

SERFF Tracking Number: RSLI-125691496 State: Arkansas
Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 39295
Company Tracking Number: LRS-6422-6 ED. 11/07
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life
Project Name/Number: Ind. Eligibility and Continuity of Coverage/LRS-6422, et al.

Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: Group Term Life SERFF Tr Num: RSLI-125691496 State: ArkansasLH
TOI: L04G Group Life - Term SERFF Status: Closed State Tr Num: 39295
Sub-TOI: L04G.500 Other Co Tr Num: LRS-6422-6 ED. 11/07 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Marc Vergillo Disposition Date: 06/17/2008
Date Submitted: 06/12/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Ind. Eligibility and Continuity of Coverage Status of Filing in Domicile: Pending
Project Number: LRS-6422, et al. 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
Filing Status Changed: 06/17/2008
State Status Changed: 06/17/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
NAIC NO: 07468381
FEIN NO: 36-0883760

RE: Reliance Standard Life Insurance Company
Group Term Life Insurance
Policy Form: LRS-6422 Ed. 2/84, et al.
Certificate: LRS-6423 Ed. 11/84, et al.
Certificate/Booklet: LRS-6441 Ed. 11/84, et al.

SERFF Tracking Number: RSLI-125691496 *State:* Arkansas
Filing Company: Reliance Standard Life Insurance Company *State Tracking Number:* 39295
Company Tracking Number: LRS-6422-6 ED. 11/07
TOI: L04G Group Life - Term *Sub-TOI:* L04G.500 Other
Product Name: Group Term Life
Project Name/Number: Ind. Eligibility and Continuity of Coverage/LRS-6422, et al.

Submitting:

Individual Eligibility, Effective Date and Termination

Policy Page: LRS-6422-6 Ed. 11/07

Certificate Page: LRS-6423-4 Ed. 11/07

Booklet Certificate Page: LRS-6441-4 Ed. 11/07

Continuity of Coverage Provision

Policy Page: LRS-6422-667 Ed. 04/08

Certificate Page: LRS-6423-454 Ed. 04/08

Booklet Certificate Page: LRS-6441-623 Ed. 04/08

Attached please find the above-referenced Group Term Life policy, certificate and booklet certificate pages for your review and approval.

The Individual Eligibility, Effective Date and Termination pages replace forms LRS-6422-6 Ed. 09/89; LRS-6423-4 Ed. 10/93 and LRS-6441-4 Ed. 10/93 which were approved by your department on March 1, 1994. These pages revise the effective date of individual insurance where a submission of proof of good health is required as a result of the selection of a benefit amount in excess of that shown on the Schedule of Benefits; an amount in excess of that which the insured selected with the prior group life carrier; or when there is an election of coverage where no such coverage existed with the prior group life carrier.

The Continuity of Coverage forms are new and do not replace any forms on file with your department. These forms liberalize our policy, providing the ability to qualify for coverage in those specific instances where the insured would not normally meet the requirement to be actively at work.

Certain portions of these forms are bracketed to indicate variability. Also attached please find the required certifications.

We trust you will find this submission in order. Should you need anything additional, please let me know. We trust this submission meets with your satisfaction and approval can be extended.

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Company and Contact

Filing Contact Information

Marc Vergillo, Compliance Specialist marc.vergillo@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: \$300.00
 Retaliatory? Yes
 Fee Explanation: State of Domicile is Illinois. Filing fee is \$50.00 per form.
 Filing 6 forms @ \$50.00 per form = \$300.00
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|----------|----------------|---------------|
| Reliance Standard Life Insurance Company | \$300.00 | 06/12/2008 | 20822752 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 06/17/2008 | 06/17/2008 |

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Disposition

Disposition Date: 06/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RSLI-125691496 State: Arkansas
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| Item Type | Item Name | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | No |
| Form | Continuity of Coverage Policy Page | | Yes |
| Form | Continuity of Coverage Flat Certificate Page | | Yes |
| Form | Continuity of Coverage Booklet Certificate Page | | Yes |
| Form | Ind. Eligibility Policy Page | | Yes |
| Form | Ind. Eligibility Flat Certificate Page | | Yes |
| Form | Ind. Eligibility Booklet Certificate Page | | Yes |

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 Project Name/Number: Ind. Eligibility and Continuity of Coverage/LRS-6422, et al.

