

State: Arkansas **Filing Company:** Unum Life Insurance Company of America
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Life/AD&D
Project Name/Number: Life Enhancements/C.V.L.100

Filing at a Glance

Company: Unum Life Insurance Company of America
Product Name: Group Life/AD&D
State: Arkansas
TOI: L04G Group Life - Term
Sub-TOI: L04G.500 Other
Filing Type: Form
Date Submitted: 08/09/2012
SERFF Tr Num: UNUM-128613283
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: C.V.L.100

Implementation: On Approval
Date Requested:
Author(s): Brenda Gobeil, Ellen Desrosiers
Reviewer(s): Linda Bird (primary)
Disposition Date: 08/15/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Life/AD&D
Project Name/Number: Life Enhancements/C.V.L.100

Filing Company: Unum Life Insurance Company of America

General Information

Project Name: Life Enhancements
Project Number: C.V.L.100
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 08/15/2012
State Status Changed: 08/15/2012
Created By: Brenda Gobeil
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:
Deemer Date:
Submitted By: Ellen Desrosiers

Filing Description:

Enclosed for your review and approval is the above named form to be used with our previously approved Group Life and Accidental Death and Dismemberment modular contract/certificate series. Form C.V.L.100 provides additional variables that support additional services in our contract, automatic enrollment and continuity of coverage.

These additional variables are in addition to those already approved by your Department. Any modifications will be made within the confines of the law of the governing jurisdiction.

For filing purposes, when provisions are shown in this form filing, any new or revised text will be shown in bold text. Non-bolded text is text that is already approved for use by your Department.

We request that any of our previously filed variables be applied to this filing.

If anything further is needed to complete this submission, please do not hesitate to contact me.

Ellen Desrosiers
Contract Analyst
(207) 575-4505
Unum Life Insurance Company of America

Company and Contact

Filing Contact Information

Brenda Gobeil, Senior Contract Consultant blgobeil@unum.com
2211 Congress Street 207-575-7106 [Phone]
C456 423-209-3525 [FAX]
Portland, ME 04122

SERFF Tracking #:

UNUM-128613283

State Tracking #:

Company Tracking #:

C.V.L.100

State:

Arkansas

Filing Company:

Unum Life Insurance Company of America

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Group Life/AD&D

Project Name/Number:

Life Enhancements/C.V.L.100

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/15/2012	08/15/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/13/2012	08/13/2012

Response Letters

Responded By	Created On	Date Submitted
Ellen Desrosiers	08/14/2012	08/14/2012

SERFF Tracking #:

UNUM-128613283

State Tracking #:

Company Tracking #:

C.V.L.100

State:

Arkansas

Filing Company:

Unum Life Insurance Company of America

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Group Life/AD&D

Project Name/Number:

Life Enhancements/C.V.L.100

Disposition

Disposition Date: 08/15/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Specific Variables		Yes
Form	Additional Variables		Yes

State: Arkansas **Filing Company:** Unum Life Insurance Company of America
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Life/AD&D
Project Name/Number: Life Enhancements/C.V.L.100

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/13/2012
Submitted Date	08/13/2012
Respond By Date	09/13/2012

Dear Brenda Gobeil,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

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,
Linda Bird*

State: Arkansas **Filing Company:** Unum Life Insurance Company of America
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Life/AD&D
Project Name/Number: Life Enhancements/C.V.L.100

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/14/2012
Submitted Date	08/14/2012

Dear Linda Bird,

Introduction:

Good Morning

Response 1

Comments:

The additional \$30.00 has been submitted.

Related Objection 1

Comments:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Ellen Desrosiers

SERFF Tracking #:

UNUM-128613283

State Tracking #:

Company Tracking #:

C.V.L.100

State: Arkansas
 TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
 Product Name: Group Life/AD&D
 Project Name/Number: Life Enhancements/C.V.L.100

Filing Company: Unum Life Insurance Company of America

Form Schedule

Lead Form Number: C.V.L.100

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		C.V.L.100	POLA	Additional Variables	Initial:	50.600	C.V.L.100 Additional Variables.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

UNUM Life Insurance Company of America
Portland, Maine

Additional general Policy/Certificate variables to be used with our previously approved C.FP-1 series for Group Life and Accidental Death and Dismemberment (AD&D) plans.

For ease of review purposes new or revised text has been **highlighted (bold)**. Non-highlighted text reflects language already on file with your Department.

1. For Life and AD&D plans, the following statement found in the BENEFITS AT A GLANCE section of the policy/certificate may be changed to read as follows:

The [above][below] items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage [section] [and if you make contributions to the plan, refer to your confirmation of coverage]. **[The plan includes enrollment, risk management and other support services related to your Employer's benefit program.]**

2. For Life and AD&D plans, for an Employer paid base plan with employee paid buy-up options, in a situation where the employee will be automatically enrolled, the "WHEN DOES YOUR COVERAGE BEGIN?" provision may be changed to read as follows:

WHEN DOES YOUR COVERAGE BEGIN?

