

SERFF Tracking Number: AEGX-125842591 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number: 40414
Company Tracking Number: GH AR0021655F03
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
Expense
Product Name: Limited Benefit Medical
Project Name/Number: Limited Benefit Medical/GH AR0021655F03

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Limited Benefit Medical

SERFF Tr Num: AEGX-125842591 State: ArkansasLH

TOI: H15G Group Health -

SERFF Status: Closed

State Tr Num: 40414

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.002 Large Group Only

Co Tr Num: GH AR0021655F03

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: SPI ADMSLH

Disposition Date: 10/03/2008

Date Submitted: 10/02/2008

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Limited Benefit Medical

Status of Filing in Domicile: Not Filed

Project Number: GH AR0021655F03

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Will be filed concurrently in domicile state.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 10/03/2008

State Status Changed: 10/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Commissioner Benafield Bowman:

The above captioned forms are being filed for your review and approval. These forms are new and they do not replace any existing forms previously approved by your department.

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These riders will be used with our Group Limited Benefit Insurance Policy, form LBEM1000GPM.AR, et al. which was approved by your department on August 1, 2007 under Insurance Dept. File #: 36284.

The Wellness Visit Benefit Rider, form LBEM1003RM, pays a benefit for expenses incurred due to an office visit for routine examinations or other preventative testing. The Critical Illness Expense Benefit Rider, form LBEM1004RM, pays a benefit if an Insured is diagnosed as having a Critical Illness while their coverage is in effect. Also enclosed is an Actuarial Memorandum for the Critical Illness Expense Benefit Rider.

All SERFF filing submission requirements have been met.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Sincerely,

Kimberly Taylor, AIRC, ACS

Company and Contact

Filing Contact Information

Kimberly Taylor, Filing Specialist
520 Park Avenue
Baltimore, MD 21201

kimtaylor@aegonusa.com
(410) 209-5261 [Phone]
(410) 209-5910[FAX]

Filing Company Information

Monumental Life Insurance Company
4333 Edgewood Road, N.E.
Cedar Rapids, IA 52499
(800) 553-5957 ext. [Phone]

CoCode: 66281
Group Code: 468
Group Name:
FEIN Number: 52-0419790

State of Domicile: Iowa
Company Type:
State ID Number:

SERFF Tracking Number: AEGX-125842591 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: In Arkansas, the filing fee for a rider filed separately from the policy is \$20.00 per form. We are submitting 2 rider forms for review. Therefore, the filing fee is \$40.00.
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7010071009	\$40.00	09/30/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/03/2008	10/03/2008

SERFF Tracking Number: AEGX-125842591 *State:* Arkansas
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Disposition

Disposition Date: 10/03/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGX-125842591 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Form	Wellness Visit Benefit Rider	Approved-Closed	Yes
Form	Critical Illness Expense Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	LBEM1003 RM	Certificate	Wellness Visit Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40	LBEM1003R M.PDF
Approved-Closed	LBEM1004 RM	Certificate	Critical Illness Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40	LBEM1004R M.PDF

MONUMENTAL LIFE INSURANCE COMPANY

Cedar Rapids, Iowa
Administrative Office: [Baltimore, Maryland]

WELLNESS VISIT BENEFIT RIDER

POLICYHOLDER:	[Policyholder Name]
MEMBER'S NAME:	[Member's Name]
GROUP POLICY NUMBER:	[1234567890]
CERTIFICATE NUMBER:	[12345]
EFFECTIVE DATE:	[MM/DD/YY]
PREMIUM:	[\$0.00]
GROUP POLICY EFFECTIVE DATE:	[MM/DD/YY]
GROUP POLICY ISSUE DATE:	[MM/DD/YY]
GROUP POLICY ANNIVERSARY DATE:	[MM/DD/YY]
PARTICIPATING GROUP:	[Participating Group Name]
PARTICIPATING GROUP NUMBER:	[A1234567890]
STATE OF ISSUE:	[State]

This Wellness Visit Benefit Rider is a part of the Policy and Certificate to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

SCHEDULE OF BENEFITS

Co-pay per Visit	{\$10 - \$25}
Maximum Benefit per Coverage Year	{\$100 - \$500}
Coinsurance	{10 -100%}
Maximum Visits per Coverage Year	{1-10}

WELLNESS VISIT BENEFIT

Upon receipt of due proof that a Covered Person incurred expenses for a Wellness Visit, we will pay a Wellness Visit Benefit up to the maximum as shown in the *Schedule of Benefits*.