Form Schedule

Lead Form Number: LRS-6422-6 Ed. 11/07

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|------------------------|--|---|---------|----------------------|-------------|---------------------------|
| | LRS-6422-667 Ed. 04/08 | Policy/Cont ract/Fratern al | Continuity of Coverage Policy Page | Initial | | 50 | LRS-6422-667 Ed. 0408.pdf |
| | LRS-6423-454 Ed. 04/08 | Certificate Amendmen t, Insert Page, Endorseme nt or Rider | Continuity of Coverage Flat Certificate Page | Initial | | 51 | LRS-6423-454 Ed. 0408.pdf |
| | LRS-6441-623 Ed. 04/08 | Certificate Amendmen t, Insert Page, Endorseme nt or Rider | Continuity of Coverage Booklet Certificate Page | Initial | | 51 | LRS-6441-623 Ed. 0408.pdf |
| | LRS-6422-6 Ed. 11/07 | Policy/Cont ract/Fratern al | Ind. Eligibility Policy Page | Initial | | 53 | LRS-6422-6 Ed. 1107.pdf |
| | LRS-6423-4 Ed. 11/07 | Certificate Amendmen t, Insert Page, Endorseme nt or Rider | Ind. Eligibility Flat Certificate Page | Initial | | 54 | LRS-6423-4 Ed. 1107.pdf |

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LRS-6441- Certificate Ind. Eligibility Booklet Initial 54 LRS-6441-4
4 Ed. 11/07 Amendmen Certificate Page Ed. 1107.pdf
t, Insert
Page,
Endorseme
nt or Rider

Continuity of Coverage Provision

Continuity of Coverage is applicable in the event this Policy replaces a Prior Plan.

The Actively at Work requirement contained in this Policy shall be modified for employees who are otherwise eligible but were not actively working on the effective date of this 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 Employer's coverage under this Policy, the employee may become insured on the effective date of the Employer's coverage without meeting this Policy's Active Work requirements in accordance with the conditions specified below.

B. Payment Of Benefit

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

- (1) The benefit payable under this 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 this Policy's effective date].]

With respect to item B.(1) above, the benefit payable under this Policy, increases in the benefit amount, whether automatic or subject to election (if applicable), 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 this Policy's Waiver of Premium, Extension of Life Insurance in Event of Total Disability, or Accidental Death and Dismemberment 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 Individual Insurance provisions under this Policy.

In the event that an employee covered under this provision returns to Active Work, as defined in this Policy, for one (1) full day and meets all other eligibility requirements, coverage will be provided under the terms and conditions of this 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 this Policy. In no event will coverage provided under this provision exceed [three (3) months] from this Policy's effective date.

This coverage is provided on a premium-paying basis. Coverage is being provided for Basic Life, [Supplemental Life and Dependent Life, if applicable,] according to the employee's applicable class shown on the Schedule of Benefits in this Policy. Coverage is provided under this Policy's Living Benefit or Accelerated Death Benefit (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; or
- (2) Employees whose coverage under the Prior Plan does not include waiver of premium or extension of coverage; or
- (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 this Policy includes Dependent coverage, the Home and Hospital Confinement Limitation 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. Any requested increases in Dependent Life Insurance Coverage would be subject to the Home and Hospital Confinement Limitation.

"Prior Plan" means any policy of group life insurance coverage [sponsored by you] that has been replaced by coverage entirely or in part under this Policy. The replacement may be complete or partial with respect to the eligible class to which the Insured belongs.

Continuity of Coverage Provision

Continuity of Coverage is applicable in the event 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 Policy.

A. Modification Of Active Work Requirement

If you were insured under the Prior Plan on the day before the effective date of the Employer's coverage under the Policy, you may become insured on the effective date of the Employer's coverage without meeting the Policy's Active Work requirements in accordance with the conditions specified below.

B. Payment Of Benefit

The benefits payable before you meet 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 Policy's effective date].]

With respect to item B.(1) above, the benefit payable under the Policy, increases in the benefit amount, whether automatic or subject to election (if applicable), will not apply while coverage is continued under the Continuity of Coverage Provision.

If you are provided coverage under this provision you are not eligible for coverage under the Policy's Waiver of Premium, Extension of Life Insurance in Event of Total Disability, or Accidental Death and Dismemberment 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 Individual Insurance provisions under the Policy.