This plan provides different **additional** benefit options in addition to the basic benefit. When you first become eligible for coverage, **your Employer will automatically enroll you in the basic benefit and [the] [lowest option] [of additional coverage]. If you do not want additional coverage under the plan, you may choose to decline this additional coverage and your additional coverage under the plan will not go into effect.**

You may apply for any **other additional benefit** option, however, you cannot be covered under more than one **additional benefit** option at a time.

Evidence of insurability is required for any amount of life insurance over the amount shown in the LIFE INSURANCE "BENEFITS AT A GLANCE" page.

Your Employer pays 100% of the cost of your coverage under the basic benefit. You will automatically be covered under the basic benefit at 12:01 a.m. on the later of:

- the date you are eligible for coverage; or
- the date Unum approves your evidence of insurability form, if evidence of insurability is required.

When you and your Employer share the cost of your coverage for any **additional benefit** option under a plan or when you pay 100% of the cost yourself for any **additional benefit** option, you will be covered at 12:01 a.m. on the latest of:

- the date you are eligible for coverage, if you apply for insurance on or before that date;
- the date you apply for insurance, if you apply within 31 days after your eligibility date; or
- the date Unum approves your evidence of insurability form, if evidence of insurability is required.

3. For Life and AD&D plans, for a 100% employee paid voluntary plan, in a situation where the employee will be automatically enrolled, the “WHEN DOES YOUR LIFE INSURANCE COVERAGE BEGIN?” provision and the “WHEN DOES YOUR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE COVERAGE BEGIN?” provision may be changed to read as follows:

WHEN DOES YOUR LIFE INSURANCE COVERAGE BEGIN?

When you become eligible for coverage under the plan, your Employer will automatically enroll you in [the [lowest level] of coverage under] the plan. Your coverage will begin at 12:01 a.m. on the date you are eligible for coverage.

If you do not want coverage under the plan, you may choose to decline this coverage and coverage under the plan will not go into effect.

If you want additional coverage under the plan, this plan provides benefit units that you can choose. You may apply for any number of benefit units, however, you cannot be covered for more than the maximum benefit available under the plan.

Evidence of insurability is required for any amount of life insurance over the amount shown in the LIFE INSURANCE “BENEFITS AT A GLANCE” page.

You pay 100% of the cost yourself for any benefit unit. You will be covered at 12:01a.m. on the later of:

- [the first of the month [coincident with or next] following] the date you are eligible for coverage, if you apply for insurance on or before that date for any amount of insurance that is not subject to evidence of insurability requirements; or
- [the first of the month [coincident with or next] following] the date you apply for insurance, if you apply within 31 days after your eligibility date, for any amount of insurance that is not subject to evidence of insurability requirements; and

- [the first of the month [coincident with or next] following] the date UNUM approves your evidence of insurability form, if you apply for insurance on or before your eligibility date or within 31 days after your eligibility date, for any amount of insurance that is subject to evidence of insurability requirements.

WHEN DOES YOUR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE COVERAGE BEGIN?

When you become eligible for coverage under the plan, your Employer will automatically enroll you in [the [lowest level] of coverage under] the plan. Your coverage will begin at 12:01 a.m. on the date you are eligible for coverage.

If you do not want coverage under the plan, you may choose to decline this coverage and coverage under the plan will not go into effect.

If you want additional coverage under the plan, this plan provides benefit units that you can choose. You may apply for any number of benefit units, however, you cannot be covered for more than the maximum benefit available under the plan.

You pay 100% of the cost yourself for any benefit unit. You will be covered at 12:01a.m. on the later of:

- [the first of the month [coincident with or next] following] the date you are eligible for coverage, if you apply for insurance on or before that date; or
- [the first of the month [coincident with or next] following] the date you apply for insurance, if you apply within 31 days after your eligibility date.

4. For Life and AD&D plans, the provision entitled “WHAT IF YOU ARE NOT IN ACTIVE EMPLOYMENT WHEN THE POLICYHOLDER CHANGES INSURANCE CARRIERS TO UNUM? (Continuity of Coverage)”, found in the LIFE INSURANCE OTHER BENEFIT FEATURES section or the ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE OTHER BENEFIT FEATURES section, may be changed to read as follows:

WHAT IF YOU ARE NOT IN ACTIVE EMPLOYMENT WHEN [YOUR EMPLOYER][THE POLICYHOLDER] CHANGES GROUP INSURANCE CARRIERS TO UNUM? (Continuity of Coverage)

Unum will provide coverage for you [and your dependent[s]] if you [and your dependent[s] are] were covered by the prior policy on the day before the effective date of this [policy][Summary of Benefits], and if you would be eligible for coverage under this [policy][Summary of Benefits] if you were in active employment on the effective date of this [policy][Summary of Benefits].