For the purposes of this Rider, the following definition applies:

WELLNESS VISIT means an office visit for routine examinations or other preventative testing, including mammography, pap smear, diagnostic radiology/imaging, colorectal cancer screening, prostate cancer screening, and physical examination.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy and Certificate to which it is attached.

LIMITED BENEFIT, PLEASE READ CAREFULLY

MONUMENTAL LIFE INSURANCE COMPANY



Secretary



President

LBEM1003RM

MONUMENTAL LIFE INSURANCE COMPANY

Cedar Rapids, Iowa

CRITICAL ILLNESS EXPENSE BENEFIT RIDER

[POLICYHOLDER:	[Policyholder Name]
GROUP POLICY NUMBER:	[1234567890]
GROUP POLICY EFFECTIVE DATE:	[MM/DD/YY]
GROUP POLICY ISSUE DATE:	[MM/DD/YY]
GROUP POLICY ANNIVERSARY DATE:	[MM/DD]
[PARTICIPATING GROUP:	[Participating Group Name]]
[PARTICIPATING GROUP NUMBER:	[A1234567890]]
STATE OF ISSUE:	[State]]

This Critical Illness Expense Benefit Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

SCHEDULE OF BENEFITS

Critical Illness Expense Benefit:

[[**\$50,000**]] Lump sum when First Occurs [[12] months or more] after the Certificate Effective Date, [subject to the Waiting and Survival Periods]
[[**\$2,000**]] [[4%]] of the lump sum Critical Illness Expense Benefit] if First Occurs within [6] months of the Certificate Effective Date]
[[**\$25,000**]] [[50%]] of the lump sum Critical Illness Expense Benefit] if First Occurs after [6] months but before [12] months from the Certificate Effective Date]
[plus an additional
[[**\$500**]] [[1%]] of the Critical Illness Expense Benefit] for [12] months if First Occurs [[12] months or more from the][after the] Certificate Effective Date, subject to the [Waiting and Survival Periods]]
[[**\$250**]] [[0.5%]] of the lump sum Critical Illness Expense Benefit] for [12] months if First Occurs after [6] months but before [12] months from the Certificate Effective Date]

[Dependent Child's Critical Illness Expense Benefit (per Child): **[\$5,000]**

ADDITIONAL BENEFITS:

[Heart Procedure Benefit:

[Coronary Angioplasty	[\$same as critical Illness Expense Benefit outlined above
[Coronary Artery Bypass Surgery	[\$same as critical Illness Expense Benefit outlined above]]]

[Waiting Period:] [[90 days] for Life Threatening Cancer] [[30 days] for all other covered Critical Illnesses [and Heart Procedure Benefits]]

[Survival Period:] [30 days][,unless otherwise Specified in the Definitions section][[180 days] for Paralysis]

[All benefits, except for the Wellness Benefit, will be reduced by [50%] at age [65]]

CRITICAL ILLNESS EXPENSE BENEFIT

CRITICAL ILLNESS EXPENSE BENEFIT: We pay this benefit if an Insured is diagnosed as having a Critical Illness while his coverage under this Certificate is in effect. [We pay the benefit if: [(1) the Critical Illness First Occurs after the Waiting Period; and] [(2) the Insured lives until the end of the Survival Period.]]

[We pay the Critical Illness Expense Benefit only once.] [It][The Critical Illness Expense Benefit] is paid in [a lump sum benefit] [and in] [installments as indicated in the Certificate Schedule]. The benefit is paid as follows:

[If an Insured is under [age 65] on the date his Critical Illness First Occurs, we pay the Critical Illness Expense Benefit shown on the Certificate Schedule [, less any amount paid under the Heart Procedure Benefit].]

[If an Insured is [age 65] or older on the date his Critical Illness First Occurs, we pay [50%] of the Critical Illness Expense Benefit] shown on the Certificate Schedule[, less any amount paid under the Heart Procedure Benefit].]

[RETURN OF PREMIUM: If an Insured's claim is denied because: (1) a Loss First Occurs during the Waiting Period; or (2) he dies prior to the end of the Survival Period, we refund all premiums paid for that Insured's coverage under this Certificate.]

