

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident Domestic Partner/Civil Union Partner Rider
Project Name/Number: Domestic Partner/Sivil Union Parter/12-3002

Filing at a Glance

Company: Life Insurance Company of North America
Product Name: Blanket Accident Domestic Partner/Civil Union Partner Rider
State: Arkansas
TOI: H04 Health - Blanket Accident/Sickness
Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Filing Type: Form
Date Submitted: 12/07/2012
SERFF Tr Num: CCGN-128801258
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 12-3002

Implementation: On Approval
Date Requested:
Author(s): Taphath Spencer
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 12/10/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident Domestic Partner/Civil Union Partner Rider
Project Name/Number: Domestic Partner/Sivil Union Parter/12-3002

General Information

Project Name: Domestic Partner/Sivil Union Parter`
Project Number: 12-3002
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: This form has not been filed with our state of domicile since PA does not require the filing of forms intended for delivery outside their state.

Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 12/10/2012
State Status Changed: 12/10/2012
Created By: Taphath Spencer
Corresponding Filing Tracking Number: 12-3002

Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Deemer Date:
Submitted By: Taphath Spencer

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

Attached please find the above captioned forms for your review and approval for in and out of state use. 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 intended for use with any of our previously approved blanket accident policy and certificate forms. The forms are intended for issue to employers and other eligible groups specifically defined in your law. The forms may be issued to group policyholder in your state, or may be issued to groups outside of your state and covering residents of your state.

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 extend coverage to Domestic Partners/Partners of Civil Unions. 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

Taphath Spencer, taphath.spencer@cigna.com
1601 Chestnut St -Two Liberty 215-761-4101 [Phone]
Philadelphia, PA 19192

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident Domestic Partner/Civil Union Partner Rider
Project Name/Number: Domestic Partner/Sivil Union Parter/12-3002

Filing Company Information

Life Insurance Company of North America	CoCode: 65498	State of Domicile:
1601 Chestnut Street	Group Code: 901	Pennsylvania
TL16D	Group Name:	Company Type:
Philadelphia, PA 19192	FEIN Number: 23-1503749	State ID Number:
(215) 761-8442 ext. [Phone]		

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Life Insurance Company of North America	\$50.00	12/07/2012	65536538

SERFF Tracking #:

CCGN-128801258

State Tracking #:

Company Tracking #:

12-3002

State:

Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI:

H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name:

Blanket Accident Domestic Partner/Civil Union Partner Rider

Project Name/Number:

Domestic Partner/Sivil Union Parter`/12-3002

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/10/2012	12/10/2012

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness
Product Name: Blanket Accident Domestic Partner/Civil Union Partner Rider
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Disposition

Disposition Date: 12/10/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	No
Supporting Document	Application	Approved-Closed	No
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	No
Supporting Document	DOV	Approved-Closed	No
Supporting Document	Actuarial Cert	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	No
Form	Domestic Partner/Civil Union Partner Rider	Approved-Closed	No

State: Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name: Blanket Accident Domestic Partner/Civil Union Partner Rider

Project Name/Number: Domestic Partner/Sivil Union Parter /12-3002

Form Schedule

Lead Form Number: TL-007153

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 12/10/2012	Domestic Partner/Civil Union Partner Rider	TL-007153	POLA	Initial		50.100	TL-007153-DPCU Rider.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

AMENDATORY RIDER
{DOMESTIC PARTNER/CIVIL UNION PARTNER} COVERAGE

Policyholder [ABC COMPANY]

Policy No. [123456]

Effective Date: [January, 1, 2012]

This rider amends the Policy and Certificate to which it is attached. It is effective on the Effective Date shown above, and expires when the Policy expires.

{Domestic Partner/Civil Union Partner} means {any of the following}:

[1. [A person with whom the Employee has a {registered civil union or domestic partnership} under {state} law which imposes legal obligations on the parties substantially similar to marriage.]

