Filing at a Glance

Company: Life Insurance Company of North America

Product Name: Blanket Accident	SERFF Tr Num: CCGN-128408643	State: Arkansas
TOI: H04 Health - Blanket Accident/Sickness	SERFF Status: Closed-Approved-Closed	State Tr Num:
Sub-TOI: H04.000 Health - Blanket Accident/Sickness	Co Tr Num: 12-3001	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Rosalind Minor
	Authors: Michelle Knight, Chris Taylor, Rose Clark	Disposition Date: 05/30/2012
	Date Submitted: 05/25/2012	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Blanket Accident Dependent Child Rider
Project Number: 12-3001
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 05/30/2012
State Status Changed: 05/30/2012
Created By: Michelle Knight
Corresponding Filing Tracking Number:
PPACA: Not PPACA-Related
PPACA Notes: null
Healthcare.gov ID:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: Filing not required in domicile state of PA for forms intended for delivery outside the state
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Deemer Date:
Submitted By: Michelle Knight

Filing Description:

Attached please find a copy of the above captioned form for your review and approval. This form is new and is not intended to replace any other form currently approved by your department. This form has 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 being submitted to accommodate requests for Spouse and Dependent Coverage. Form BA-03-2700.00 is new, and is not intended to replace any forms already on file with your Department. This Rider form is intended for use with our previously approved Blanket Accident forms BA-01-1000.00 et al, which has been filed and approved by your Department. The text in the Rider may be incorporated directly into the policy and certificate, if requested by the Policyholder.

The form notes when certain provisions within the form may be included, deleted or modified, as applicable to a particular policy. A Description of Variability is enclosed. Variable material indicated by hard brackets ([ ]) indicate text that may be included or excluded. Material indicated by soft brackets ({ }) may be modified as requested by the Policyholder. Variable 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 your 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 email me at michelle.knight@cigna.com or call me collect at 954.514.6636.

Sincerely,

Michelle Knight
State Narrative:

Company and Contact

Filing Contact Information

Michelle Knight, Compliance Sr Associate	michelle.knight@cigna.com
CIGNA Dental	954-514-6636 [Phone]
1571 Sawgrass Corporate Parkway	954-514-6596 [FAX]
Sunrise, FL 33323	

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:	$50.00
Retaliatory?	No
Fee Explanation:	$50 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of North America	$50.00	05/25/2012	59432076

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/30/2012	05/30/2012

Disposition

Disposition Date: 05/30/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*CCGN-128408643*	*State:*	*Arkansas*
Filing Company:	*Life Insurance Company of North America*	*State Tracking Number:*	
Company Tracking Number:	*12-3001*		
TOI:	*H04 Health - Blanket Accident/Sickness*	*Sub-TOI:*	*H04.000 Health - Blanket Accident/Sickness*
Product Name:	*Blanket Accident*		
Project Name/Number:	*Blanket Accident Dependent Child Rider/12-3001*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Description of Variability	Approved-Closed	Yes
Form	Dependent Coverage Rider	Approved-Closed	Yes

Form Schedule

Lead Form Number: BA-03-2700.00

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/30/2012	BA-03-2700.00	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Dependent Coverage Rider	Initial		50.200	BA-03-2700.00 Dependent Coverage Rider.pdf

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

DEPENDENT COVERAGE RIDER

This Rider is attached to and made part of this Policy as of the date specified below. It is subject to all of this Policy's provisions that do not conflict with its provisions.

Policyholder *or* Subscriber:	{ABC Widget Manufacturing Company}
Policy *or* Subscriber Number:	{XYZ-122390}
[Rider Effective Date:	{The Policy Effective Date *or* January 1, 2002}] *or*
[Rider Term:	January 4, 2002 through January 22, 2002]

We will pay an Accidental Death Benefit specified in this Rider's *Schedule of Benefits* if the death of a Spouse, [Domestic Partner] or Dependent Child of {the Covered Person} results, directly and independently of all other cases from a Covered Accident that occurs:

[1. within the time period specified in this Policy's *Schedule of Benefits*; and]
[2. during a {Relocation trip, Business Travel *or* Covered Activity} for which {the Policyholder, Subscriber} pays part or all of the cost; and]
3. under circumstances described in one of the Conditions of Coverage specified in this Rider's *Schedule of Benefits.*

RIDER SCHEDULE OF BENEFITS

The *Rider Schedule of Benefits* provides a brief outline of the coverage and benefits provided by this Rider. Please read all of the provisions of this rider in addition to the provisions of this Policy for full details.

