

SERFF Tracking Number: AEGX-125600202 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 38679
Company Tracking Number: GH AR0039115F01
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Accidental Death
Project Name/Number: Accidental Death/GH AR0039115F01

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Accidental Death

TOI: H02G Group Health - Accident Only

Sub-TOI: H02G.000 Health - Accident Only

Filing Type: Form

SERFF Tr Num: AEGX-125600202

SERFF Status: Closed

Co Tr Num: GH AR0039115F01

Co Status:

Author: SPI ADMSLH

Date Submitted: 04/08/2008

State: ArkansasLH

State Tr Num: 38679

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 04/21/2008

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Accidental Death

Project Number: GH AR0039115F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/21/2008

State Status Changed: 04/21/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Stonebridge Life Insurance Company

NAIC # 0468-65021

FEIN: 03-0164230

"OUT OF STATE" GROUP

GR916: Group Accident Only Outpatient Surgery Benefit Rider

GR917: Group Accident Only Adaptive Home and Vehicle Benefit Rider

GR918: Group Accident Only Fracture Care Benefit Rider

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Discretionary

Deemer Date:

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treatment of an Injury for which the Emergency Room Benefit is payable.

Group Rider Enrollment Forms GRE318, GRE318AR, GRE319, GRE319AR, GRE320 and GRE320AR will be used to solicit these riders. These forms were previously approved by your Department on May 31, 2005. The SERFF File Number for GRE318 and GRE318AR was SERT-6CRQZE444 and the SERFF File Number for GRE319, GRE319AR, GRE320 and GRE320AR was SERT-6CRTND860.

These Riders may be used at-issue or add-on with our currently approved group accident and health products and similar products as they are approved by your Department. The language in the "Benefits Schedule" box will vary depending on our solicitation program. We request approval of these forms in various dimensions, format and shading/colors. No dimension/format/shading/color change would produce unacceptable print.

The captioned riders were approved by Illinois, our situs state, on March 17, 2008.

The Flesch scores for these riders are listed below. Microsoft Word was used to obtain this score.

GR916: 48.6
GR917: 48.5
GR918: 50.7
GR919: 48.8
GR921: 49.6
GR923: 49.1

This product will be mass marketed by direct response and telemarketing methods and possibly on the Internet through our website.

The Company has reviewed the enclosed policy form(s) and certifies that each form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

Completed filing forms are attached. Our filing fee is being sent under separate cover.

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Company and Contact

Filing Contact Information

Margaret Frei, Senior Contract Analyst mfrei@aegonusa.com
2700 W Plano Parkway (972) 881-6289 [Phone]
Plano, TX 75075 (972) 881-4097[FAX]

Filing Company Information

Stonebridge Life Insurance Company CoCode: 65021 State of Domicile: Vermont
29 South Main Street Group Code: 468 Company Type:
Rutland, VT 05701-5014 Group Name: State ID Number:
(410) 685-5500 ext. [Phone] FEIN Number: 03-0164230

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7010062431	\$50.00	04/03/2008

SERFF Tracking Number: AEGX-125600202 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/21/2008	04/21/2008

SERFF Tracking Number: AEGX-125600202 *State:* Arkansas
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Disposition

Disposition Date: 04/21/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGX-125600202 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	Cover Letter	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Supporting Document	Readability Certification	Approved-Closed	Yes
Supporting Document	NAIC Transmittal	Approved-Closed	Yes
Form	Group Accident Only Outpatient Surgery Benefit Rider	Approved-Closed	Yes
Form	Group Accident Only Adaptive Home and Vehicle Benefit Rider	Approved-Closed	Yes
Form	Group Accident Only Fracture Care Benefit Rider	Approved-Closed	Yes
Form	Group Accident Only Recuperation Benefit Rider	Approved-Closed	Yes
Form	Group Accident Only Seatbelt and Air Bag Benefit Rider	Approved-Closed	Yes
Form	Group Accident Only Emergency Room and Ambulance Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GR916

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GR916	Certificate	Group Accident Only Initial Amendmen t, Insert Benefit Rider Page, Endorseme nt or Rider	Initial		49	GR916.PDF
Approved-Closed	GR917	Certificate	Group Accident Only Initial Amendmen t, Insert Adaptive Home and Vehicle Benefit Rider Page, Endorseme nt or Rider	Initial		48	GR917.PDF
Approved-Closed	GR918	Certificate	Group Accident Only Initial Amendmen t, Insert Fracture Care Benefit Rider Page, Endorseme nt or Rider	Initial		51	GR918.PDF
Approved-Closed	GR919	Certificate	Group Accident Only Initial Amendmen t, Insert Recuperation Benefit Rider Page, Endorseme nt or Rider	Initial		49	GR919.PDF
Approved-Closed	GR921	Certificate	Group Accident Only Initial Amendmen t, Insert Seatbelt and Air Bag Benefit Rider Page, Endorseme nt or Rider	Initial		50	GR921.PDF
Approved-Closed	GR923	Certificate	Group Accident Only Initial Amendmen Emergency Room	Initial		49	GR923.PDF

