

SERFF Tracking Number: CCGN-127833682 State: Arkansas
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 50290
Company Tracking Number: 11-7004
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Universal Life
Project Name/Number: Claim Payment Rider/11-7004

Filing at a Glance

Company: Connecticut General Life Insurance Company

Product Name: Group Universal Life

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: CCGN-127833682 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 50290

Co Tr Num: 11-7004

Authors: Terri Jones, Harriet Webb

Date Submitted: 11/17/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/26/2012

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Claim Payment Rider

Project Number: 11-7004

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 01/26/2012

State Status Changed: 01/26/2012

Created By: Harriet Webb

Corresponding Filing Tracking Number: 11-7004

Filing Description:

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

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Pending until
approved.

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Harriet Webb

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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

Harriet Webb, Harriet.Webb@CIGNA.com
 1601 Chestnut St -Two Liberty 215-761-4104 [Phone]
 Philadelphia, PA 19192

Filing Company Information

Connecticut General Life Insurance Company CoCode: 62308 State of Domicile: Connecticut
 1601 Chestnut Street Group Code: 901 Company Type:
 Philadelphia, PA 19192 Group Name: State ID Number:
 (215) 761-8442 ext. [Phone] FEIN Number: 06-0303370

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: State Requirement.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Connecticut General Life Insurance Company	\$50.00	11/17/2011	53835922

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/26/2012	01/26/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/22/2011	11/22/2011	Harriet Webb	01/25/2012	01/25/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional Extension	Note To Filer	Linda Bird	01/24/2012	01/24/2012
Additional Extension	Note To Reviewer	Harriet Webb	01/23/2012	01/23/2012
Extension on Arkansas Filing	Note To Filer	Linda Bird	12/27/2011	12/27/2011
Extension on Arkansas Filing - 11-7004 Claim Payment Rider	Note To Reviewer	Harriet Webb	12/21/2011	12/21/2011

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Disposition

Disposition Date: 01/26/2012

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 Letter		Yes
Supporting Document	Acturial Certificate		No
Supporting Document	Description of Variability		Yes
Form	Claim Payment Rider		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/22/2011
Submitted Date	11/22/2011
Respond By Date	12/22/2011

Dear Harriet Webb,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: The Amendatory Rider is subject to Bulletin 26-91 and Bulletin 26A-91. The beneficiary is guaranteed to receive interest at no less than eight percent (8%) per annum. Please review the bulletins and make the necessary corrections.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/25/2012
Submitted Date 01/25/2012

Dear Linda Bird,

Comments:

Thank you for taking the time to review our filing for the State of Arkansas.

Response 1

Comments: We have reviewed the Bulletin 26-91 and Bulletin 26A-91 and while Bulletin 26-91, dated Oct. 31, 1991, did state:

The beneficiary is guaranteed to receive interest at no less than eight percent (8%) per annum in accordance with Ark. Code Ann. §23-81-118(b),

That directive was rescinded in subsequent Bulletin 26A-91 dated Dec. 26, 1991. In Bulletin 26A-91, the Insurance Commissioner stated:

Our visit with the ACLI delegation, including Jerry O'Leary of the ACLI staff, however, convinces us that a more moderate "case by case" approach may be appropriate in considering the propriety of particular "Automatic Benefits Checkbook" or "Beneficiary Access" accounts, and, further, that eight percent (8%) interest should not be required of claims proceeds held within these accounts until it has been determined:

- i. That an "unfair" or "deceptive" act has occurred – measured as hereinafter set forth; and
- ii. That there has been a violation of Ark. Code Ann. §23-81-118(b) requiring that claims payments be "paid" or "settled" within 30 days.

The Insurance Commissioner thereafter stated in that same Bulletin (26A-91):

If those criteria are not met, consideration will then be given to whether the death proceeds have, in fact, been "paid" or the claim "settled" with the meaning of A.C.A. 23-63-106 and as to whether the carrier should be subjected to possible unfair trade practice sanctions and to the imposition of the eight percent (8%) per annum interest penalty of A.C.A §23-81-118(b).

Accordingly, contrary to the stated Objection, there is no "guarantee" of 8% interest per annum on the claim proceeds held in Retained Asset Accounts. Instead, it is only upon a determination of a violation of Bulletin 26A-91 by the

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Insurance Commissioner that consideration is given as to whether interest at 8% per annum should be assessed as a penalty. As a result, we do not believe any change in the language of the Amendatory Rider is necessary for these reasons.

Finally, Bulletin 26A-91 also states the Insurance Commissioner's approval that the use of Retained Asset Accounts (even including their establishment as a "Negative Option" on a Claim Form) and that the use of such accounts does not violate Arkansas law:

We have concluded that "negative option" selection of these accounts will be permitted and will not necessarily be considered to be an "unfair or deceptive act or practice" within the meaning of Ark. Code Ann. §23-66-205 and 23-66-209.