Conditions of Coverage

[Relocation Coverage for Dependents]
[Business Travel for Dependents
Covered Trip] *insert destination and duration*
[{Policyholder or Subscriber} Covered Activity]
description of covered activity and duration

Benefits

Covered Class	Accidental Death Benefit
1. Spouses [or Domestic Partners] [and Household Members] of Class I Covered Persons	{50% of Covered Person's Principal Sum *or* $100,000}
2. Dependent Children of Class I Covered Persons	{25% of Covered Person's Principal Sum *or* $50,000}
3. Spouses [or Domestic Partners] [and Household Members] of Class II Covered Persons	{20% of Covered Person's Principal Sum *or* $40,000}
4. Dependent Children of Class II Covered Persons	{10% of Covered Person's Principal Sum *or* $20,000}

[A Spouse's [or Domestic Partner's] [or Household Member's] Accidental Death Benefit will reduce as specified in the *Age Reductions* section of the *Accidental Death [and Dismemberment*] section of this Policy's *Schedule of Benefits*.]

RIDER DESCRIPTION OF CONDITIONS OF COVERAGE

[Relocation Coverage for Dependents We will pay the Benefit shown in the *Rider Schedule of Benefits* above, subject to all of the conditions and exclusions applicable to Relocation Coverage provided by this Policy, if a Dependent's death results, directly and independently of all other causes, from a Covered Accident that occurs during Relocation.

Relocation Coverage for a Dependent begins when coverage for {the Covered Person} begins, or, if later, when a Dependent departs from his prior place of residence to join {the Covered Person} on the Relocation trip. Relocation Coverage for a Dependent ends when coverage for {the Covered Person} ends, or, if earlier, when a Dependent arrives at his new place of residence].

[Business Travel Coverage for Dependents We will pay the Benefit shown in the *Rider Schedule of Benefits,* subject to all of the conditions and exclusions applicable to Business Travel Coverage provided by this Policy, if a Dependent's death results, directly and independently of all other causes, from a Covered Accident that occurs during the Covered Trip described above.

Business Travel Coverage for a Dependent begins when coverage for {the Covered Person} begins, or, if later, when a Dependent departs from his place of residence to join {the Covered Person} on the Covered Trip. Business Travel Coverage for a Dependent ends when coverage for {the Covered Person} ends, or, if earlier, when a Dependent arrives at his place of residence].

[{Policyholder, Subscriber} Coverage for Dependents We will pay the Benefit shown in the *Rider Schedule of Benefits,* subject to all of the conditions and exclusions applicable to {Policyholder, Subscriber} Coverage provided by this Policy if a Dependent's death results, directly and independently of all other causes, from a Covered Accident that occurs during the Covered Activity described above.

{Policyholder, Subscriber} Coverage for a Dependent begins when coverage for {the Covered Person} begins, or, if later, when a Dependent [departs from his place of residence] *or* [arrives at the site of the Covered Activity] to join {the Covered Person} in the Covered Activity. {Policyholder, Subscriber} Coverage for a Dependent ends when coverage for {the Covered Person} ends, or, if earlier, when a Dependent [arrives at his place of residence] *or* [departs from the site of the Covered Activity].]

Definitions **Dependent** means, for purposes of this Rider, an employee's Spouse [or Domestic Partner][, Household Member] and Dependent Child, as each of those terms is defined below.
{An Employee's, Member's} [unmarried] child who meets the following requirements:

1. A child {from live birth to 19} years old;
2. A child who is {19} or more years old but less than {26} years old, [enrolled in a school [as a full-time student][and primarily supported by {the Employee, Member}];
3. [A child who is {19} or more years old,[primarily supported by the Employee, Member}]and incapable of self-sustaining employment by reason of mental or physical handicap. [Proof of the child's condition and dependence must be submitted to Us within {31 days} after the date the child ceases to qualify as a Dependent Child for the reasons listed above.][During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year.]

A child, for purposes of this provision, includes {an Employee's, Member's}:
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, Member's} Spouse [or Domestic Partner/Partner to a Civil Union] provided the child is [living with, and is] financially dependent upon {the Employee, Member};
3. stepchild who [resides with {the Employee, Member}] [and] [is financially dependent upon {the Employee, Member}];
4. [{child, grandchild} for whom {the Employee, Member} is the court-appointed legal guardian[, as long as the child resides with {the Employee, Member}[and depends on {the Employee, Member} for financial support. Financial support means that {the Employee, Member} is eligible to claim the dependent for purposes of Federal and State income tax returns].]

[If {an Employee, Member} who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with {the Employee, Member}for at least [six consecutive months] and intend to reside with {the Employee, Member}for an indefinite period of time.]