2. [A person meeting all of the following requirements, with respect to a/an [unmarried] Employee:

a. Shares a permanent residence with the {Employee};

b. [Has not been legally married to any other person {within the previous six months}, and has no {Domestic Partner/Civil Union Partner} other than the {Employee} during the previous six months, and is the Employee's sole {Domestic Partner/Civil Union Partner};]

c. Has signed a {Domestic Partner/Civil Union} declaration with the {Employee}, [if the Employee resides in a jurisdiction which provides for {Domestic Partner/Civil Union Partner} declarations];

[d. Has not signed a {Domestic Partner/Civil Union Partner} declaration with any other person within the last {6 months}]

e. Is interdependent with the {Employee} in {three or more} of the following ways:

1. Both partners are registered under any municipal ordinance as {domestic partners/civil union partners}.
2. [Both partners are jointly parties to a lease, mortgage or deed.]
3. Both partners jointly own one or more motor vehicles.
4. [Both partners jointly own one or more bank or credit accounts.]
5. [The {Employee} has named the {Domestic Partner/Civil Union Partner} as attorney-in-fact under a durable power of attorney with authority over health care decisions.]
6. [The {Employee} has designated the {Domestic Partner/Civil Union Partner} as beneficiary under a retirement plan or a life insurance policy]
7. The {Employee} has designated the {Domestic Partner/Civil Union Partner} as beneficiary of the {Employee's} will.
8. [Each partner has agreed in writing to assume the financial responsibility for the welfare of the other.]

[Other conditions may be inserted which demonstrate financial interdependence by alternate means.]

f. Is not so closely related by blood to the {Employee} as to prohibit legal marriage in their state of residence.

[The {Employee} and {Domestic Partner/Civil Union Partner} The alternative to Domestic Partner is Civil Union or Spouse must furnish the {Employer and Insurance Company} with [a signed declaration] that the above requirements are met, [at the time of enrollment].]

3. [A person who was legally married to the {Employee} under the laws of a state permitting marriage of partners of the same sex, where the Employee and {Domestic Partner/Civil Union Partner} currently reside in a state that does not recognize a valid marriage. This shall not apply if:
 - a. the marriage has been terminated by legal process, or;
 - b. either the {Employee} or the {Domestic Partner/Civil Union Partner} has entered into a valid marriage, civil union or domestic partnership under state law.]

All references in the policy to “Spouse” shall be changed to read “Spouse”, {Domestic Partner, and Civil Union Partner} except as follows:

1. The definition of “Spouse” remains unchanged.
2. [For purposes of any provision of the policy providing for payment of benefits to relatives of the {Employee}, a {Domestic Partner/Civil Union Partner} shall be included only if:
 - c. the {Domestic Partner/Civil Union Partner} meets the requirements of the definition of {Domestic Partner/Civil Union Partner} referenced in item 1. [or Item 3.] , or;
 - d. the {Employee}, and {Domestic Partner/Civil Union Partner} have furnished the {Employer} or the {Insurance Company} with a signed statement affirming that the requirements referenced in item 2 within the definition of {Domestic Partner/Civil Union Partner}.]
3. A {Domestic Partner/Civil Union Partner} shall be deemed eligible to be enrolled for insurance on the latest of:
 - a. the date of registration [under Item 1 of the definition of {Domestic Partner/Civil Union Partner}];
 - b. the date that the {Employee} is eligible for insurance under the Policy; or;
 - [c. the effective date of this Amendment to the Policy.]
4. A child of a {Domestic Partner/Civil Union Partner} may only be eligible to be insured if:
 - a. the child is primarily dependent on the {Employee} for financial support;
 - [b. the {Employee} has a legal obligation of support of the child;] or
 - [c. the {Employee} is the child’s legal guardian.]

Except for the above this rider does not change the Policy or Certificate to which it is attached.

LIFE INSURANCE COMPANY OF NORTH AMERICA
FOR THE COMPANY



Matthew G. Manders, President

SERFF Tracking #:

CCGN-128801258

State Tracking #:

Company Tracking #:

12-3002

State: Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name: Blanket Accident Domestic Partner/Civil Union Partner Rider

Project Name/Number: Domestic Partner/Sivil Union Parter /12-3002

Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	12/10/2012
Comments:	BA-01-1000.00 et al, was filed and approved by your department on 2/13/2003.		