[FINAL PAYMENT: We will pay a one time lump sum benefit, as shown on the Certificate Schedule, at the earlier of the Insured's death if caused by a covered Loss during the Waiting Period or within the Survival Period.]

[HEART PROCEDURE BENEFIT: We will pay a benefit, as shown on the Certificate Schedule, for [Coronary Angioplasty] [or] [Coronary Artery Bypass Surgery]. If a Critical Illness (other than Heart Attack) First Occurs after a Heart Procedure Benefit has been paid, the Critical Illness Expense Benefit will be reduced by the amount paid under the Heart Procedure Benefit. Only one Heart Procedure Benefit will be paid to an Insured. **Please Note: Coverage for Critical Illness Heart Attack terminates when a Heart Procedure Benefit is paid.]**

[If an Insured is under [age 65] on the date of his heart procedure, we pay the Heart Procedure Benefit shown on the Certificate Schedule.]

[If an Insured is [age 65] or older on the date of his heart procedure, we pay [50%] of the Heart Procedure Benefit shown on the Certificate Schedule.]

EXCLUSIONS

No benefits are paid:

1. [for a Loss that First Occurs during the Waiting Period [(see the Return of Premium [and/or Final Payment] provision);]
2. [if the Insured dies prior to the end of the Survival Period [(see the Return of Premium [and/or Final Payment] provision)];]
3. for any other disease, sickness or incapacity, other than a Critical Illness [or Heart Procedure] even if such other disease or incapacity was complicated or directly or indirectly affected or caused by such Critical Illness [or Heart Procedure] or as a result of treatment of such Critical Illness [or Heart Procedure];
4. for any condition that is not defined as a Loss;
5. [for self-inflicted injury or sickness, or attempted suicide, whether sane or insane (while sane in Missouri and Colorado);]
6. [for the diagnosis of, or any symptom or medical problem, which initiated any investigation leading to a diagnosis of a covered condition, when the condition commenced prior to the Effective Date;]
7. [for a Loss caused or contributed to by the use of drugs, poisonous substance, intoxicant or narcotic other than as prescribed and administered by or in accordance with a Physician;]
8. [for organ failure caused or contributed to by the misuse of alcohol;]
9. [when committing or attempting to commit a criminal offense;]
10. [for a Loss caused by or contributed to by war, whether declared or not, or hostile action, insurrection, civil commotion, whether or not insured is actually a participant;]
11. [non-therapeutic release of radiation;]
12. [for a Loss caused by or contributed to by the operating of a vehicle (land, water or air) while blood alcohol concentration is in excess of .08 (i.e. 8 ml of alcohol per 100 ml of blood);]
13. [for a Loss caused by or contributed to by participation in a hazardous activity, including but not limited to skydiving, land or water racing, bungee jumping, scuba diving, amateur or interscholastic athletics, sports competition or events, hang gliding, ballooning, parasailing, mountain climbing or hunting;] [or]
14. [for congenital defects or conditions].

[PRE-EXISTING CONDITIONS LIMITATION

A Pre-Existing Condition (prior health condition) means an illness or condition for which you received medical treatment, advice or diagnostic procedure by a Physician prior to your Certificate Effective Date. We do not pay benefits for any Loss caused by or resulting from a Pre-Existing Condition unless the Loss First Occurs after two years from your Certificate Effective Date.]]

DEFINITIONS

Additional Definitions - Wherever used in this Benefit Rider:

CRITICAL ILLNESS means one of the diseases or conditions listed below for which positive diagnosis is made by a Physician based on diagnostic criteria generally accepted by the medical profession, as explained below:

- [1. **LIFE-THREATENING CANCER** means a disease manifested by the presence of a malignant tumor that is characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. This includes leukemia and Hodgkin's Disease. Life-Threatening Cancer does not include: any pre-malignant tumors or polyps; cancer in situ; intraductal non-invasive carcinoma of the breast; carcinoid of the appendix; Kaposi's sarcoma; Stage 1 transitional cell carcinoma of the urinary bladder; any non-invasive skin cancers other than melanomas; any cancer that is classified as Stage 0, Stage 1, or Stage A, or other such initial staging classifications (sub-stage classifications are not considered, i.e., Stage 1A and Stage 1B shall both be considered Stage 1).

