

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.003 Long Term
Product Name: Group Disability Insurance
Project Name/Number: Family Care Expense and Child Education Benefit/12-1003

Filing at a Glance

Company: Life Insurance Company of North America
Product Name: Group Disability Insurance
State: Arkansas
TOI: H11G Group Health - Disability Income
Sub-TOI: H11G.003 Long Term
Filing Type: Form
Date Submitted: 09/28/2012
SERFF Tr Num: CCGN-128707883
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 12-1003

Implementation: 11/01/2012
Date Requested:
Author(s): Terri Jones
Reviewer(s): Donna Lambert (primary)
Disposition Date: 10/12/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.003 Long Term
Product Name: Group Disability Insurance
Project Name/Number: Family Care Expense and Child Education Benefit/12-1003

General Information

Project Name: Family Care Expense and Child Education Benefit
 Status of Filing in Domicile: Not Filed
 Project Number: 12-1003
 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval
 Domicile Status Comments: Filing not required in domicile state of Pennsylvania.
 Explanation for Combination/Other:
 Market Type: Group
 Submission Type: New Submission
 Group Market Size: Small and Large
 Group Market Type: Employer
 Overall Rate Impact:
 Filing Status Changed: 10/12/2012
 State Status Changed: 10/12/2012
 Deemer Date:
 Created By: Terri Jones
 Submitted By: Terri Jones
 Corresponding Filing Tracking Number:

Filing Description:

We submit forms TL-010205 and TL-010275 for your review and approval. These forms are new and not intended to replace any other forms currently approved by your department. These forms are intended for use with our previously approved group disability forms, TL-004700 et al.

Company and Contact

Filing Contact Information

Terri Jones, Compliance Sr. Specialist Terri.Jones@CIGNA.com
 1601 Chestnut St -Two Liberty 215-761-3941 [Phone]
 Philadelphia, PA 19192 215-761-5609 [FAX]

Filing Company Information

Life Insurance Company of North America
 1601 Chestnut Street
 TL16D
 Philadelphia, PA 19192
 (215) 761-8442 ext. [Phone]

CoCode: 65498
 Group Code: 901
 Group Name:
 FEIN Number: 23-1503749

State of Domicile: Pennsylvania
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 2 forms. \$50.00 per form.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Life Insurance Company of North America	\$100.00	09/28/2012	63210436

SERFF Tracking #:

CCGN-128707883

State Tracking #:

Company Tracking #:

12-1003

State:

Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI:

H11G Group Health - Disability Income/H11G.003 Long Term

Product Name:

Group Disability Insurance

Project Name/Number:

Family Care Expense and Child Education Benefit/12-1003

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/12/2012	10/12/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	10/04/2012	10/04/2012

Response Letters

Responded By	Created On	Date Submitted
Terri Jones	10/11/2012	10/11/2012

State: Arkansas
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.003 Long Term
Product Name: Group Disability Insurance
Filing Company: Life Insurance Company of North America
Project Name/Number: Family Care Expense and Child Education Benefit/12-1003

Disposition

Disposition Date: 10/12/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Flesch Certification	Approved	Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form (revised)	Family Care Expense Benefit	Approved	Yes
Form	Family Care Expense Benefit	Replaced	Yes
Form	Child Education Benefit	Approved	Yes

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.003 Long Term
Product Name: Group Disability Insurance
Project Name/Number: Family Care Expense and Child Education Benefit/12-1003

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/04/2012
Submitted Date	10/04/2012
Respond By Date	11/05/2012

Dear Terri Jones,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Family Care Expense Benefit, TL-010205 (Form)

Comments: Please rephrase item 2 in the definition of Child to more closely mirror ACA 23-79-137(b).