		Item Status:	Status Date:
Satisfied - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/10/2012
Comments:	N/A		

		Item Status:	Status Date:
Satisfied - Item:	DOV	Approved-Closed	12/10/2012
Comments:			
Attachment(s):			
TL-007153 DOV.pdf			

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

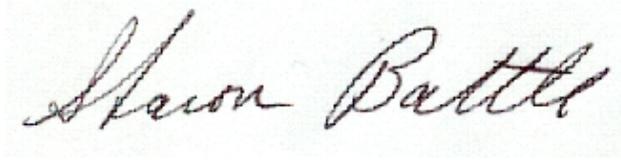
**Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235**

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.

Form Number	Description of Form	Score
TL-00-7153	Domestic Partner/Civil Union Rider	50.1

Signature:



Name: Sharon Battle

Title: Assistant Secretary

Date: 10/05/2012

LIFE INSURANCE COMPANY OF NORTH AMERICA

Description of Variability for AMENDATORY RIDER DOMESTIC PARTNER/CIVIL UNION PARTNER COVERAGE Form TL-007153

GENERAL COMMENTS

This form is primarily intended for use with Group/Blanket Accident forms approved for use in your state. The form may be used as a rider amendment, both as a policy insert page and a certificate insert page, or as an endorsement so that the provisions of the rider may be incorporated into policies and certificates at the time the policy is issued or added at a later date.

Variable information contained in hard brackets [] and soft brackets { }. Information contained in hard brackets [] will either remain or be removed at the request of the Policyholder. Information surrounded by soft brackets { } are used to identify language that may change with usage (e.g., the term "Domestic Partner" wherever used may be replaced with "Domestic Partnership", "Civil Union Partner", "and/or "registered civil union", (or some other appropriate term to identify the insured person affected by the provision in which the term is used; the term "An Employee" wherever used may be replaced with some other term, such as "member", to identify the person's relationship to the Policyholder; or "his or her" may be substituted when grammatically permissible).

When used in a certificate, the content and format of Form TL-007153 may be varied by the Insurance Company in any of the following specific respects:

- a. "We" may be substituted for the name of the Insurance Company and "you" may be substituted for the Employee. Reference to Employer may be substituted for Policyholder. We have shown in soft brackets language that may change in style as policy language is adapted for certificates.
- b. The order and grouping of provisions may be modified.
- c. The print size, style, page size and layout may be modified to reflect 8 ½ X 11 pages, 5 X 7 pages, or other sizes, subject to any requirements as to readability law in your state.

SPECIFIC COMMENTS

- #1 "Domestic Partner" wherever used may be replaced with "Domestic Partnership", "Civil Union Partner", "and/or "registered civil union
- #2 This item may be modified to specifically name that state(s) in which a Domestic Partnership and or Civil Union Partnership is contracted.
- #3 The alternative to Domestic Partner is Civil Union or Spouse

Taphath Spencer
Compliance Specialist



1601 Chestnut Street, TL16D
Philadelphia, PA 19192
Telephone 215-761-3987
Facsimile 215-761-5609
taphath.spencer@cigna.com

Date: 07-Dec-2012

State Of Arkansas
Department of Insurance
Jay Bradford, Commissioner
1200 West Third Street
Phoenix Arizona 85018-7269

Re: Life Insurance Company of North America
In State Out of State

NAIC #: 0901 – 65498
FEI Number: 23-1503749
Company ID#:

Blanket Accident Insurance
Domestic Partner/Civil Union Partner Amendatory Rider,
Form Number - TL-007153.00

Serff # CCGN-128801258

Dear Commissioner:

Attached please find the above captioned forms for your review and approval for in and out of state use. 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.

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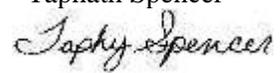
The referenced form has been written in readable language and is being submitted in final printed format. Printing is subject to changes in ink, paper stock, page numbers, margins, positioning and format. However, printing standards will never be less than that required under your law.

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 taphath.spencer@cigna.com or by phone 215.761.3987.

Sincerely,

Taphath Spencer

A handwritten signature in cursive script that reads "Taphath Spencer". The signature is written in black ink and is positioned below the printed name.