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t, Insert and Ambulance
Page, Benefit Rider
Endorseme
nt or Rider

Stonebridge Life Insurance Company

Home Office: Rutland, Vermont

[Administrative Office:] [2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT ONLY OUTPATIENT SURGERY BENEFIT RIDER

BENEFIT SCHEDULE

[INSURED:]

[JOHN J. DOE]
[12345 MAIN STREET]
[ANYTOWN, USA 12345]

[BENEFIT]

[OUTPATIENT SURGERY BENEFIT]

[INSURED]
[\$500.00
per surgery]

[AMOUNT]

[SPOUSE]
[\$500.00
per surgery]

[CHILD]
[\$500.00
per surgery]

[EFFECTIVE DATE OF COVERAGE:]

[10/01/2007]

[Total Additional Monthly Premium:]
[\$9.00]

[Attached to Certificate No.:]
[1234567890]

The consideration for this Rider is: (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is listed above in the Benefit Schedule. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following definitions apply:

OUTPATIENT SURGERY means a surgical procedure which meets the following requirements:

1. treatment is given as a Hospital Outpatient or done in an Ambulatory Surgical Center; and
2. surgery must be Necessary Treatment of an Injury and recommended by a Physician; and
3. it must be such a complex or severe procedure that it cannot be done in a Physician's office and requires full surgical facilities of a Hospital or Ambulatory Surgical Center.

HOSPITAL means an institution which meets the following requirements:

1. It is operated pursuant to law; and
2. It is primarily engaged in providing or operating either on its premises or in facilities available to the Hospital on a prearranged basis and under supervision of a staff of one or more duly licensed Physicians, medical, diagnostic, and major surgical facilities for medical care and treatment of sick and Injured persons on an inpatient basis; and
3. It provides 24 hour nursing service by or under the supervision of registered graduate professional nurses (R.N.s).

HOSPITAL does not include an institution operated primarily as:

1. a convalescent home, convalescent, rest, or nursing facility; or
2. a facility primarily affording custodial or educational care; or
3. a facility for the aged, drug addicts, or alcoholics.

HOSPITAL also does not include that part of an institution operated primarily as:

1. a convalescent home, convalescent, rest, or nursing facility; or
2. a facility primarily affording custodial or educational care; or
3. a facility for the aged.

HOSPITAL OUTPATIENT means a person receiving treatment on an Outpatient basis and not confined to a Hospital on an inpatient basis.

INJURY means bodily injury caused by an accident occurring while the insurance is in force resulting directly and independent of disease or bodily infirmity.

NECESSARY TREATMENT means medical treatment which is consistent with currently accepted medical practice. Any Confinement, operation, treatment, or service not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment or service or expense in connection therewith, which is experimental in nature, is considered Necessary Treatment.

We may use Peer Review Organizations or other professional medical opinions to determine if health care services are:

1. medically necessary; and
2. consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
3. provided in the most economical and medically appropriate site for treatment.

If services do not meet these criteria, expenses related to those services will not be deemed Necessary Treatment.

PHYSICIAN means a person who is duly licensed and legally qualified to diagnose and treat sickness and Injuries. Such person must be providing services within the scope of his or her license. A Physician may not be you or a member of your immediate family.

AMBULATORY SURGICAL CENTER means a facility which:

1. is a licensed public or private establishment with an organized medical staff of Physicians;
2. has permanent facilities operated primarily for doing surgery; and
3. provides continuous Physician services and registered professional nursing services.

COVERAGE

Upon receipt of due proof that a Covered Person underwent Outpatient Surgery, as a result of an Injury, we will pay the benefit for this Rider shown on the Benefit Schedule.

The benefit payable is subject to the following conditions:

1. the Outpatient Surgery must occur while the Covered Person is insured under the Policy and this Rider, and
2. the Outpatient Surgery must occur within 90 days of the accident causing the Injury.

The Benefit amount for this Rider shown on the Benefit Schedule will be paid per Outpatient Surgery session. We will only pay one Outpatient Surgery benefit per covered accident.

This Rider takes effect on the date entered hereon after receipt and approval of the signed enrollment, if required. This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Stonebridge Life Insurance Company has caused this Rider to be signed by its Secretary and its President.



