

SERFF Tracking Number: RSLI-125876575 State: Arkansas
Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 40705
Company Tracking Number:
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Voluntary Group Term Life
Project Name/Number: /

Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: Voluntary Group Term Life SERFF Tr Num: RSLI-125876575 State: ArkansasLH
TOI: L04G Group Life - Term SERFF Status: Closed State Tr Num: 40705
Sub-TOI: L04G.500 Other Co Tr Num: State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: Barbara Walker, Marc Vergillo Disposition Date: 10/29/2008
Date Submitted: 10/28/2008 Disposition Status: Approved
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Overall Rate Impact: Group Market Type: Employer, Discretionary, Trust

Filing Status Changed: 10/29/2008
State Status Changed: 10/29/2008
Corresponding Filing Tracking Number:
Filing Description:

RE: Voluntary Group Term Life Insurance
(Out-of-State Policy Form Series LRS-8349)
Certificate Form Series LRS-8350, Approved July 20, 1992, et al

Filing per § 23-79-109(a)(1)(C)(2)

Deemer Date:

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Submitting:

Extension of Coverage Under the Family and Medical Leave Act and
Uniformed Services Employment and Reemployment Rights Act (USERRA)

Form Number

LRS-8350-123-0808 Certificate Form (Replacing LRS-8350-123-0199, approved December 7,
1999)

Continuity of Coverage Provision

Form Number

LRS-8350-260-0808 Certificate Form (New Form)

The submitted forms will be used with the above-referenced voluntary group term life insurance product. Forms identical to the enclosed were approved in the Group Policy situs state on October 16, 2008 (the policy is issued to the RSL Group and Blanket Insurance Trust situated in Rhode Island).

The Extension of Coverage Under the Family and Medical Leave Act and Uniformed Services Employment and Reemployment Rights Act (USERRA) form has been revised to present a less detailed description of the federal leave laws than in our prior forms, thereby allowing our forms to remain current when the federal laws are amended.

The Continuity of Coverage Provision is applicable when our plan replaces a Prior Plan. This provision applies to an otherwise eligible employee who was insured under the Prior Plan on the date immediately preceding our plan's effective date but who does not meet our actively-at-work requirement on such effective date. Persons who qualify for continuity of coverage are eligible for the applicable benefit described in the provision, subject to specific requirements and limitations contained in the provision.

As submitted, the forms include variability (indicated by surrounding brackets) as to inclusion and/or text. This variability will enable us to tailor the forms on a case-specific basis.

The forms are submitted in final print format, having been printed on a laser printer. Printing is subject to changes in ink, paper stock, formatting, margins and positioning.

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I trust this filing is in order and you will find the submitted forms acceptable. If there are any questions or there is need for additional information, please do not hesitate to contact me at the telephone number shown below; please leave a voice mail message should I not answer in person.

Sincerely,

Barbara Walker
Compliance Analyst
Compliance Department
(800) 351-7500 ext 3607
FAX: (267) 256-3546
Email: Barbara.walker@rsli.com

Company and Contact

Filing Contact Information

Barbara Walker, Senior Compliance Specialist barbara.walker@rsli.com
2001 Market Street (800) 351-7500 [Phone]
Philadelphia, PA 19103-7090 (267) 256-3546[FAX]

Filing Company Information

Reliance Standard Life Insurance Company CoCode: 68381 State of Domicile: Illinois
2001 Market Street Group Code: Company Type:
Suite 1500
Philadelphia, PA 19103-7090 Group Name: State ID Number:
(800) 351-7500 ext. [Phone] FEIN Number: 36-0883760

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes

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Fee Explanation: Domicile state (IL) fee = \$50 per form.

2 forms X \$50 = \$100

Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reliance Standard Life Insurance Company	\$100.00	10/28/2008	23518371

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/29/2008	10/29/2008

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Disposition

Disposition Date: 10/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Extension of Coverage		Yes
Form	Continuity of Coverage		Yes

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Form Schedule

Lead Form Number: LRS-8350-123-0808

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LRS-8350-123-0808	Certificate	Extension of Coverage t, Insert Page, Endorsement or Rider	Initial			FMLA and MSLA-Certificate FINAL.pdf
	LRS-8350-260-0808	Certificate	Continuity of Coverage t, Insert Page, Endorsement or Rider	Initial			Continuity Provision-Certificate FINAL.pdf

**EXTENSION OF COVERAGE UNDER THE [FAMILY AND MEDICAL LEAVE ACT AND]
UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)**

[Family and Medical Leave of Absence:

We will continue the Insured's coverage [and that of any insured Dependent, if applicable,] in accordance with the [Participating Unit's] policies regarding leave under the Family and Medical Leave Act of 1993, as amended, if:

- (1) the premium for such Insured [and his Dependents, if applicable,] continues to be paid during the leave; and
- (2) the [Participating Unit] has approved the employee's leave in writing and provides a copy of such approval within [thirty-one (31) days] of our request.

As long as the above requirements are satisfied, we will continue coverage until the later of:

- (1) the end of the leave period required by the Family and Medical Leave Act of 1993, as amended; or
- (2) the end of the leave period required by any similar state law.]

Military Services Leave of Absence:

We will continue the Insured's coverage [and that of any insured Dependent, if applicable,] in accordance with [the Participating Unit's] policies regarding Military Services Leave of Absence under USERRA if the premium for such Insured [and his Dependents, if applicable,] continues to be paid during the leave.

As long as the above requirement is satisfied, we will continue coverage until the end of the period required by USERRA.