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

This coverage is provided on a premium-paying basis. Coverage is being provided for Basic Life, [Supplemental Life and Dependent Life, if applicable,] according to your applicable class shown on the Schedule of Benefits in the Policy. Coverage is provided under the Policy's Living Benefit or Accelerated Death Benefit (as applicable) provided such benefit was included in the Prior Plan.

The Continuity of Coverage Provision does not apply if:

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

C. In the event the Policy includes Dependent coverage, the Home and Hospital Confinement Limitation 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. Any requested increases in Dependent Life Insurance Coverage would be subject to the Home and Hospital Confinement Limitation.

"Prior Plan" means any policy of group life insurance coverage [sponsored by your Employer] that has been replaced by coverage entirely or in part under the Policy. The replacement may be complete or partial with respect to the eligible class to which you belong.

CONTINUITY OF COVERAGE PROVISION

Continuity of Coverage is applicable in the event 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 Policy.

A. Modification Of Active Work Requirement

If you were insured under the Prior Plan on the day before the effective date of the Employer's coverage under the Policy, you may become insured on the effective date of the Employer's coverage without meeting the Policy's Active Work requirements in accordance with the conditions specified below.

B. Payment Of Benefit

The benefits payable before you meet 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 Policy's effective date].]

With respect to item B.(1) above, the benefit payable under the Policy, Increases in the benefit amount, whether automatic or subject to election (if applicable), will not apply while coverage is continued under the Continuity of Coverage Provision.

If you are provided coverage under this provision you are not eligible for coverage under the Policy's Waiver of Premium, Extension of Life Insurance in Event of Total Disability, or Accidental Death and Dismemberment 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 Individual Insurance provisions under the Policy.

In the event that you are covered under this provision and return to Active Work, as defined in the Policy, for one (1) full day and meet all other eligibility requirements, coverage will be provided under the terms and conditions of the Policy without regard to the Continuity of Coverage Provision. If you are covered under this provision and do not return to Active Work by the date your coverage would end under the continuation or extension of benefits section of the Prior Plan, no coverage will be provided after such date until you return to Active Work

CONTINUITY OF COVERAGE PROVISION (Cont'd)

for one (1) full day and meet all other eligibility requirements in the Policy. In no event will coverage provided under this provision exceed [three (3) months] from the Policy's effective date.

This coverage is provided on a premium-paying basis. Coverage is being provided for Basic Life, [Supplemental Life and Dependent Life, if applicable,] according to your applicable class shown on the Schedule of Benefits in the Policy. Coverage is provided under the Policy's Living Benefit or Accelerated Death Benefit (as applicable) provided such benefit was included under the Prior Plan.

The Continuity of Coverage Provision does not apply if:

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

C. In the event the Policy includes Dependent coverage, the Home and Hospital Confinement Limitation 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. Any requested increases in Dependent Life Insurance Coverage would be subject to the Home and Hospital Confinement Limitation.

"Prior Plan" means any policy of group life insurance coverage [sponsored by Employer] that has been replaced by coverage entirely or in part under this Policy. The replacement may be complete or partial with respect to the eligible class to which you belong.

INDIVIDUAL ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

GENERAL GROUP: The general group will be [your employees and employees of any subsidiaries, divisions or affiliates named on the Schedule of Benefits].

ELIGIBLE CLASSES: The eligible classes will be those persons described on the Schedule of Benefits.

[**WAITING PERIOD:** A person who is continuously employed on a full-time basis with you for the period specified on the Schedule of Benefits has satisfied the waiting period. The Present Waiting Period applies to members of the eligible classes on the Policy effective date. The Future Waiting Period applies to persons who become members of the eligible classes after the Policy effective date.]

EFFECTIVE DATE OF INDIVIDUAL INSURANCE: [If you pay the entire premium, the insurance for an Eligible Person will go into effect on the date stated on the Schedule of Benefits.

If an Eligible Person pays a part of the premium, he/she must apply in writing for the insurance to go into effect. He/she will become insured on the later of:

- (1) the Individual Effective Date stated on the Schedule of Benefits, if he/she applies on or before that date; or
- (2) the [date he/she applies], if he/she applies within 31 days from the date he/she first met the eligibility requirements; or
- (3) the [date we approve] any required proof of good health. We require proof of good health if a person applies:
 - (a) after 31 days from the date he/she first becomes eligible; or
 - (b) after he/she terminated this insurance but he/she remained in a class eligible for this insurance; or
 - (c) for an Amount of Insurance greater than the Amount of Insurance shown on the Schedule of Benefits as not subject to our approval of a person's good health; or
 - (d) for an Amount of Insurance greater than he/she was insured for under the prior group life insurance plan carrier, if applicable; or
 - (e) after being eligible for coverage under a prior group life insurance plan for more than 31 days but did not elect to be covered under that prior plan; or
- (4) the date premium is remitted.