Diagnosis of Life-Threatening Cancer must be:

- (a) by a Physician certified by the American Board of Pathology or the Osteopathic Board of Pathology to practice Pathologic Anatomy; and
- (b) based on the study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.]

- [2. **HEART ATTACK** means an acute myocardial infarction (the damage or death of a portion of the heart muscle resulting from a reduced blood supply to that area caused by a blockage of one or more of the coronary arteries).

Diagnosis of a Heart Attack must be based on an event that consists of [all 3] [2 out of 3] of the following:

- (1) significant electrocardiographic (EKG) findings consistent with myocardial infarction;
- (2) the sudden onset of symptoms consistent with a heart attack; and
- (3) elevation of cardiac enzymes above standard laboratory levels of normal (in the case of creatine phosphokinase (CPK), a CPK-MB measurement must be used).]

- [3. **STROKE** means a sudden neurological impairment of sensory and motor functions due to aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage of a cerebral artery. It must result in permanent damage to the nervous system; deficit persisting for at least [30 days] following the occurrence of the stroke. Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.]

- [4. **KIDNEY FAILURE** means the chronic irreversible failure of both kidneys (end stage renal disease) to function. It must make regular renal dialysis or kidney transplantation necessary.]

- [5. **MAJOR ORGAN TRANSPLANT** means the Insured is the recipient of a surgically transplanted [heart,] [lung or lungs,] [liver,] or [kidney]. It does not include any other organ transplants. [It does not include the act of donating a kidney to another individual.]]

- [6. **MULTIPLE SCLEROSIS** means the unequivocal diagnosis of Multiple Sclerosis by a Neurologist. The diagnosis must be: (1) based on at least two episodes of well defined neurological abnormalities, with objective evidence of lesions at more than one site within your central nervous system; and (2) be supported by accepted investigative techniques.]

- [7. **PARALYSIS** means the total and permanent loss of use of two or more of the Insured's limbs as a result of physical paralysis. The diagnosis must be supported by medical evidence that such Paralysis has persisted for [180 consecutive days]. [The Survival Period for this Critical Illness is [180 days].]]

- [8. **LOSS OF HEARING** means the diagnosis by a certified Ophthalmologist of the permanent loss of hearing in both ears, with an auditory threshold of more than 90 decibels in each ear.]
- [9. **LOSS OF SIGHT** means the diagnosis by a certified Ophthalmologist of the permanent and uncorrectable loss of sight in each eye. The Insured's visual acuity must be lower than 20/20 in both eyes, and the field of vision must be less than 20 degrees in both eyes.]
- [10. **LOSS OF SPEECH** means the diagnosis by a Physician who is certified in a medically appropriate specialty for this Critical Illness, of the total, permanent and irreversible loss of the Insured's ability to speak. Loss of Speech must be the result of physical injury or physical disease.]
- [11. **ALZHEIMER'S DISEASE** means the clinically established diagnosis of Alzheimer's disease (pre-senile dementia), resulting in the inability to perform independently three or more of the following activities of daily living: bathing, dressing, toileting, transferring (moving in and out of bed), eating, and taking medication.]
- [12. **PARKINSON'S DISEASE** means the diagnosis by a Neurologist that the Insured has primary idiopathic Parkinson's Disease which is characterized by two or more of the following clinical manifestations: (a) tremor; (b) muscle rigidity; (c) akinesia. All other types of Parkinsonism are excluded from this Critical Illness definition.]
- [13. **SEVERE BURNS** means the diagnosis by a certified Plastic Surgeon that the Insured has sustained third degree burns covering at least 20% of the surface area of the Insured's body.]
- [14. **COMA** means the diagnosis by a certified Neurologist that the Insured is in a state of unconsciousness from which he cannot be aroused and in which external stimulation will produce no more than primitive avoidance reflexes. To qualify, the diagnosis must also be supported by medical evidence that the state of unconsciousness has persisted continuously for a period of at least [96 hours].]

FIRST OCCURS means the date an Insured is positively diagnosed by a Physician as having a Critical Illness [or a Physician recommends a Heart Procedure] for the first time [except as limited by the Pre-existing Conditions Limitation].