Secretary



President

Stonebridge Life Insurance Company

Home Office: Rutland, Vermont

[Administrative Office:] [2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT ONLY ADAPTIVE HOME AND VEHICLE BENEFIT RIDER

BENEFIT SCHEDULE	
[INSURED:]	
[JOHN J. DOE] [12345 MAIN STREET] [ANYTOWN, USA 12345]	
[\$10,000] [ACCIDENT ONLY ADAPTIVE HOME AND VEHICLE BENEFIT]	
[FOR:] [JOHN J. DOE] [SPOUSE AND CHILDREN, IF COVERED]	
[EFFECTIVE DATE OF COVERAGE:] [09/20/07]	
[Total Additional Monthly Premium:] [\$0.30]	[Attached to Certificate No.:] [1234567890]

The consideration for this Rider is: (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is listed above in the Benefit Schedule. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following definitions apply:

INJURY means bodily injury caused by an accident occurring while the insurance is in force resulting directly and independent of disease or bodily infirmity.

LOSS means, as a result of an accidental Injury, the Covered Person entirely and irrecoverably lose the use of:

1. both hands or both feet; or
2. one hand and one foot; or
3. the sight of both eyes; or
4. the hearing in both ears; or
5. the ability to speak.

Loss of use means actual severance above the wrist or ankle or total paralysis of a limb or limbs, which is determined by competent medical authority to be permanent, complete and irreversible.

PRIVATE PASSENGER AUTOMOBILE means a four-wheeled automobile which is required to be registered with the state for use on public highways; which is not registered to carry passengers for hire and which is of the pleasure type, including a station wagon, van, jeep, or truck type with a factory rating load capacity of 2,000 pounds or less or self-propelled motor home type vehicles.

Farm equipment, forklifts, construction equipment, recreational vehicles, motorcycles and motorscooters are specifically excluded under private Passenger Automobile.

COVERAGE

ADAPTIVE HOME AND VEHICLE BENEFIT

Upon receipt of due proof that a Covered Person suffers a Loss, we will pay the Benefit for this Rider shown on the Benefit Schedule for the one-time cost of alterations, incurred within 2 years from the date of the accident causing the Injury, to the Covered Person's principal residence or Private Passenger Automobile to make the residence accessible and/or the Private Passenger Automobile drivable or rideable for the Covered Person.

The benefit will be payable only if:

- 1. such home alterations are:
 - a) made by a person or persons with experience in such alteration; and
 - b) recommended by a Physician or recognized organization associated with the Loss.

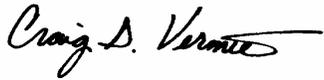
and/or

- 2. such vehicle modifications are:
 - a) carried out by a person or persons with experience in such matters;
 - b) approved by the Motor Vehicle Department; and
 - c) recommended by a Physician or recognized organization associated with the Loss.

The home and/or vehicle must be owned by the Insured.

This Rider takes effect on the date entered hereon after receipt and approval of the signed enrollment, if required. This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Stonebridge Life Insurance Company has caused this Rider to be signed by its Secretary and its President.



Secretary



President

Stonebridge Life Insurance Company

Home Office: Rutland, Vermont

[Administrative Office:] [2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT ONLY FRACTURE CARE BENEFIT RIDER

BENEFIT SCHEDULE

[INSURED:]

[JOHN J. DOE]
[12345 MAIN STREET]
[ANYTOWN, USA 12345]

[FOR:] [JOHN J. DOE]
[SPOUSE AND CHILDREN, IF COVERED]

[EFFECTIVE DATE OF COVERAGE:] [10/01/2007]

[TABLE OF BENEFITS]

[FRACTURE:]	[BENEFITS]		
	[INSURED]	[DEPENDENT SPOUSE]	[DEPENDENT CHILD]
[Hip]	[\$1000]	[\$1000]	[\$1000]
[Skull]	[\$250]	[\$250]	[\$250]
[Leg]	[\$500]	[\$500]	[\$500]
[Arm]	[\$500]	[\$500]	[\$500]
[Facial Fracture]	[\$250]	[\$250]	[\$250]
[Other]	[\$300]	[\$300]	[\$300]

[Total Additional Monthly Premium:]
[\$12.00]

[Attached to Certificate No.:]
[1234567890]

The consideration for this Rider is: (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is listed above in the Benefit Schedule. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following definitions apply:

FRACTURE means a break in a bone that can be seen by X-ray. It must be diagnosed and treated as a Fracture by a Physician within 7 days after the date of the accident causing the Injury and while this Rider is in force for the Covered Person.

INJURY means bodily injury caused by an accident occurring while the insurance is in force resulting directly and independent of disease or bodily infirmity.

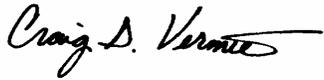
PHYSICIAN means a person who is duly licensed and legally qualified to diagnose and treat sickness and Injuries. Such person must be providing services within the scope of his or her license. A Physician may not be you or a member of your immediate family.

COVERAGE

Upon receipt of due proof that, as a result of an Injury, the Covered Person suffers a Fracture, We will pay the benefit shown in the Benefit Schedule. If the Covered person suffers more than one Fracture in a single accident, the amount payable will be for the Fracture which has the greatest benefit.

This Rider takes effect on the date entered hereon after receipt and approval of the signed enrollment, if required. This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Stonebridge Life Insurance Company has caused this Rider to be signed by its Secretary and its President.