Changes in an Insured's amount of insurance are effective as shown on the Schedule of Benefits.

If the person is not Actively at Work on the day his/her insurance is to go into effect, the insurance will go into effect on the day he/she returns to Active Work for one full day].

TERMINATION OF INDIVIDUAL INSURANCE: The insurance of an Insured will terminate on [the first of the following to occur:

- (1) the date this Policy terminates; or
- (2) the date the Insured ceases to be in a class eligible for this insurance; or
- (3) the end of the period for which premium has been paid for the Insured; or
- (4) the date the Insured enters military service (not including Reserve or National Guard).]

[**CONTINUATION OF INDIVIDUAL INSURANCE:** The insurance of an Insured may be continued, by payment of premium, beyond the date the Insured ceases to be eligible for this insurance, but not longer than:

- (1) twelve (12) months, if due to illness or injury; or
- (2) one (1) month, if due to temporary lay-off or approved leave of absence].

INDIVIDUAL ELIGIBILITY, EFFECTIVE DATE AND TERMINATION (Cont'd)

[INDIVIDUAL REINSTATEMENT: The insurance of a terminated person may be reinstated if he/she is:

- (1) on an approved leave of absence; or
- (2) on temporary lay-off.

The person must return to Active Work with you within the period of time shown on the Schedule of Benefits. He/she must also be a member of a class eligible for this insurance.

The Person will not be required to fulfill the eligibility requirements of this Policy again. The insurance will go into effect on the day he/she returns to Active Work. If a Person returns after having resigned or having been discharged, he/she will be required to fulfill the eligibility requirements of this Policy again.

If a Person returns after terminating at his/her request or for failure to pay premium when due, proof of good health must be approved by us before he/she may be reinstated.]

EFFECTIVE DATE AND TERMINATION

EFFECTIVE DATE OF INDIVIDUAL INSURANCE: [If the Policyholder pays the entire premium, your insurance will go into effect on the date stated on the Schedule of Benefits. If you pay a part of the premium, you must apply in writing for the insurance to go into effect. You will become insured on the later of:

- (1) the Individual Effective Date stated on the Schedule of Benefits, if you apply on or before that date; or
- (2) the [date you apply], if you apply within 31 days from the you first met the eligibility requirements; or
- (3) the [date we approve] any required proof of good health. We require proof of good health if you apply:
 - (a) after 31 days from the date you first become eligible; or
 - (b) after you terminated this insurance but you remained in a class eligible for this insurance; or
 - (c) for an Amount of Insurance greater than the Amount of Insurance shown on the Schedule of Benefits as not subject to our approval of a person's good health; or
 - (d) for an Amount of Insurance greater than you were insured for under the prior group life insurance plan carrier, if applicable; or
 - (e) after being eligible for coverage under a prior group life insurance plan for more than 31 days but did not elect to be covered under that prior plan; or
- (4) the date premium is remitted.

Changes in your amount of insurance are effective as shown on the Schedule of Benefits.

If you are not Actively at Work on the day your insurance is to go into effect, the insurance will go into effect on the day you return to Active Work for one full day].

TERMINATION OF INSURANCE: Your insurance will terminate on [the first of the following to occur:

- (1) the date the Policy terminates; or
- (2) the date you cease to be in a class eligible for this insurance; or
- (3) the end of the period for which premium has been paid for you; or
- (4) the date enter military service (not including Reserve or National Guard).]

[CONTINUATION OF INSURANCE: Your insurance may be continued, by payment of premium, beyond the date you cease to be eligible for this insurance, but not longer than:

- (1) twelve (12) months, if due to illness or injury; or
- (2) one (1) month, if due to temporary lay-off or approved leave of absence].

[INDIVIDUAL REINSTATEMENT: Your insurance may be reinstated if it was reinstated while you were:

- (1) on an approved leave of absence; or
- (2) on temporary lay-off.

You must return to Active Work within the period of time shown on the Schedule of Benefits. You must also be a member of a class eligible for this insurance.

