

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Term Life
Project Name/Number: Domestic Partner/Civil Union Partner/TL-00-7153

Filing at a Glance

Company: Life Insurance Company of North America
Product Name: Group Term Life
State: Arkansas
TOI: L04G Group Life - Term
Sub-TOI: L04G.500 Other
Filing Type: Form
Date Submitted: 12/11/2012
SERFF Tr Num: CCGN-128805041
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 12-4001

Implementation: On Approval
Date Requested:
Author(s): Harriet Webb, Taphath Spencer
Reviewer(s): Linda Bird (primary)
Disposition Date: 01/02/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Term Life
Project Name/Number: Domestic Partner/Civil Union Partner/TL-00-7153

General Information

Project Name: Domestic Partner/Civil Union Partner	Status of Filing in Domicile: Not Filed
Project Number: TL-00-7153	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: N/A
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: 01/02/2013	Deemer Date:
State Status Changed: 01/02/2013	Submitted By: Taphath Spencer
Created By: Taphath Spencer	
Corresponding Filing Tracking Number: 12-4001	

Filing Description:

Attached is 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 is new and is not intended to replace any form currently on file. The 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 for use with the Group Term Life policy previously approved by your department. The form will be included in a policy when requested by the policyholder. This form will be issued via the Delaware trust for in and out of state use to eligible groups including Employer-Employee, Bonafide Associations and Trusts. This Rider is also being filed with the Health Bureau for use with policies having Accident Insurance.

Company and Contact

Filing Contact Information

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

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?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

State: Arkansas **Filing Company:** Life Insurance Company of North America
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Company	Amount	Date Processed	Transaction #
Life Insurance Company of North America	\$50.00	12/21/2012	65975848

SERFF Tracking #:

CCGN-128805041

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

12-4001

State:

Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Group Term Life

Project Name/Number:

Domestic Partner/Civil Union Partner/TL-00-7153

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/02/2013	01/02/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	12/12/2012	12/12/2012

Response Letters

Responded By	Created On	Date Submitted
Taphath Spencer	12/21/2012	12/21/2012

SERFF Tracking #:

CCGN-128805041

State Tracking #:

Company Tracking #:

12-4001

State:

Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Group Term Life

Project Name/Number:

Domestic Partner/Civil Union Partner/TL-00-7153

Disposition

Disposition Date: 01/02/2013

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		Yes
Supporting Document	DOV		Yes
Supporting Document	Actuarial Cert		No
Supporting Document	Cover Letter		Yes
Form	Domestic Partner/Civil Union Rider		Yes

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Term Life
Project Name/Number: Domestic Partner/Civil Union Partner/TL-00-7153

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/12/2012
Submitted Date	12/12/2012
Respond By Date	01/14/2013

Dear Taphath Spencer,

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 \$50.00 filing fee 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:** Life Insurance Company of North America
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Term Life
Project Name/Number: Domestic Partner/Civil Union Partner/TL-00-7153

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/21/2012
Submitted Date 12/21/2012

Dear Linda Bird,

Introduction:

Thank you for taking the time to review this filing. Please note the changes requested in your objection.

Response 1

Comments:

A \$50.00 filing fee has been added to this filing.

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 \$50.00 filing fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

I hope that this change has met your requirements.

Sincerely,

Taphy Spencer

Sincerely,

Taphath Spencer

State: Arkansas
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Term Life
Project Name/Number: Domestic Partner/Civil Union Partner/TL-00-7153

Filing Company: Life Insurance Company of North America

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		Domestic Partner/Civil Union 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} 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:
 - a. 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;
 - b. 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} are met.]
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-128805041

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

12-4001

State:

Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Group Term Life

Project Name/Number:

Domestic Partner/Civil Union Partner/TL-00-7153

Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Application approved August 17, 1998, form TL-007141. SERFF# CCGN-127345887		

		Item Status:	Status Date:
Satisfied - Item:	DOV		
Comments:	see attached		
Attachment(s):			
TL-007153 DOV.pdf			

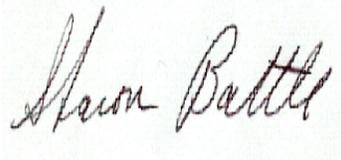
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):			
Cover Letter-AR.pdf			

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-007153	Domestic Partner/Civil Union Rider	50.1

Signature:

A handwritten signature in cursive script that reads "Sharon Battle". The signature is written in black ink on a light-colored background.

Name:
Sharon Battle

Title:
Assistant Secretary

Date:
6/13/2012

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 policy forms describing group life insurance but may also be used for group and blanket accident insurance, 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
Regulatory & State Government Affairs



CIGNA Group Insurance
Life • Accident • Disability

12/11/2012

TL16D
1601 Chestnut Street
Philadelphia, PA 19192
Telephone 215-7613987
Facsimile 215-761-5609
taphath.spencer@cigna.com

Jay Bradford, Commissioner
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#: 12-4001

**Group Term Life Insurance
Domestic Partner/Civil Union Partner Amendatory
Rider, TL-007153**

SERFF Tracking # CCGN-128805041

Dear Commissioner Bradford:

Attached is 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 is new and is not intended to replace any form currently on file. The 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 for use with the Group Term Life policy previously approved by your department. The form will be included in a policy when requested by the policyholder. This form will be issued via the Delaware trust for in and out of state use to eligible groups including Employer-Employee, Bonafide Associations and Trusts. This Rider is also being filed with the Health Bureau for use with policies having Accident Insurance.

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 need additional information, please do not hesitate to e-mail me at taphath.spencer@cigna.com or call me collect at 215-761-3987.

Respectfully,

Taphath A. Spencer