Secretary



President

Stonebridge Life Insurance Company

Administrative Home Office: Rutland, Vermont

[Administrative Office:] [2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT ONLY RECUPERATION BENEFIT RIDER

BENEFIT SCHEDULE

[INSURED:]

[JOHN J. DOE]
[12345 MAIN STREET]
[ANYTOWN, USA 12345]

[BENEFIT]	[INSURED]	[AMOUNT]	[SPOUSE]	[CHILD]
[ACCIDENT ONLY RECUPERATION BENEFIT]	[\$200.00 per day]	[\$200.00 per day]	[\$200.00 per day]	[\$200.00 per day]

[BENEFITS ARE ONE-HALF (50%) OF THE ABOVE AMOUNTS IF, BEFORE THE DATE OF THE INJURY RESULTING IN A COVERED LOSS, THE COVERED PERSON HAS ATTAINED AGE 70. (will follow base policy rules about benefit reductions).]

[EFFECTIVE DATE OF COVERAGE:] [10/01/2007]

[Total Additional Premium:]
[\$3.60]

[Attached to Certificate No.:]
[1234567890]

The consideration for this Rider is: (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is listed above in the Benefit Schedule. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following definitions apply:

HOSPITAL means an institution which meets the following requirements:

1. It is operated pursuant to law; and
2. It is primarily engaged in providing or operating either on its premises or in facilities available to the Hospital on a prearranged basis and under supervision of a staff of one or more duly licensed Physicians, medical, diagnostic, and major surgical facilities for medical care and treatment of sick and Injured persons on an inpatient basis; and
3. It provides 24 hour nursing service by or under the supervision of registered graduate professional nurses (R.N.s).

HOSPITAL does not include an institution operated primarily as:

1. a convalescent home, convalescent, rest, or nursing facility; or
2. a facility primarily affording custodial or educational care; or
3. a facility for the aged, drug addicts, or alcoholics.

HOSPITAL also does not include that part of an institution operated primarily as:

1. a convalescent home, convalescent, rest, or nursing facility; or
2. a facility primarily affording custodial or educational care; or
3. a facility for the aged.

INJURY means bodily injury caused by an accident occurring while the insurance is in force resulting directly and independent of disease or bodily infirmity.

NECESSARY TREATMENT means medical treatment which is consistent with currently accepted medical practice. Any Confinement, operation, treatment, or service not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment or service or expense in connection therewith, which is experimental in nature, is considered Necessary Treatment.

We may use Peer Review Organizations or other professional medical opinions to determine if health care services are:

1. medically necessary; and
2. consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
3. provided in the most economical and medically appropriate site for treatment.

If services do not meet these criteria, expenses related to those services will not be deemed Necessary Treatment.

CONFINEMENT / CONFINEMENT / CONFINED means being an inpatient in a Hospital for necessary care and treatment of an Injury. Such Confinement must be prescribed by a Physician.

Confinement does not include Outpatient care and treatment, including Outpatient surgery or Outpatient observation received in a Hospital.

OUTPATIENT means a person receiving treatment on an Outpatient basis and not confined to a Hospital on an inpatient basis.

PHYSICIAN means a person who is duly licensed and legally qualified to diagnose and treat sickness and Injuries. Such person must be providing services within the scope of his or her license. A Physician may not be you or a member of your immediate family.

COVERAGE

We will pay the Benefit for this Rider stated in the Benefit Schedule when we receive proof that, as a result of an Injury, the Covered Person has been confined and was discharged from the Hospital provided:

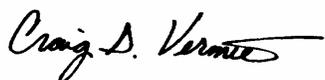
1. the Confinement began within 90 days of the accident causing the Injury;
2. the Confinement was for the Necessary Treatment of a covered Injury;
3. the Covered Person was under the professional care of a Physician;
4. Confinement was for at least 24 hours; and
5. such Confinement occurred while this Rider was in force.

The Benefit for this Rider as shown on the Benefit Schedule will be paid per day for a period equal to the number of days of Confinement for a maximum of 365 days. The Benefit will be paid in a lump sum.

Recurrent Confinements – To be covered, additional Confinements for the same Injury must take place within 90 days of a previously covered Confinement.

This Rider takes effect on the date entered hereon after receipt and approval of the signed enrollment, if required. This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Stonebridge Life Insurance Company has caused this Rider to be signed by its Secretary and its President.



Secretary



President

Stonebridge Life Insurance Company

Home Office: Rutland, Vermont

[Administrative Office:] [2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT ONLY SEATBELT AND AIR BAG BENEFIT RIDER

BENEFIT SCHEDULE

[INSURED:]

[JOHN J. DOE]
[12345 MAIN STREET]
[ANYTOWN, USA 12345]

[BENEFIT]

[AMOUNT]

	[INSURED]	[SPOUSE]
[SEATBELT BENEFIT]	[\$50,000.00]	[\$25,000.00]
[AIR BAG BENEFIT]	[\$10,000.00]	[\$5,000.00]

[BENEFITS ARE ONE-HALF (50%) OF THE ABOVE AMOUNTS IF, BEFORE THE DATE OF THE INJURY RESULTING IN A COVERED LOSS, THE COVERED PERSON HAS ATTAINED AGE 70. (will follow base policy rules about benefit reductions).]