You will not be required to fulfill the eligibility requirements of the Policy again. The insurance will go into effect on the day you return to Active Work. If you return after having resigned or having been discharged, you will be required to fulfill the eligibility requirements of the Policy again.

If you return after terminating at your own request or for failure to pay premium when due, proof of good health must be approved by us before you may be reinstated.]

EFFECTIVE DATE AND TERMINATION

EFFECTIVE DATE OF INDIVIDUAL INSURANCE: [If the Policyholder pays the entire premium, your insurance will go into effect on the date stated on the Schedule of Benefits. If you pay a part of the premium, you must apply in writing for the insurance to go into effect. You will become insured on the later of:

- (1) the Individual Effective Date stated on the Schedule of Benefits, if you apply on or before that date; or
- (2) the [date you apply], if you apply within 31 days from the date you first met the eligibility requirements; or
- (3) the [date we approve] any required proof of good health. We require proof of good health if you apply:
 - (a) after 31 days from the date you first become eligible; or
 - (b) after you terminated this insurance but you remained in a class eligible for this insurance; or
 - (c) for an Amount of Insurance greater than the Amount of Insurance shown on the Schedule of Benefits as not subject to our approval of a person's good health; or
 - (d) for an Amount of Insurance greater than you were insured for under the prior group life insurance plan carrier, if applicable; or
 - (e) after being eligible for coverage under a prior group life insurance plan for more than 31 days but did not elect to be covered under that prior plan; or
- (4) the date premium is remitted.

Changes in your amount of insurance are effective as shown on the Schedule of Benefits.

If you are not Actively at Work on the day your insurance is to go into effect, the insurance will go into effect on the day you return to Active Work for one full day].

TERMINATION OF INSURANCE: Your insurance will terminate on [the first of the following to occur:

- (1) the date the Policy terminates; or
- (2) the date you cease to be in a class eligible for this insurance; or

EFFECTIVE DATE AND TERMINATION (Cont'd)

- (3) the end of the period for which premium has been paid for you; or
- (4) the date you enter military service (not including Reserve or National Guard).]

[CONTINUATION OF INSURANCE: Your insurance may be continued, by payment of premium, beyond the date you cease to be eligible for this insurance, but not longer than:

- (1) twelve (12) months, if due to illness or injury; or
- (2) one (1) month, if due to temporary lay-off or approved leave of absence].

[INDIVIDUAL REINSTATEMENT: Your insurance may be reinstated if it was terminated while you were:

- (1) on an approved leave of absence; or
- (2) on temporary lay-off.

You must return to Active Work within the period of time shown on the Schedule of Benefits. You must also be a member of a class eligible for this insurance.

You will not be required to fulfill the eligibility requirements of the Policy again. The insurance will go into effect on the day you return to Active Work. If you return after having resigned or having been discharged, you will be required to fulfill the eligibility requirements of the Policy again.

If you return after terminating at your own request or for failure to pay premium when due, proof of good health must be approved by us before you may be reinstated.]

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Filing Company: Reliance Standard Life Insurance Company *State Tracking Number:* 39295
Company Tracking Number: LRS-6422-6 ED. 11/07
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Product Name: Group Term Life
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: RSLI-125691496 State: Arkansas
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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

06/11/2008

Comments:

Please see attached certifications.

Attachments:

Consumer Information Notice_certification.pdf

Readability_certification.pdf

Rule and reg 19_certification.pdf

Rule and reg 49_certification.pdf

CERTIFICATION OF COMPLIANCE

I certify that we comply with ACA 23-79-138 regarding consumer information notices.

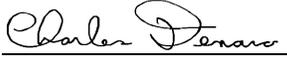


Charles Denaro
Charles Denaro
Vice President, Secretary

Date: June 12, 2008

CERTIFICATION OF COMPLIANCE

I certify that we comply with ACA 23-80-206 regarding readability.



Charles Denaro
Charles Denaro
Vice President, Secretary

Date: June 12, 2008

CERTIFICATION OF COMPLIANCE

I certify that we comply with Rule and Regulation 19.

A handwritten signature in cursive script that reads "Charles Denaro". The signature is written in black ink and is positioned above a horizontal line.

Charles Denaro
Vice President, Secretary

Date: June 12, 2008

CERTIFICATION OF COMPLIANCE

I certify that we comply with Rule and Regulation 49.



Charles Denaro
Vice President, Secretary

Date: June 12, 2008