

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term
Product Name: Group Disability Insurance
Project Name/Number: Domestic Partner/Civil Union Partner Rider/12-1007

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.005 Combined Short Term and Long Term
Filing Type: Form
Date Submitted: 12/27/2012
SERFF Tr Num: CCGN-128827332
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 12-1007

Implementation: On Approval
Date Requested:
Author(s): Harriet Webb, Taphath Spencer
Reviewer(s): Rosalind Minor (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
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Project Name/Number: Domestic Partner/Civil Union Partner Rider/12-1007

General Information

Project Name: Domestic Partner/Civil Union Partner Rider Status of Filing in Domicile: Not Filed
Project Number: 12-1007 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Filing not required in domicile state of PA
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
State Status Changed: 01/02/2013 Deemer Date:
Created By: Taphath Spencer Submitted By: Taphath Spencer
Corresponding Filing Tracking Number: 12-1007

Filing Description:

Attached please find the above captioned form for your review and approval. 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 new and not intended to replace any forms currently on file. The form is intended to extend coverage to Domestic Partners and/or 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.

This form will be used with all previously approved group disability policy and certificate forms. The form will be issued to employers or other eligible groups specifically defined in your law. It may be issued to a group policyholder in your state, or may be issued to groups outside of your state and covering residents of your state.

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.

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.

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
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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	12/27/2012	66050217

SERFF Tracking #:

CCGN-128827332

State Tracking #:

Company Tracking #:

12-1007

State:

Arkansas

Filing Company:

Life Insurance Company of North America

TOI/Sub-TOI:

H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term

Product Name:

Group Disability Insurance

Project Name/Number:

Domestic Partner/Civil Union Partner Rider/12-1007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/02/2013	01/02/2013

State: Arkansas **Filing Company:** Life Insurance Company of North America
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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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	DOV	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Actuarial Cert	Approved-Closed	Yes
Form	Domestic Partner/Civil Union Partner Rider	Approved-Closed	Yes

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term
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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 01/02/2013	Domestic Partner/Civil Union Partner Rider	TL-007153	POLA	Initial		50.100	Disability Form TL-007153.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

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.

- A. {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. Such person will continue to be recognized as a {Domestic Partner or Civil Union Partner} unless and until: (1) the {civil union or domestic partnership} is dissolved under applicable law; or (2) either the Employee or the {Domestic Partner/Civil Union Partner} marries another person.
 2. [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.]
 3. 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} other than the Employee {during the previous six months}, and is the Employee's sole {Domestic Partner};]
 - c. Has signed a {Domestic Partner} 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} 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}.
 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} as attorney-in-fact under a durable power of attorney with authority over health care decisions.]
 6. [The Employee has designated the {Domestic Partner} as beneficiary under a retirement plan or a life insurance policy.]
 7. The Employee has designated the {Domestic 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} must furnish the {Employer and Insurance Company} with {a signed declaration} that the above requirements are met, and an agreement to notify the {Employer and Insurance Company} if the requirements cease to be met, on a form acceptable to the {Employer and Insurance Company}.]

- B. The {Spouse Rehabilitation Benefit and Survivor Benefit} are modified in the Policy and Certificate as follows:
1. All references to the term "Spouse" are replaced by "Spouse or {Domestic Partner/Civil Union Partner}" except for the following references:
 - a. The first reference to "Spouse" in the Survivor Benefit text is changed to "Spouse, or {Domestic Partner/Civil Union Partner}" if there is no Spouse".]
 - b. The text pertaining to the definition of "Spouse" remains unchanged.
- C. Survivor benefits will be payable as follows: (1) to the Employee's spouse or {Domestic Partner/Civil Union Partner}; (2) if there is none, in equal shares to the Employee's surviving Children; or (3) if there is none, to the Employee's estate.
- D. [A child of a {Domestic Partner/Civil Union Partner} may only be eligible for benefits 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

A handwritten signature in black ink that reads "Matthew G. Manders". The signature is written in a cursive style with a large initial "M".