Related Objection 1

Comment:

The Amendatory Rider is subject to Bulletin 26-91 and Bulletin 26A-91. The beneficiary is guaranteed to receive interest at no less than eight percent (8%) per annum. Please review the bulletins and make the necessary corrections.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Again, thank you for extending our time so we could review the Bulletin(s) and respond to your request.

Sincerely,
Harriet Webb, Terri Jones

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Note To Filer

Created By:

Linda Bird on 01/24/2012 07:57 AM

Last Edited By:

Linda Bird

Submitted On:

01/24/2012 07:57 AM

Subject:

Additional Extension

Comments:

We will extend the reply date on this filing to 02/24/12.

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Note To Reviewer

Created By:

Harriet Webb on 01/23/2012 03:32 PM

Last Edited By:

Harriet Webb

Submitted On:

01/23/2012 03:32 PM

Subject:

Additional Extension

Comments:

Dear Mr/Ms. Reviewer, our Legal Department has not finish researching your request. We are asking that the State of Arkansas to please give us some extra time to respond to your Objection from the State of Arkansas.

Thank you in advance for your time and consideration on our request.

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Note To Filer

Created By:

Linda Bird on 12/27/2011 11:35 AM

Last Edited By:

Linda Bird

Submitted On:

12/27/2011 11:35 AM

Subject:

Extension on Arkansas Filing

Comments:

The Department will extend the response date on this submission to 01/23/12.

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Note To Reviewer

Created By:

Harriet Webb on 12/21/2011 10:06 AM

Last Edited By:

Harriet Webb

Submitted On:

12/21/2011 10:08 AM

Subject:

Extension on Arkansas Filing - 11-7004 Claim Payment Rider

Comments:

We are asking permission to have a thirty (30) day extension on this Arkansas filing. We are doing research with our Legal Department to answer your concerns.

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Form Schedule

Lead Form Number: RA-XX-1000.00

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RA-XX-1000.00	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Claim Payment Rider Initial			40.600	Claim Payment Rider - GUL.pdf

Connecticut General Life Insurance Company
1601 Chestnut Street
Philadelphia, Pennsylvania 19192-2235

AMENDATORY RIDER

{Policyholder, Subscriber}: _____ {ABC Company} _____

Policy No.: {FLX-00000} Effective Date: _____ {September 1, 2010} _____

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

{ABC Group}: _____ Policy No. { }

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

The Group Policy/Certificate delivered is amended to include the following:

GENERAL PROVISIONS

{Payment of Proceeds}

{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.

Connecticut General Life Insurance Company



{Mathew G. Manders, President}

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: GULII Flesch Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Previously filing TL-004778 approved January 4, 1994.		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: GUL-Cover letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Certificate Comments: Attachment: CG Actuarial Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Description of Variability Comments: Attachment:		

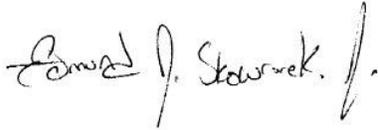
SERFF Tracking Number: CCGN-127833682 *State:* Arkansas
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GUL DOV.pdf

Connecticut General Life Insurance Company

READABILITY CERTIFICATION

We, Connecticut General Life Insurance Company, 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-XX-1000.00	Claim Payment Amendatory Rider	40.6



Signature:

Name: Edward J. Skowronek

Title: Assistant Secretary

Date: 10/03/2011

Group Insurance
Life · Accident · Disability

Harriet V. Webb
Compliance Specialist
Legal and Public Affairs Compliance

1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215-761-4104
Facsimile 215-761-5609

November 17, 2011

Jay Bradford, Commissioner
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Connecticut General Life Insurance Company
NAIC#: 0901-62308 FEIN#: 06-0303370
RA-XX-1000.00 Claim Payment (Amendatory Rider)
CCGN-127833682

Dear Commissioner Bradford:

Attached is the above captioned form for your review and approval.

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

We appreciate you taking the time to review this form 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 via email at harriet.webb@cigna.com, or by phone at 215.761.4104.

Sincerely,

Harriet V. Webb
Harriet V. Webb

CONNECTICUT GENERAL LIFE INSURANCE COMPANY
DESCRIPTION OF VARIABILITY
GROUP UNIVERSAL LIFE INSURANCE CLAIM PAYMENT AMENDATORY RIDER

FORMS: RA-XX-1000.00

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

General Notes on Variability

This rider is designed to be used with Group Universal 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 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.

Specific Notes on Variability

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

- 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.