[EFFECTIVE DATE OF COVERAGE:] [10/01/2007]

[Total Additional Monthly Premium:]
[\$3.08]

[Attached to Certificate No.:]
[1234567890]

The consideration for this Rider is: (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is listed above in the Benefit Schedule. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

PRIVATE PASSENGER AUTOMOBILE means a four-wheeled automobile which is required to be registered with the state for use on public highways; which is not registered to carry passengers for hire and which is of the pleasure type, including a station wagon, van, jeep, or truck type with a factory rating load capacity of 2,000 pounds or less or self-propelled motor home type vehicles.

Farm equipment, forklifts, construction equipment, recreational vehicles, motorcycles and motorscooters are specifically excluded under private Passenger Automobile.

COVERAGE

SEATBELT BENEFIT

Upon receipt of due proof of loss, we will pay the Seatbelt Benefit shown on the Benefit Schedule if the Covered Person dies as a result of an Injury from an accident while operating or riding in a Private Passenger Automobile, provided the Cover Person was:

- operating or riding as a passenger in any Private Passenger Automobile designed for use primarily on public highways; or
- wearing an original, equipped, factory installed or manufacturer authorized and unaltered seat belt or lap and shoulder restraint at the time of the Injury.

Verification of the Covered Person's actual use of the seat belt or lap and shoulder restraints is required as follows:

1. in the official law enforcement report of the accident, through certification by the investigation officers, or
2. by other reasonable proof, acceptable to us.

AIR BAG BENEFIT

Upon receipt of due proof of loss, we will pay the Air Bag Benefit shown in the Benefit Schedule if the Covered Person dies as a result of an Injury from an accident while operating or riding in a Private Passenger Automobile, provided the Cover Person was:

1. seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System; and
2. the Air Bag System deploys.

The Seatbelt Benefit and / or the Airbag Benefit is payable subject to the following conditions:

1. death must occur as the direct result of an Injury sustained in an accident while riding in or operating a Private Passenger Automobile accident;
2. a death benefit must be payable under the terms of the Policy; and
3. death must occur within 90 days of the covered accident.

Benefits provided by this Rider are paid in addition to the benefit shown on the Certificate Schedule of Insurance.

This Rider takes effect on the date entered hereon after receipt and approval of the signed enrollment, if required. This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Stonebridge Life Insurance Company has caused this Rider to be signed by its Secretary and its President.



Secretary



President

Stonebridge Life Insurance Company

Administrative Office: 2700 West Plano Parkway, Plano, Texas 75075

GROUP ACCIDENT ONLY EMERGENCY ROOM AND AMBULANCE BENEFIT RIDER

BENEFIT SCHEDULE

[INSURED:]

[JOHN J. DOE]
[12345 MAIN STREET]
[ANYTOWN, USA 12345]

[BENEFIT]

[ACCIDENT ONLY EMERGENCY
ROOM BENEFIT]

[INSURED]
[\$100.00
per visit]

[AMOUNT]

[SPOUSE]
[\$100.00
per visit]

[CHILD]
[\$100.00
per visit]

[ACCIDENT ONLY AMBULANCE
BENEFIT]

[\$50.00
per transport]

[\$50.00
per transport]

[\$50.00
per transport]

[EFFECTIVE DATE OF COVERAGE:]

[10/01/2007]

[Total Additional Monthly Premium:]
[\$8.50]

[Attached to Certificate No.:]
[1234567890]

The consideration for this Rider is: (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is listed above in the Benefit Schedule. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following definitions apply:

HOSPITAL means an institution which meets the following requirements:

1. It is operated pursuant to law; and
2. It is primarily engaged in providing or operating either on its premises or in facilities available to the Hospital on a prearranged basis and under supervision of a staff of one or more duly licensed Physicians, medical, diagnostic, and major surgical facilities for medical care and treatment of sick and Injured persons on an inpatient basis; and
3. It provides 24 hour nursing service by or under the supervision of registered graduate professional nurses (R.N.s).

HOSPITAL does not include an institution operated primarily as:

1. a convalescent home, convalescent, rest, or nursing facility; or
2. a facility primarily affording custodial or educational care; or
3. a facility for the aged, drug addicts, or alcoholics.

HOSPITAL also does not include that part of an institution operated primarily as:

1. a convalescent home, convalescent, rest, or nursing facility; or
2. a facility primarily affording custodial or educational care; or
3. a facility for the aged.

