

SERFF Tracking Number: SBMS-125801003 State: Arkansas
Filing Company: SBLI of MA State Tracking Number: 40286
Company Tracking Number: 2008003DAR
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Level Term Insurance
Project Name/Number: /2008003

Filing at a Glance

Company: SBLI of MA
Product Name: Level Term Insurance SERFF Tr Num: SBMS-125801003 State: ArkansasLH
TOI: L04I Individual Life - Term SERFF Status: Closed State Tr Num: 40286
Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: 2008003DAR State Status: Approved-Closed
Fixed/Indeterminate Premium
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: James Coady, James MacDougall, Jason Brush, Dwight Wilbur, Janice Albertazzi
Disposition Date: 10/01/2008
Date Submitted: 09/17/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: 2008003 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 10/01/2008 Deemer Date:
State Status Changed: 10/01/2008
Corresponding Filing Tracking Number:
Filing Description:
SBLI of MA Policy Form
Form B-46.1 et al, Multi-Class Level Term Policy

Enclosed for your review please find a sample copy of the above referenced life insurance policy form. This product

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provides level term life insurance to age 85. Level premium rates are guaranteed not to increase for 10, 15, 20, 25 or 30 years as selected by the buyer. The guaranteed premium rates after the level term selected are listed within premium schedule forms B-46A (Nicotine Rates) and B-46B (Non Nicotine Rates). Applicants will be classified in one of 4 Non-Nicotine classes (Preferred Plus, Preferred, Select and Standard) or 2 Nicotine classes (Preferred and Standard) based on medical history. The minimum face amount is \$100,000 and the maximum face amount is \$10,000,000. The policy is convertible without evidence of insurability to a permanent life policy. Illustrations will not be used for this policy form. There are 5 plans associated with the policy, described below.

Plan	Minimum Issue Age	Maximum Issue Age
T10/10 year guarantee	20	74
T15/15 year guarantee	20	65
T20/20 year guarantee	20	60
T25/25 year guarantee	20	55
T30/30 year guarantee	20	50

The following forms will also be used with this product: application forms A-91 and A-92; application amendment forms AQ-8 through AM-29 (full list enclosed); and waiver of premium rider form BW-32.5 will also be sold with this policy. When applicable, these riders and any related premium amounts will be referenced on the specifications page. Likewise, any substandard ratings associated with any issued policies will also be referenced on the specifications page. These application and related forms have been submitted to your department on this date under a separate filing.

This product will be marketed in all licensed states The product will be sold via our licensed agents in the SBLI Woburn, MA, home office and other appropriately licensed agents.

Company and Contact

Filing Contact Information

James Coady, Jcoady@SBLI.com
 1 Linscott Road (781) 994-5410 [Phone]
 Woburn, MA 01801 (781) 994-4124[FAX]

Filing Company Information

SERFF Tracking Number: SBMS-125801003

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State Tracking Number: 40286

Company Tracking Number: 2008003DAR

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Product Name: Level Term Insurance

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SBLI of MA
1 Linscott Road
Woburn, MA 01801
(781) 938-3500 ext. [Phone]

CoCode: 70435
Group Code: 4553
Group Name:
FEIN Number: 04-3117253

State of Domicile: Massachusetts
Company Type: Life
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? Yes
Fee Explanation: Domicile State Fee = \$75.00
One Form x \$75.00 = \$75.00
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
67351	\$75.00	09/10/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/01/2008	10/01/2008

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Disposition

Disposition Date: 10/01/2008

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		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Level Term Insurance Policy		Yes

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Form Schedule

Lead Form Number: B-46.1

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	B-46.1	Policy/Cont	Level Term ract/Fratern Insurance Policy al Certificate	Initial		50	B-46.1.pdf

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Attachment "B-46.1.pdf" is larger than 3MB and cannot be reproduced here.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 09/03/2008

Comments:

1. Rule & Regulation 19: This is to certify that we believe that this submission meets the objective standards of Rule and Regulation 19.

2. Rule and Regulation 49: This is to certify that all policies under this filing issued in Arkansas will be accompanied by a notice of Limitations and Exclusions under the Arkansas Life and Health Insurance Guaranty Association Act, as described in Rule and Regulation 49.

3. Flesch readability Certification Attached.

4. Consumer Information Notice: Each item listed under ACA 23-79-138 will be present in or with all policies issued under this filing in Arkansas, and the noted address for the Life and Health Division will be used.

Attachment:

B-46.1 Flesch Certification.pdf

Review Status:

Satisfied -Name: Application 09/03/2008

Comments:

Attached is a list of the application and application supplement forms, submitted to your Department this date under a separate filing, that will be used with this policy form.

Attachment:

Application and Amendment List.pdf

Review Status:

Satisfied -Name: Statement of Variability 09/03/2008

Comments:

Statement of variability attached.

Attachment:

B-46.1 Statement of Variability (2).pdf

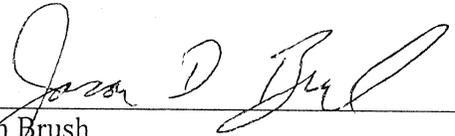
**THE SAVINGS BANK LIFE INSURANCE
COMPANY OF MASSACHUSETTS**

FLESCH CERTIFICATION

I hereby certify that in my judgment the policy form in this submission meets the objective standards of readability/flesch scores as required as required by applicable laws or regulations.