[HEART PROCEDURE means one of the medical procedures described below when recommended by a Physician:

- [1. **CORONARY ANGIOPLASTY** means the undergoing of balloon angioplasty or other forms of catheter based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more arteries.]
- [2. **CORONARY ARTERY BYPASS SURGERY** means the undergoing of open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. It does not include balloon angioplasty, laser relief or any other procedures. It is subject to angiographic evidence of the underlying disease.]]

LOSS means a covered Critical Illness [or Heart Procedure].

[SURVIVAL PERIOD means the number of days the Insured must live after his Loss First Occurs. The Survival Period is shown on the Certificate Schedule.]

[WAITING PERIOD means the consecutive period of time that an Insured must be insured under this Certificate before a Loss First Occurs. The Waiting Period is shown on the Certificate Schedule.]

INDIVIDUAL TERMINATION OF INSURANCE

In addition to any Termination of Insurance Provision in the [[Policy][Certificate]], coverage under this Rider automatically terminates on the first of the following dates:

1. The date the Critical Illness Expense Benefit is paid;
2. The date the Critical Illness First Occurs if during the Waiting Period;
3. The premium due date next following your [85th] birthdate].

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

IN WITNESS WHEREOF Monumental Life Insurance Company has caused this Rider to be executed on the Date of Issue to take effect on the Effective Date.



Secretary



President

SERFF Tracking Number: AEGX-125842591 State: Arkansas
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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 10/03/2008
Comments:
Attachment:
 AR - READABILITY CERTIFICATION.PDF

Bypassed -Name: Application **Review Status:** Approved-Closed 10/03/2008
Bypass Reason: Not applicable. Already on file with your department.
Comments:

Satisfied -Name: AR - NAIC TRANSMITTAL DOC,
 AR - NAIC FORM FILING
 ATTACHMENT **Review Status:** Approved-Closed 10/03/2008
Comments:
Attachments:
 AR - NAIC TRANSMITTAL DOC.PDF
 AR - NAIC FORM FILING ATTACHMENT.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Monumental Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
LBEM1003RM	40
LBEM1004RM	40



Signed: _____
Name: Edward G. Weigand
Title: Assistant Secretary

Date: 10-02-08 _____

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Monumental Life Insurance Company 4333 Edgewood Road, N.E. Cedar Rapids IA 52499	IA	A&H	468	66281	52-0419790	N/A

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Kimberly Taylor, AIRC, ACS 520 Park Avenue, MS #A507 Baltimore MD 21201	800-233-4624, ext. 5261	410-209-5910	kimtaylor@aegonusa.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	GH AR0021655F03
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8. Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	Group	<input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	H15G Group Health - Hospital/Surgical/Medical Expense
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10. Product Coding Matrix Filing Code	H15G.002 Large Group Only
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11. Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	Filing Submission Date	October 2, 2008
13.	Filing Fee (If required)	Amount <u>\$40.00</u> Check Date <u>09/30/08</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>7010071009</u>
14.	Date of Domiciliary Approval	Will be filed concurrently in domicile state.
15.	Filing Description:	
<p>Rider forms are being filed for your review and approval. These forms are new and they do not replace any existing forms previously approved by your department.</p> <p>These riders will be used with our Group Limited Benefit Insurance Policy, form LBEM1000GPM.AR, et al. which was approved by your department on August 1, 2007 under Insurance Dept. File #: 36284.</p> <p>The Wellness Visit Benefit Rider, form LBEM1003RM, pays a benefit for expenses incurred due to an office visit for routine examinations or other preventative testing. The Critical Illness Expense Benefit Rider, form LBEM1004RM, pays a benefit if an Insured is diagnosed as having a Critical Illness while their coverage is in effect. Also enclosed is an Actuarial Memorandum for the Critical Illness Expense Benefit Rider.</p> <p>All SERFF filing submission requirements have been met.</p> <p>We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Kimberly Taylor, AIRC, ACS</u> Title <u>Filing Specialist</u></p>		
<p>Signature <u></u> Date <u>10-02-08</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	GH AR0021655F03	
This filing corresponds to rate filing company tracking number	N/A	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Wellness Visit Benefit Rider	LBEM1003RM	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Critical Illness Expense Benefit Rider	LBEM1004RM	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	