{
Matthew G. Manders, President}

SERFF Tracking #:

CCGN-128827332

State Tracking #:

Company Tracking #:

12-1007

State: Arkansas **Filing Company:** Life Insurance Company of North America
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term
Product Name: Group Disability Insurance
Project Name/Number: Domestic Partner/Civil Union Partner Rider/12-1007

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/02/2013
Comments:			
Attachment(s):			
LINA Flesch Cert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	01/02/2013
Comments:	Application approved August 17, 1998, form TL-007141. SERFF# CCGN-127345887		

		Item Status:	Status Date:
Satisfied - Item:	DOV	Approved-Closed	01/02/2013
Comments:			
Attachment(s):			
DOV.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	01/02/2013
Comments:			
Attachment(s):			
Cover Letter - AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Cert	Approved-Closed	01/02/2013
Comments:			
Attachment(s):			
LINA Actuarial Cert.pdf			

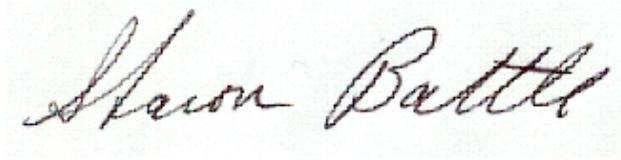
**Life Insurance Company of North America
1601 Chestnut Street
P.O. Box 7716
Philadelphia, PA 19192-2235**

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:



Name: Sharon Battle

Title: Assistant Secretary

Date: 12/13/2012

LIFE INSURANCE COMPANY OF NORTH AMERICA
Description of Variability for
AMENDATORY RIDER
FOR DOMESTIC PARTNER/CIVIL UNION PARTNER
Form TL-007153

GENERAL COMMENTS

This form is intended for use with forms describing Group Disability Insurance. The form will be used as an amendatory rider.

The form itself, as well as the Description of Variability, note when certain provisions within the form may be included, deleted or modified, as applicable to a particular policy. Text enclosed within hard brackets ([]) indicate material that may be included or deleted as requested by a Policyholder. Variable material is indicated by soft brackets ({ }).

The eligibility requirements for domestic partners will appear as shown or may be changed at the policyholder's request.

The term Employee may be varied if requested by a Policyholder. For example, an employer may request that his employees be referred to as "associates", and an association may request use of a term such as "member".

The term "Employer" may be changed to "Association" or "Policyholder".

SPECIFIC COMMENTS

- #1 "Domestic Partner" wherever used may be replaced with, "Domestic Partnership", "Civil Union Partner", "Registered Civil Union", "Registered Domestic Partner", or the specific term used by the state to describe a domestic partner or civil union partner.
- #2 The phrase "any of the following" may be changed to "the following".
- #3 Item A.1. - The term "state" may be modified to specifically name the state(s) in which a Domestic Partnership and or Civil Union Partnership is contracted.
- #4 Item A.3.b. - The time period shown may range from 6 months to 24 months.
- #5 Item A.3.d. - The time period shown may range from 6 months to 24 months.
- #6 Item A.3.e. - The phrase "three or more", may be changed to "one or more", "two or more", or "all".
- #7 A signed declaration may be furnished to either the Employer or Insurance Company, or both.
- #8 The phrase "a signed declaration" may be changed to "notarized affidavit" or "signed statement".
- #9 If one of the noted benefits does not apply, it will be removed.



Taphath Spencer
Compliance Specialist

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

December 27, 2012

Arkansas
Jay Bradford
1200 West Thiurd Street
Little Rock, Arkansas 72201-1904

Re: Life Insurance Company of North America

NAIC #: 0901 – 65498
FEI Number: 23-1503749
Company ID#: 12-1007

**Group Disability Insurance
Domestic Partner/Civil Union Partner Amendatory Rider,
Form Number - TL-007153**

Serff# CCGN-128827332

Dear Commissioner,

Attached please find the above captioned form for your review and approval. 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.

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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

LIFE INSURANCE COMPANY OF NORTH AMERICA (LINA)

Group Disability Insurance Form TL-007153

Actuarial Certification

I certify that the provisions in the form listed below do not have an impact on the Group Disability rates on file.

TL-007153

Domestic Partner / Civil Union Rider

Submitted by:

A handwritten signature in black ink, appearing to read "Alex S Schmitt".

Alexis Schmitt, FSA, MAAA
Actuarial Director