EMERGENCY ROOM means a facility that is:

1. Operated pursuant to law; and
2. A duly licensed hospital Emergency Room or a similar outpatient emergency care facility; and
3. Staffed by a licensed Physician.

INJURY means bodily injury caused by an accident occurring while the insurance is in force resulting directly and independent of disease or bodily infirmity.

PHYSICIAN means a person who is duly licensed and legally qualified to diagnose and treat sickness and Injuries. Such person must be providing services within the scope of his or her license. A Physician may not be you or a member of your immediate family.

TRAUMA CENTER means a facility which is licensed to service medical emergencies requiring urgent treatment. It does not refer to a doctor's office or birthing center.

URGENT CARE CENTER means a freestanding facility which is licensed to service medical emergencies requiring urgent treatment. It does not refer to a doctor's office or birthing center.

COVERAGE

ACCIDENT ONLY EMERGENCY ROOM BENEFIT: We will pay the Accident only emergency room benefit shown on the Benefit Schedule for a covered visit to a hospital Emergency Room for a maximum of three (3) visits per Covered Person per year for a covered Injury. Treatment must be for necessary treatment of an Injury and such treatment must be within 24 hours of the accident causing the Injury. Only one Accident Only Emergency Room Benefit is payable for each covered Accident.

ACCIDENT ONLY AMBULANCE BENEFIT: We will pay an Accident Only Ambulance Benefit when a Covered Person needs ambulance transportation to or from a Hospital, Urgent Care Center, or Trauma Center. The transportation must be needed in order for the Covered Person to receive medical treatment of an Injury. Only one Accident Only Ambulance Benefit is payable per covered accident and a maximum of three (3) ambulance transports per year for each Covered Person.

This Rider takes effect on the date entered hereon after receipt and approval of the signed enrollment, if required. This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Stonebridge Life Insurance Company has caused this Rider to be signed by its Secretary and its President.



Secretary



President

<i>SERFF Tracking Number:</i>	<i>AEGX-125600202</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38679</i>
<i>Company Tracking Number:</i>	<i>GH AR0039115F01</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>Accidental Death/GH AR0039115F01</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AEGX-125600202</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38679</i>
<i>Company Tracking Number:</i>	<i>GH AR0039115F01</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>Accidental Death/GH AR0039115F01</i>		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	04/21/2008
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Comments:

The Company has reviewed the enclosed policy form(s) and certifies that each form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

Satisfied -Name:	Application	Review Status:	Approved-Closed	04/21/2008
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Comments:

Group Rider Enrollment Forms GRE318, GRE318AR, GRE319, GRE319AR, GRE320 and GRE320AR will be used to solicit these riders. These forms were previously approved by your Department on May 31, 2005. The SERFF File Number for GRE318 and GRE318AR was SERT-6CRQZE444 and the SERFF File Number for GRE319, GRE319AR, GRE320 and GRE320AR was SERT-6CRTND860.

Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	04/21/2008
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Comments:

Attachment:

Cover Letter.PDF

Satisfied -Name:	Explanation of Variables	Review Status:	Approved-Closed	04/21/2008
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Comments:

Attachment:

Explanation of Variables.PDF

Satisfied -Name:	Readability Certification	Review Status:	Approved-Closed	04/21/2008
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Comments:

Attachment:

Readability Certification.PDF

SERFF Tracking Number: AEGX-125600202 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 38679
Company Tracking Number: GH AR0039115F01
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Accidental Death
Project Name/Number: Accidental Death/GH AR0039115F01

Satisfied -Name: NAIC Transmittal **Review Status:** Approved-Closed 04/21/2008

Comments:

Attachment:

NAIC Transmittal.PDF



Insurance Company

2700 West Plano Parkway • Plano, Texas 75075-8200

April 8, 2008

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
Life & Health Division
1200 W 3rd St
Little Rock AR 72201-1904

Attention: Ms. Rosalinda Minor

RE: Stonebridge Life Insurance Company
NAIC # 0468-65021
FEIN: 03-0164230
"OUT OF STATE" GROUP
GR916: Group Accident Only Outpatient Surgery Benefit Rider
GR917: Group Accident Only Adaptive Home and Vehicle Benefit Rider
GR918: Group Accident Only Fracture Care Benefit Rider
GR919: Group Accident Only Recuperation Benefit Rider
GR921: Group Accident Only Seatbelt and Air Bag Benefit Rider
GR923: Group Accident Only Emergency Room and Ambulance Benefit Rider
Actuarial Memoranda

Dear Commissioner:

Attached for your review and approval are copies of the above captioned forms. These forms are new and do not replace any forms previously approved by your Department. These forms have been completed in "John Doe" fashion. Variable information is bracketed and printed in red.

Group Accident Only Outpatient Surgery Benefit Rider GR916 provides an outpatient surgery benefit for a covered person who undergoes outpatient surgery as a result of an accident.