5. [a child of the Employee's Domestic Partner [/Partner to a Civil Union,] [provided the child is living with, and is financially dependent upon {the Employee, Member}];]
6. [legally placed ward who permanently resides with {the Employee, Member}].

[Domestic Partner means a person who:

1. shares {the Covered Person's} permanent residence;
2. has resided with {the Covered Person} continuously for at least { six months to two years} and is expected to reside with {the Covered Person} indefinitely;

[3. Is financially interdependent with {the Covered Person} 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 Covered Person} 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 Covered Person}, if he resides in a jurisdiction which provides for a Domestic Partner declaration;]

[5. has not signed a Domestic Partner declaration with any other person within the last {12 to 24 months.]

6. is no less than {18 to 23} years of age and not more than {60 to 70} years of age;

[7. is not legally permitted to marry {the Covered Person};]

8. is not legally married to any other person;
9. is not a blood relative any closer than would prohibit legal marriage.

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

An employee may insure a Domestic Partner if all of the following conditions are met:

1. {the Covered Person} has not been married to any person within the past {12 to 24 months};
2. the Domestic Partner is the only person meeting this Policy's definition of Domestic Partner with respect to {the Covered Person};

[3. {the Covered Person} and the Domestic Partner furnish a {notarized affidavit *or* signed statement} reflecting these requirements, and an agreement to notify Us if the requirements cease to be met, on a form acceptable to Us.]**]**

[Household Member means, in addition to an employee's spouse, dependent child or parent, any other relative or employee who resides, on a full-time basis, with him.]

Spouse means {the Covered Person's} lawful spouse [who is age {18 years and under Age 70}.] [who is a United States citizen or has a permanent Alien Registration Card.] [Except for purposes of determining initial eligibility, the term includes a Spouse who is widowed by {or divorced or legally separated from} an employee.]

To Whom Payable Benefits payable under this Rider will be paid to {the Covered Person}. If {the Covered Person} does not survive the Dependent upon whose death the Benefit is payable, We will pay {the Covered Person's} beneficiary, in accordance with the *Beneficiary* provision of this policy.

Exclusions [This coverage will not be in effect while a Dependent is accompanying {the Covered Person} during {the Covered Person's} Personal Deviation.]

{Other} exclusions that apply to this Coverage are in the *Common Exclusions* section.

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	05/30/2012

Comments:

Attachment:

LINA Flesch Cert.pdf

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	05/30/2012

Comments:

BA-01-1000.00 et al, was filed and approved by your Department on 2/13/2003.

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	05/30/2012

Bypass Reason: Not Applicable

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum	Approved-Closed	05/30/2012

Comments:

Please see attached actuarial memorandum

Attachment:

LINA Actuarial Cert.pdf

		Item Status:	Status Date:
Satisfied - Item:	Description of Variability	Approved-Closed	05/30/2012

Comments:

Please see attached description of variability

Attachment:

Description of Variability2.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 form listed below, using the Flesch Readability Test, in accordance with applicable readability standards. This form was scored separately and in its entirety.

Form Number	Description of Form	Score
BA-03-2700.00	Dependent Coverage Rider	50.2

Signature: Edward J. Skowronek

Name: Edward J. Skowronek

Title: Assistant Secretary

Date: 4/24/2012

LIFE INSURANCE COMPANY OF NORTH AMERICA

DESCRIPTION OF VARIABILITY
BLANKET ACCIDENT DEPENDENT CHILD RIDER

FORM BA-03-2700.00 – Definition of Dependent Child

The above-captioned form is an additional form for use with previously approved group accident insurance forms, BA-01-1000.00 et al.

The form amends the definition of dependent child in the policy and certificate. However, if this definition is elected by the policyholder at the inception date of the policy, it will be incorporated into the policy as an insert page. If incorporated as an insert page, all text pertaining to this being an Amendment will be removed. All such text is hard bracketed [ ], meaning that it will be removed.

The terms “Employee”, “Member”, etc., may be used as applicable to reflect Policy/Certificate issuance to employer/employee groups or other eligible groups under the law of your state. A term other than “Employee” or “Member” may be used if requested by a policyholder for consistency with other policies or with personnel practices. Modifications may also be made to reflect coverage provided to a specific Covered Class of insureds.

Within the definition, itself, text that is hard bracketed [ ] may be removed from the definition. Text that is soft bracketed { } may be changed. Any modifications made to the bracketed text (either removal of the text, or a change to the ages of the dependent child, or a change to the number of days required for proof of a child’s condition and dependence) will comply with any laws your state has pertaining to dependent child coverage.