	09/06/2011
Comments:	Attached		
Attachment:	DOV.pdf		

		Item Status:	Status Date:

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Product Name: Group Disability Insurance
Project Name/Number: Administrative Provisions/11-1008
Satisfied - Item: Actuarial Certificate Approved-Closed 09/06/2011

Comments:

Attached

Attachment:

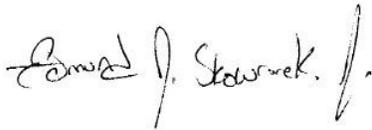
LINA Actuarial Cert.pdf

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. Each form was scored separately and in its entirety. These scores are set forth below.

Form Number	Description of Form	Score
TL-010225	Administrative Provisions (Policy)	50.6
TL-010226	Administrative Provisions (Certificate)	50.4



Signature: _____

Name: Edmund J. Skowronek Jr. _____

Title: Assistant Secretary _____

Date: 8/22/2010 _____

Rose Clark
Compliance Analyst
Regulatory & State Government Affairs



CIGNA Group Insurance
Life • Accident • Disability

August 25, 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#: 11-1008

Group Disability Insurance

Form Filing:

TL-010225 – Administrative Provisions (Policy)
TL-010226 – Administrative Provisions (Certificate)

Dear Commissioner Bradford:

Attached please find the above captioned forms for your review and approval. These forms are new and are not intended to replace any other form currently approved by your department. 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 intended for use with our previously approved group disability forms, TL-004700 et al. 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.

The forms note when certain provisions within the form may be included, deleted or modified, as applicable to a particular policy. Material indicated by hard brackets ([]) indicate text that may be included or excluded as requested by the Policyholder. Variable text that is indicated by soft brackets ({ }) may be changed if such changes are requested by the Policyholder and agreed to by us. 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.

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We appreciate your consideration of this submission 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 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
DESCRIPTION OF VARIABILITY

RE: Policy Forms TL-010225 and TL-010226

We intend to use these forms in connection with Group Insert Policy Form **TL-004700** et al which was approved for use with our Group Disability product. These forms are intended to be used with our Disability product and to be available as additional options along with any similar forms previously approved.

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 that the text may be included or excluded. Variable text that is indicated by soft brackets ({ }) may be changed if such changes are requested by the Policyholder and agreed to by us. In no event will the information contained in bracketed areas be less favorable to the Insured than the minimum standards set forth in your law.

References to “Employer”, “Policyholder” and “Subscriber” may be selected as applicable. 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 provision applies to a specific class, may be added as applicable.

Please note the following specific variations.

TL-010225: ADMINISTRATIVE PROVISIONS (POLICY)

- The number of days required for written notice of premium change may range from 30 days to 120 days.
- After the policy effective, 12 months is the standard period of time in which rates will not change; however, this time period may range from 12 months to 60 months, at the request of the Policyholder.
- Rates may change in the event there is a change of more than 10%, 15% or 20% in the number of eligible employees or insureds. The percentage will be 10%, 15% or 20%.
- 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 grace period for payment of premium may range from 30 days to 60 days.
- Insurance may be reinstated if it ends because of an unpaid leave of absence or short-term disability paid leave.
- Reinstatement of insurance due to an unpaid leave or short-term disability paid leave (other than an FMLA leave) must occur within 12 weeks from the date insurance ends, however this time period may be increased to up to 12 months, at the request of the Policyholder.
- Reinstatement of insurance due to temporary layoff must occur within 31 days from the date insurance ends, however this time period may be increased to up to 12 months, at the request of the Policyholder.

TL-010226: ADMINISTRATIVE PROVISIONS (CERTIFICATE)

- 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 grace period for payment of premium may range from 30 days to 60 days.
- Insurance may be reinstated if it ends because of an unpaid leave of absence or short-term disability paid leave.
- Reinstatement of insurance due to an unpaid leave or short-term disability paid leave (other than an FMLA leave) must occur within 12 weeks from the date insurance ends, however this time period may be increased to up to 12 months, at the request of the Policyholder.
- Reinstatement of insurance due to temporary layoff must occur within 31 days from the date insurance ends, however this time period may be increased to up to 12 months, at the request of the Policyholder.