Group Accident Only Adaptive Home and Vehicle Benefit Rider GR917 provides a specified benefit for the one-time cost of alterations to the Covered Person's principal residence or Private Passenger Automobile to make the residence accessible and/or the Private Passenger Automobile drivable or rideable for the Covered Person. The Covered Person must provide proof of loss of use as specified in the rider. Loss must be the result of an accident.

Group Accident Only Fracture Care Benefit Rider GR918 provides an indemnity benefit when the Covered Person suffers a Fracture as a result of an injury.

Group Accident Only Recuperation Benefit Rider GR919 provides an indemnity benefit when, as a result of an Injury, the Covered Person has been confined and was discharged from the Hospital.

Group Accident Only Seatbelt and Air Bag Benefit Rider GR921 provides a benefit if the Covered Person dies as a result of an Injury from an accident while operating or riding in a Private Passenger Automobile and was wearing a seatbelt and/or the airbag deployed.

The Honorable Julie Benafield Bowman
April 8, 2008
Page 2

Group Accident Only Emergency Room and Ambulance Benefit Rider GR923 provides an emergency treatment benefit when a covered person visits an emergency facility for a covered injury. This rider also provides an ambulance benefit when a covered person is transported to or from a Hospital, Urgent Care Center, or Trauma Center to receive medical treatment of an Injury for which the Emergency Room Benefit is payable.

Group Rider Enrollment Forms GRE318, GRE318AR, GRE319, GRE319AR, GRE320 and GRE320AR will be used to solicit these riders. These forms were previously approved by your Department on May 31, 2005. The SERFF File Number for GRE318 and GRE318AR was SERT-6CRQZE444 and the SERFF File Number for GRE319, GRE319AR, GRE320 and GRE320AR was SERT-6CRTND860.

These Riders may be used at-issue or add-on with our currently approved group accident and health products and similar products as they are approved by your Department. The language in the "Benefits Schedule" box will vary depending on our solicitation program. We request approval of these forms in various dimensions, format and shading/colors. No dimension/format/shading/color change would produce unacceptable print.

The captioned riders were approved by Illinois, our situs state, on March 17, 2008.

The Flesch scores for these riders are listed below. Microsoft Word was used to obtain this score.

GR916: 48.6
GR917: 48.5
GR918: 50.7
GR919: 48.8
GR921: 49.6
GR923: 49.1

This product will be mass marketed by direct response and telemarketing methods and possibly on the Internet through our website.

The Company has reviewed the enclosed policy form(s) and certifies that each form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

Completed filing forms are attached. Our filing fee is being sent under separate cover.

I respectfully request your favorable review and approval. We appreciate your consideration of these forms. Should you have any questions, please feel free to call us toll free at (877) 527-6444, Extension 6289 or contact me by e-mail at mfrei@aegonusa.com.

Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY



Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA
Senior Contract Analyst

Attachments

EXPLANATION OF VARIABLES

The following is an explanation of the variables indicated in the submitted forms.

RIDERS GR916, GR917, GR918, GR919, GR921, GR923:

- P1. ADMINISTRATIVE OFFICE variability allows us to administer the product from different locations. The address on the forms will be one of the following:
- a) 2700 West Plano Parkway
Plano, Texas 75075-8200
 - b) 520 Park Avenue
Baltimore, Maryland 21201
 - c) Valley Forge, Pennsylvania 19493
- P1. BENEFIT SCHEDULE Personal data will vary in name, benefit, premium, dates, policy number for each individual customer.

STONEBRIDGE LIFE INSURANCE COMPANY

CERTIFICATE OF COMPLIANCE

TO: DEPARTMENT OF INSURANCE
STATE OF ARKANSAS

RE: GR916 – Group Accident Only Outpatient Surgery Benefit Rider
GR917 – Group Accident Only Adaptive Home And Vehicle Benefit Rider
GR918 – Group Accident Only Fracture Care Benefit Rider
GR919 – Group Accident Only Recuperation Benefit Rider
GR921 – Group Accident Only Seatbelt And Air Bag Benefit Rider
GR923 – Group Accident Only Emergency Room And Ambulance Benefit Rider

We hereby certify that we have carefully reviewed the forms submitted herewith, and to the best of our knowledge and ability find:

1. That the said form(s) comply with the readability requirements of this state.
2. That the said form(s) have a reading ease score as follows:

FORM NUMBER		FLESCH SCORE
GR916		48.6
GR917		48.5
GR918		50.7
GR919		48.8
GR921		49.6
GR923		49.1

STONEBRIDGE LIFE INSURANCE COMPANY

DATE: April 8, 2008



Cheryl Penner
Assistant Secretary

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 #
	Stonebridge Life Insurance Company 2700 West Plano Parkway Plano, TX 75075	VT	Life, Accident/ Health	0468	65021	03-0164230	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Margaret Frei	1-877-527-6444 ext 6289	1-972-881-4097	mfrei@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	GR916, et al
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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 <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	H02G Group Health – Accident Only
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10.	Product Coding Matrix Filing Code	H02G.000 Health – Accident Only
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11.	Submitted Documents	<input 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 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 Agreements <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	Filing Submission Date	April 8, 2008	
13	Filing Fee (If required)	Amount <u>50.00</u>	Check Date <u>04/03/08</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>7010062431</u>
14.	Date of Domiciliary Approval	N/A – Vermont does not require filing of Group A&H forms not issued in Vermont	
15.	Filing Description:		
<p>Attached for your review and approval are copies of the captioned forms. These forms are new and do not replace any forms previously approved by your Department. These forms have been completed in “John Doe” fashion. Variable information is bracketed and printed in red.</p> <p>Group Accident Only Outpatient Surgery Benefit Rider GR916 provides an outpatient surgery benefit for a covered person who undergoes outpatient surgery as a result of an accident.</p> <p>Group Accident Only Adaptive Home and Vehicle Benefit Rider GR917 provides a specified benefit for the one-time cost of alterations to the Covered Person’s principal residence or Private Passenger Automobile to make the residence accessible and/or the Private Passenger Automobile drivable or rideable for the Covered Person. The Covered Person must provide proof of loss of use as specified in the rider. Loss must be the result of an accident.</p> <p>Group Accident Only Fracture Care Benefit Rider GR918 provides an indemnity benefit when the Covered Person suffers a Fracture as a result of an injury.</p> <p>Group Accident Only Recuperation Benefit Rider GR919 provides an indemnity benefit when, as a result of an Injury, the Covered Person has been confined and was discharged from the Hospital.</p> <p>Group Accident Only Seatbelt and Air Bag Benefit Rider GR921 provides a benefit if the Covered Person dies as a result of an Injury from an accident while operating or riding in a Private Passenger Automobile and was wearing a seatbelt and/or the airbag deployed.</p> <p>Group Accident Only Emergency Room and Ambulance Benefit Rider GR923 provides an emergency treatment benefit when a covered person visits an emergency facility for a covered injury. This rider also provides an ambulance benefit when a covered person is transported to or from a Hospital, Urgent Care Center, or Trauma Center to receive medical treatment of an Injury for which the Emergency Room Benefit is payable.</p> <p>Group Rider Enrollment Forms GRE318, GRE318AR, GRE319, GRE319AR, GRE320 and GRE320AR will be used to solicit these riders. These forms were previously approved by your Department on May 31, 2005. The SERFF File Number for GRE318 and GRE318AR was SERT-6CRQZE444 and the SERFF File Number for GRE319, GRE319AR, GRE320 and GRE320AR was SERT-6CRTND860.</p> <p>These Riders may be used at-issue or add-on with our currently approved group accident and health products and similar products as they are approved by your Department. The language in the “Benefits Schedule” box will vary depending on our solicitation program. We request approval of these forms in various dimensions, format and shading/colors. No dimension/format/shading/color change would produce unacceptable print.</p> <p>The captioned riders were approved by Illinois, our situs state, on March 17, 2008.</p> <p>The Flesch scores for these riders are listed below. Microsoft Word was used to obtain this score.</p> <p>GR916: 48.6 GR917: 48.5 GR918: 50.7 GR919: 48.8 GR921: 49.6 GR923: 49.1</p> <p>This product will be mass marketed by direct response and telemarketing methods and possibly on the Internet through our website.</p> <p>The Company has reviewed the enclosed policy form(s) and certifies that each form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.</p> <p>Completed filing forms are attached. Our filing fee is being sent under separate cover.</p> <p>I respectfully request your favorable review and approval. We appreciate your consideration of these forms. Should you have any questions, please feel free to call us toll free at (877) 527-6444, Extension 6289 or contact me by e-mail at mfrei@aegonusa.com.</p>			

16.	Certification (If required)		
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> .			
Print Name	<u>Margaret Frei</u>	Title	<u>Senior Contract Analyst</u>
Signature	<u><i>Margaret Frei</i></u>	Date:	<u>April 8, 2008</u>

LHTD-1, Page 2 of 2

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		GR916, et al
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Accident Only Outpatient Surgery Benefit Rider	GR916	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
02	Group Accident Only Adaptive Home And Vehicle Benefit Rider	GR917	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
03	Group Accident Only Fracture Care Benefit Rider	GR918	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
04	Group Accident Only Recuperation Benefit Rider	GR919	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
05	Group Accident Only Disability Adaptive Home And Vehicle Benefit Rider	GR920	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
06	Group Accident Only Seatbelt And Air Bag Benefit Rider	GR921	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
07	Group Accident Only Physical Therapy Benefit Rider	GR922	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
08	Group Accident Only Emergency Room And Ambulance Benefit Rider	GR923	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
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 _____	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		N/A		
This filing corresponds to form filing company tracking number		N/A		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1