Conclusion:

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,

Donna Lambert

SERFF Tracking #:

CCGN-128707883

State Tracking #:

Company Tracking #:

12-1003

State:

Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI:

H11G Group Health - Disability Income/H11G.003 Long Term

Product Name:

Group Disability Insurance

Project Name/Number:

Family Care Expense and Child Education Benefit/12-1003

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/11/2012
Submitted Date	10/11/2012

Dear Donna Lambert,

Introduction:

In response to your objection letter of October 4, we submit the following revisions:

Response 1

Comments:

We have revised the definition of Child on form TL-010205 to more closely mirror ACA 23-79-127. With this revision, we have changed the form number to TL-010205.04.

Related Objection 1

Applies To:

- Family Care Expense Benefit, TL-010205 (Form)

Comments: Please rephrase item 2 in the definition of Child to more closely mirror ACA 23-79-137(b).

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Flesch Certification

Comment: Flesch Certification attached.

State: Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.003 Long Term

Product Name: Group Disability Insurance

Project Name/Number: Family Care Expense and Child Education Benefit/12-1003

Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments	Submitted
1	TL-010205.04	POLA	Family Care Expense Benefit	Initial		TL-010205_04 Family Care Expense Benefit.pdf	Date Submitted: 10/11/2012 By: Terri Jones
<i>Previous Version</i>							
1	TL-010205	POLA	Family Care Expense Benefit	Initial		TL-010205 Family Care Expense Benefit.pdf	Date Submitted: 10/11/2012 By: Terri Jones

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for taking the time to review this filing.

Sincerely,

Terri Jones

State: Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.003 Long Term

Product Name: Group Disability Insurance

Project Name/Number: Family Care Expense and Child Education Benefit/12-1003

Form Schedule

Lead Form Number: TL-010205

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Approved 10/12/2012	TL-010205.04	POLA	Family Care Expense Benefit	Initial:		TL-010205_04 Family Care Expense Benefit.pdf
2	Approved 10/12/2012	TL-010275	POLA	Child Education Benefit	Initial:		TL-010275 Child Education Benefit.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

FAMILY CARE EXPENSE BENEFIT

The Insurance Company will pay a Family Care Expense Benefit, shown on the Schedule of Benefits, if an Employee is Disabled and participating in a Rehabilitation Program approved by the Insurance Company.

1. The Employee must be incurring expenses to provide care for a Child under the age of {13} who is living with and financially dependent upon the Employee; and the child care must be provided by a licensed child care provider who may not be a member of the Employee's Immediate Family or living with the Employee; or
2. The Employee must be incurring expenses to provide care for a Family Member who is living with and financially dependent on the Employee; and incapable of independent living, regardless of age, due to mental or physical handicap as defined by applicable law. The Employee will not be reimbursed for such expenses if they were incurred for care services provided by a member of the Employee's Immediate Family or someone who is living in the Employee's residence.

The payment of the Family Care Expense Benefit will begin immediately after the Employee starts a Rehabilitation Program. Satisfactory proof must be provided that the Employee is incurring expenses eligible under this provision.

The Family Care Expense Benefit will end on the earliest of the following:

1. the date the Employee is no longer incurring expenses for the Child or Family Member;
2. the date the Employee is no longer participating in a Rehabilitation Program; or
3. the date Disability payments would end in accordance with this Policy.

Definitions

For the purpose of this benefit:

Child means the Employee's unmarried child who is living with and financially dependent upon the Employee. Child includes an Employee's:

1. natural child;
2. adopted child, beginning on the date of the filing of a petition for adoption if the Employee applies for insurance within 60 days after the filing of the petition for adoption. However, benefits shall begin from the moment of birth if the petition for adoption and application for insurance is filed within 60 days after the birth of the child. Benefits shall terminate upon the dismissal or denial of petition for adoption. [It also means the legally adopted child of the Employee's Spouse or Domestic Partner provided the child is living with and financially dependent upon the Employee];
3. stepchild born to the Employee's Spouse who resides with the Employee and is financially dependent upon the Employee;
4. child of the Employee's Domestic Partner, who resides with the Employee and depends on the Employee for financial support;
5. child for whom the Employee, Spouse or Domestic Partner is legal guardian, as long as the child resides with the Employee and depends on the Employee for financial support.