[The Policy, while coverage is being continued under this Military Services Leave of Absence extension, does not cover any loss which occurs while on active duty in the military if such loss is caused by or arises out of such military service, including but not limited to war or any act of war, whether declared or undeclared.]

While the employee is on a [Family and Medical Leave of Absence for any reason other than his own illness, injury or disability or] Military Services Leave of Absence he will be considered Actively-at-Work. Any changes such as revisions to coverage due to age will apply during the leave, except that increases in any insured's amount of insurance will not be effective when an employee is not considered Actively-at-Work until he has returned to Active Work [for one (1) full day].

A leave of absence taken in accordance with [the Family and Medical Leave Act of 1993 or] USERRA will run concurrently with any other applicable continuation of insurance provision in the Policy.

The Insured's coverage [and that of any insured Dependent, if applicable,] will cease under this extension on the earliest of:

- (1) the date [the Participating Unit's coverage under] the Policy terminates;
- (2) the end of the period for which premium has been paid for the Insured; or
- (3) the date such leave should end in accordance with [the Participating Unit's] policies regarding [Family and Medical Leave of Absence and] Military Services Leave of Absence in compliance with [the Family and Medical Leave Act of 1993, as amended, and] USERRA.

Should the [Participating Unit] choose not to continue the Insured's coverage during a [Family and Medical Leave of Absence and/or] Military Services Leave of Absence, the Insured's coverage [as well as any Dependent coverage, if applicable,] will terminate in accordance with the termination of insurance provisions under the Policy.

CONTINUITY OF COVERAGE PROVISION

Continuity of Coverage is applicable in the event [the Participating Unit's coverage under] the Policy replaces a Prior Plan.

The Actively-at-Work requirement contained in the Policy shall be modified for employees who are otherwise eligible but were not actively working on the effective date of [the Participating Unit's coverage under] the Policy.

A. Modification of Active Work Requirement

If an employee was insured under the Prior Plan on the day before the effective date of [the Participating Unit's coverage under] the Policy, the employee may become insured on [the Participating Unit's] effective date without meeting the Policy's Active Work requirement in accordance with the conditions specified below.

B. Payment of Benefit

The benefit payable before the employee meets the Active Work requirement will be the lesser of:

- (1) the benefit payable under the Policy; [or]
- (2) the benefit which would have been payable under the terms of the Prior Plan if it had remained in force, reduced by any benefits payable under the Prior Plan[. / or]
- (3) [\$10,000] [with respect to employees who are [age 60 or older] on the day before [the effective date of the Participating Unit's coverage under the Policy]].]

[With respect to item B. (1) above,[the benefit payable under the Policy,] increases in the benefit amount will not apply while coverage is continued under this Continuity of Coverage Provision.]

[Employees provided coverage under this provision are not eligible for coverage under the Policy's Waiver of Premium in Event of Total Disability or Accidental Death and Dismemberment Insurance provisions (if applicable).] All other policy conditions, limitations, reductions and exclusions shall apply, except as otherwise noted in this provision. Insurance will terminate in accordance with the termination of insurance provisions under the Policy.

In the event that an employee covered under this provision returns to Active Work, as defined in the Policy, [for one (1) full day] and meets all other eligibility requirements, coverage will be provided under the terms and conditions of the Policy without regard to this Continuity of Coverage Provision. If any employee covered under this provision does not return to Active Work by the date the employee's coverage would end under the continuation or extension of benefits section of the Prior Plan, no coverage will be provided after such date until the employee returns to Active Work [for one (1) full day] and meets all other eligibility requirements in the Policy. In no event will coverage provided under this provision exceed [three (3) months] from [the effective date of the Participating Unit's coverage under the Policy].

This coverage is provided on a premium-paying basis. [Coverage is provided under the Policy's Living Benefit Rider or Accelerated Death Benefit Rider (as applicable) provided such benefit was included in the Prior Plan.]

This Continuity of Coverage Provision does not apply to the following employees:

- (1) employees who were not covered under the Prior Plan;
- (2) employees whose coverage under the Prior Plan does not include waiver of premium or extension of coverage;
- (3) employees whose insurance is being extended under the Prior Plan's waiver of premium or extension of coverage provision; or
- (4) employees who were eligible for the waiver of premium provision under the Prior Plan, but failed to apply.

[C. In the event [the Participating Unit's coverage under] the Policy includes Dependent Life Insurance coverage, deferral of effective date due to hospital or home confinement will not apply to [any Dependents who were] insured under the Prior Plan on the last day it was in force, up to the amount that was in effect under such Prior Plan. [Benefits cannot exceed [\$10,000] [with respect to spouses who are [age 60 or older] on the day before [the effective date of the Participating Unit's coverage under the Policy]].] [Any requested increases in the benefit amount for a Dependent will be subject to deferral of effective date due to hospital or home confinement.]]

“Prior Plan” means any policy of group life insurance coverage [sponsored by the [Participating Unit]] that has been replaced by coverage entirely or in part under the Policy. The replacement may be complete or partial with respect to the employee [and Dependents].

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

10/28/2008

Comments:

See attached.

Attachment:

Certifications required by SERFF - composite.pdf

CERTIFICATION OF COMPLIANCE

I certify that we comply with the following:

s. 23-79-138 regarding required policy information;

s. 23-80-206 regarding form and readability requirements;

Rule and Regulation 19 regarding unfair sex discrimination; and

Rule and Regulation 49 regarding Life and Health Insurance Guaranty Association Notices



Charles Denaro

Charles Denaro
Vice President, Secretary and Deputy General Counsel

October 28, 2008