Multi-Class Level Term Policy Form
Form B-46.1

Flesch Score 30



Jason Brush
AVP & Associate Counsel

Savings Bank Life Insurance of Massachusetts

Applications and supplemental Forms List

<u>Form Number</u>	<u>Form Name</u>
A-90	Conditional Receipt Agreement
A-91	Life Insurance Application – Part 1
A-91A	Supplement to Life Insurance Application – Part 1
A-92	Life Insurance Application – Part 2
A-92A	Supplement to Life Insurance Application – Part 2
A-93	Supplement to Life Insurance Application
AQ-8	General Aviation Questionnaire
AQ-9	Commercial Aviation Questionnaire
AQ-10	Alcohol Questionnaire
AQ-11	Allergies Questionnaire
AQ-12	Asthma Questionnaire
AQ-13	Chest Pain Questionnaire
AQ-14	Diabetes Questionnaire
AQ-15	General Medical Questionnaire
AQ-16	Kidney Stones Questionnaire
AQ-17	Mental Health Questionnaire
AQ-18	Seizures Questionnaire
AQ-19	Colitis Questionnaire
AQ-20	Drugs Questionnaire
AQ-21	DUI Questionnaire
AQ-22	Skin and SCUBA and Submersible Diving Questionnaire

AQ-23	Substance Abuse Questionnaire
AQ-24	Military Status Questionnaire
AQ-25	Military Aviation Questionnaire
AQ-26	Avocation and Professional Sports Questionnaire
AQ-27	Hang Gliding Questionnaire
AQ-28	Motor Sports Questionnaire
AQ-29	Power and Motor Boat Questionnaire
AQ-30	Unemployment Questionnaire
AQ-31	Citizenship Questionnaire
AQ-32	General Amendment
AM-5	Updated Health Amendment
AM-16A	Agents Replacement Certification
AM-19M	Children under UTMA as Beneficiary
AM-19MS	Spouse, then Children under UTMA as Beneficiary
AM-20	Owner/Beneficiary
AM-20B	Trust, then Estate as Beneficiary
AM-20T	Trust as Owner
AM-20BT	Trust as Beneficiary and Owner
AM-26	Financial Disclosure Amendment
AM-28	Nicotine Amendment

**Statement of Variability of Specifications Pages and Table of Values Pages
Form Policy B-46.1
Multi-Class Level Term**

Provision	Variable Language
Insured	Insured's name
Face Amount	\$100,000-\$10,000,000
Age At Issue	20-74
Sex	Male or Female
Issue Date	January 1, 2008 and beyond
Plan	Annual Renewable Term 10/10, 15/15, 20/20, 25/25, or 30/30.
Owner	Person, trust or entity's name
Attachments	Any approved applicable riders purchased with the Basic Policy will be listed here.
Policy Number	Any combination of letters and numbers.
Class	4 Non-Nicotine classes (Preferred Plus, Preferred, Select and Standard) or 2 Nicotine classes (Preferred and Standard)
Expiration Date	Will vary based on the Issue Date and Age at Issue.
Frequency	Annual, Semi-Annual, Quarterly or Monthly (EFTS Only)
Premium	Will vary based on Age at Issue, the Plan chosen, the amount of coverage chosen, if there are any applicable riders purchased, if there are any assigned ratings, and the mode of Frequency of payment.
Basic Policy	Will always say "Basic Policy". Benefit Amounts are from \$100,000-\$10,000,000. Annual Premiums and Years Payable will be dependent on Age at Issue, the Plan chosen and the amount of coverage chosen.
Waiver of Premium (with benefit amounts, annual premiums and years payable)	If this rider has been purchased the specifics will be listed here. Benefit Amounts will always be the same as the Basic Policy coverage (\$100,000 to \$10,000,000). Annual Premiums and Years Payable will be dependent on Age at Issue, the Plan chosen and the amount of coverage chosen.
Child Rider (with benefit amounts, annual premiums and years payable)	If this rider has been purchased the specifics will be listed here. Benefit Amounts will be from \$5,000-\$10,000. Annual Premiums and Years Payable will be dependent on Age at Issue, the Plan

	chosen and the amount of coverage chosen.
Flat Rating	May be applied in instances where the class is substandard and the insured is determined to be a higher risk; usually temporary in time. No minimum/maximum.
Table Rating	May be applied in instances where the class is substandard and the insured is determined to be a higher risk based on a % of mortality rate); lasts for the life of the base policy. Minimum is 150% mortality, no maximum.
Total Annual Premium	Will vary based on Age at Issue, the Plan chosen, the amount of coverage chosen, if there are any applicable riders purchased, if there are any assigned ratings, and the mode of Frequency of payment.
Modal Factors	May increase/decrease for all future policyholders by agreement of our Board of Directors, to be applied to all prospective policyholders consistently.
Initial Premium	Will vary based on Modal Factor selected.
Total Annual Payment	Will vary based on Modal Factor selected.
Tables of Values [all numerical data amounts listed in the Tables for Loan or Cash Value, Paid-Up Insurance, and Extended Term Insurance (years and days)]	Not applicable