If you are on a covered layoff or leave of absence on the effective date of this [policy][Summary of Benefits], we will consider your layoff or leave of absence to have started on that date, and coverage for you [and your dependent[s]] under this provision will continue for the layoff or leave of absence period provided in this [policy][Summary of Benefits], [or the layoff or leave of absence period remaining under the prior policy on the effective date of this [policy][Summary of Benefits], whichever period is shorter].

(Note to Insurance Department: The following paragraph will be used when the policy is situated in a Discontinuance and Replacement state or Replacement-only state and the prior carrier plan includes a disability benefit extension such as waiver of premium.)

If you are absent from work due to injury or sickness on the effective date of this [policy][Summary of Benefits], then coverage under this provision will continue until the earliest of the date:

- **you are no longer injured or sick under this [policy][Summary of Benefits],**
- **you return to active employment, or**
- **when your period for disability extension of benefits or accrued liability, including premium waiver, under the prior policy ends.**

(Note to Insurance Department: The following paragraph will be used when the policy is situated in a Discontinuance-only state or Non-Discontinuance and Replacement/Non-Replacement state and the prior plan includes a disability benefit extension such as waiver of premium.)

If you are absent from work due to injury or sickness on the effective date of this [policy][Summary of Benefits], then coverage under this provision will continue until the earliest of the date:

- **you are no longer injured or sick,**
- **you return to active employment,**
- **you are approved for a disability extension of benefits or accrued liability under the prior policy, including premium waiver, or**
- **your employment ends.**

(Note to Insurance Department: The remaining paragraphs will be used for all states/situs)

Also, if you incur a covered loss but are not in active employment under this [policy][Summary of Benefits], any benefits payable under this [policy][Summary of Benefits] will be limited to the amount that would have been paid by the prior carrier. Unum will reduce your payment by any amount for which the prior carrier is liable.

Coverage for you [and your dependent[s] are] is subject to payment of required premium and all other terms of this [policy][Summary of Benefits], except that the portable insurance coverage terms of this [policy][Summary of Benefits] will not apply to coverage provided under this provision.

SERFF Tracking #:

UNUM-128613283

State Tracking #:

Company Tracking #:

C.V.L.100

State:

Arkansas

Filing Company:

Unum Life Insurance Company of America

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Group Life/AD&D

Project Name/Number:

Life Enhancements/C.V.L.100

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Flesch form.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Specific Variables		
Comments:			
Attachment(s):			
Specific Variables.pdf			

Name of Company: UNUM Life Insurance Company of America

This is to certify that the form listed below, when combined with the contract, meets the minimum score required by the Flesch Reading Ease Test.

Form and Form Number to which the Certification is Applicable

<u>Form</u>	<u>Form No.</u>	<u>Flesch Score</u>
Additional Variable	C.V.L.100	50.6

Nancy M Johnson

Officer's Name

Vice President
Officer's Title

Date: August 7, 2012

Specific Variables

In addition to our previously approved general and specific variables, we would like the following to apply to this filing. Any modifications will be made within the confines of the law of the governing jurisdiction.

1. For item 1 of form C.V.L.100:

- For the bracketed text [above][below], only one of these terms will be used depending if the items are listed above this statement, or below this statement.
- The bracketed text [section], may be inserted or deleted.
- The bracketed text [and if you make contributions to the plan, refer to your confirmation of coverage], may be inserted or deleted.
- The bracketed text [**The plan includes enrollment, risk management and other support services related to your Employer's benefit program.**], may be inserted or deleted.
- The bracketed text in this provision may also be modified according to a particular policyholder's plan.

2. For item 2 of form C.V.L.100:

- The bracketed text [**the [lowest option] [of additional coverage]**] may vary. It may be changed to the "highest option" or another option as described by the policyholder.

3. For item 3 of form C.V.L.100:

- The bracketed text [**the [lowest level] of coverage under]** may vary. It may be changed to the "highest level" or another level/option as described by the policyholder or may be deleted entirely.
- The bracketed text [**the first of the month [coincident with or next] following]** may be changed to "the first of the month following", or it can be deleted entirely.

4. For item 4 of form C.V.L.100:

- For the bracketed text [**YOUR EMPLOYER][THE POLICYHOLDER]** , only one of these terms will be used depending on the plan structure.

- The bracketed references to Dependents may be included or omitted depending on the plan structure.
- For the bracketed text [policy][Summary of Benefits], only one of these terms will be used depending on the plan structure.
- The bracketed text **[or the layoff or leave of absence period remaining under the prior policy on the effective date of this [policy][Summary of Benefits], whichever period is shorter]**, may be included or omitted depending on the prior policy.