[Domestic Partner] means a person of the same or opposite sex, who meets all of the following criteria:

1. shares the Employee's permanent residence.
2. has resided with the Employee for at least one year and is expected to continue to reside with the Employee indefinitely.
3. is financially interdependent with the Employee in each of the following ways:
 - a. by holding one or more credit or bank accounts, including a checking account, as joint owners.

- b. by owning or leasing their permanent residence as joint tenants.
- c. by naming, or being named by the Employee as a beneficiary of life insurance or under a will.
- d. by each agreeing in writing to assume financial responsibility for the welfare of the other.
- 4. has signed a domestic partner declaration with the Employee, if the Employee resides in a jurisdiction that provides for domestic partner declarations.
- 5. has not signed a domestic partner declaration with any other person within the last 12 months.
- 6. is no less than 18 years of age or more than 70 years of age.
- 7. is not currently legally married to any other person.
- 8. is not a blood relative any closer than would prohibit legal marriage.

In addition to the above requirements, consent of either party to the Domestic Partner relationship must not have been obtained by force, duress, or fraud.

An Employee's Domestic Partner is eligible for this benefit on the later of the Employee's eligibility date or the date the person becomes the Employee's Domestic Partner and if all the following conditions are met.

- 1. The Employee has not been married to any person within the last 12 months.
- 2. The Domestic Partner is the only person meeting the Policy's definition of "Domestic Partner" with respect to the Employee.
- 3. The Employee and Domestic Partner furnish a notarized affidavit or signed statement reflecting these requirements, and an agreement to notify the Insurance Company if the requirements cease to be met, on a form acceptable to the Insurance Company.]

Family Member means the Employee's:

- 1. Spouse [or Domestic Partner][;
- 2. parents;][
- 3. siblings;][
- 4. grandparents;][or
- 5. Child who is { 13 } or more years old.]

Immediate Family means a person who is related to the Employee in any of the following ways: Spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister) or child (includes legally adopted child or stepchild).

Spouse means the Employee's current lawful Spouse who is living with the Employee.

Text to be inserted into Schedule of Benefits:

{SCHEDULE OF BENEFITS

Family Care Expense Benefit

Monthly Benefit

{ up to \$400 per Child or Family Member }

Maximum Benefit Period

{ 24 monthly benefit payments }

CHILD EDUCATION BENEFIT

While the Employee is Disabled, the Insurance Company will pay a Child Education Benefit for each child that qualifies for this benefit.

This benefit will be paid to the Employee on a monthly basis beginning on the first of the month following the date the Employee's child becomes an Eligible Student.

The Child Education Benefit will end on the earliest of the following:

1. the date the Employee is no longer receiving Disability Benefits;
2. the date the child is no longer an Eligible Student; or
3. the end of the Maximum Benefit Period for Child Education Benefits as shown in the Schedule of Benefits.

Definitions

For the purpose of this benefit:

Eligible Student means the Employee's unmarried child under the age of {23} and enrolled as a Full-time Student in an accredited college, university or vocational school above the 12th grade level.

Full-time Student means one who takes a full course load as defined by such school.

Text to be inserted into Schedule of Benefits:

SCHEDULE OF BENEFITS

Child Education Benefit

Monthly Benefit

{ \$100 per child }

Maximum Benefit Period

{ 48 monthly benefit payments }

SERFF Tracking #:

CCGN-128707883

State Tracking #:

Company Tracking #:

12-1003

State:

Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI:

H11G Group Health - Disability Income/H11G.003 Long Term

Product Name:

Group Disability Insurance

Project Name/Number:

Family Care Expense and Child Education Benefit/12-1003

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	10/12/2012
Comments:	Flesch Certification attached.		
Attachment(s):			
LINA Flesch Cert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved	10/12/2012
Comments:	Application Form TL-009320 was previously approved on 3/24/2006.		

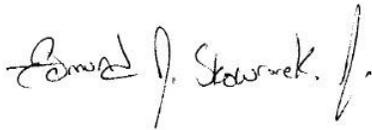
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved	10/12/2012
Comments:			
Attachment(s):			
filing Letter.pdf			

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-010205.04	Family Care Expense Benefit	41.5
TL-010275	Child Education Benefit	44.4



Signature: _____

Name: Edmund J. Skowronek Jr. _____

Title: Assistant Secretary _____

Date: 10/11/2012 _____

Terri M. Jones
Sr. Compliance Specialist
Regulatory & State Government Affairs



CIGNA Group Insurance
Life • Accident • Disability

September 28, 2012

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215-761-3941
Facsimile 215-761-5609
terri.jones@cigna.com

Commissioner Jay Bradford
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#: 12-1003

Group Disability Insurance

Form Filing:
TL-010205 – Family Care Expense Benefit
TL-010275 – Child Education Benefit

Dear Commissioner Bradford:

Attached please find the above captioned forms for your review and approval. These forms are new and not intended to replace any other forms 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. 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.

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 terri.jones@cigna.com or call me collect at 215.761.3941.

Very truly yours,

Terri M. Jones

SERFF Tracking #:

CCGN-128707883

State Tracking #:**Company Tracking #:**

12-1003

State:

Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI:

H11G Group Health - Disability Income/H11G.003 Long Term

Product Name:

Group Disability Insurance

Project Name/Number:

Family Care Expense and Child Education Benefit/12-1003

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/28/2012	Form	Family Care Expense Benefit	10/11/2012	TL-010205 Family Care Expense Benefit.pdf (Superseded)
09/28/2012	Supporting Document	Flesch Certification	10/11/2012	LINA Flesch Cert.pdf (Superseded)

FAMILY CARE EXPENSE BENEFIT

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2. The Employee must be incurring expenses to provide care for a Family Member who is living with and financially dependent on the Employee; and incapable of independent living, regardless of age, due to mental or physical handicap as defined by applicable law. The Employee will not be reimbursed for such expenses if they were incurred for care services provided by a member of the Employee's Immediate Family or someone who is living in the Employee's residence.

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1. natural child;
2. adopted child, beginning with any waiting period pending finalization of the child's adoption. [It also means the legally adopted child of the Employee's Spouse or Domestic Partner provided the child is living with and financially dependent upon the Employee];
3. stepchild born to the Employee's Spouse who resides with the Employee and is financially dependent upon the Employee;
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3. is financially interdependent with the Employee in each of the following ways:
 - a. by holding one or more credit or bank accounts, including a checking account, as joint owners.
 - b. by owning or leasing their permanent residence as joint tenants.
 - c. by naming, or being named by the Employee as a beneficiary of life insurance or under a will.
 - d. by each agreeing in writing to assume financial responsibility for the welfare of the other.

4. has signed a domestic partner declaration with the Employee, if the Employee resides in a jurisdiction that provides for domestic partner declarations.
5. has not signed a domestic partner declaration with any other person within the last 12 months.
6. is no less than 18 years of age or more than 70 years of age.
7. is not currently legally married to any other person.
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In addition to the above requirements, consent of either party to the Domestic Partner relationship must not have been obtained by force, duress, or fraud.

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Family Care Expense Benefit

Monthly Benefit

{ up to \$400 per Child or Family Member }

Maximum Benefit Period

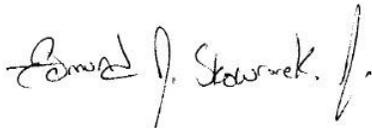
{ 24 monthly benefit payments }

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-010205	Family Care Expense Benefit	41.5
TL-010275	Child Education Benefit	44.4



Signature: _____

Name: Edmund J. Skowronek Jr. _____

Title: Assistant Secretary _____

Date: 9/28/2012 _____