

SERFF Tracking Number: RSLI-125716631 State: Arkansas  
 Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 39480  
 Company Tracking Number:  
 TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
 Product Name: Group AD&D  
 Project Name/Number: Enhancements/

## Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: Group AD&D SERFF Tr Num: RSLI-125716631 State: ArkansasLH

TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed State Tr Num: 39480

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
 Author: Patti Gerlach Disposition Date: 07/07/2008  
 Date Submitted: 07/01/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Enhancements

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/07/2008

State Status Changed: 07/07/2008

Corresponding Filing Tracking Number:

Filing Description:

These forms are to be used with previously policy form LRS-8604, et.al. approved by your department on 5/20/91.

These benefits are optional and are chosen by the policyholder.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

The Continuation of Medical Coverage Benefit (policy form LRS-8604-345-0608; certificate form LRS-8605-330-0608)

<i>SERFF Tracking Number:</i>	<i>RSLI-125716631</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reliance Standard Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39480</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H03G Group Health - Accidental Death &amp; Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death &amp; Dismemberment</i>
<i>Product Name:</i>	<i>Group AD&amp;D</i>		
<i>Project Name/Number:</i>	<i>Enhancements/</i>		

reimburses a surviving dependent for their COBRA premium in the event the Insured employee dies.

The Brain Damage Benefit (policy form LRS-8604-347-0608; certificate form LRS-8605-332-0608) provides a benefit in the event an Insured suffers Brain Damage.

The Therapeutic Counseling Benefit (policy form LRS-8604-348-0608; LRS-8605-333-0608) provides a benefit for counseling for an insured and family member who suffer a loss.

The Critical Burn Benefit (policy form LRS-8604-349-0608; certificate form LRS-8605-334-0608) provides a benefit if the Insured suffers a Critical Burn.

The Home Alteration and Vehicle Modification Benefit (policy form LRS-8604-346-0608; LRS-8605-331-0608) pays costs towards altering and Insured's home or vehicle in the event the Insured suffers an Injury and requires the use of a wheelchair.

Brackets are used in each of the forms to provide flexibility in plan design.

The Certificate forms can be used either in booklet format or 8 ½ x 11 format.

## Company and Contact

### Filing Contact Information

Patti Gerlach, Compliance Consultant	patti.gerlach@rsl.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	
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$500.00  
Retaliatory? Yes  
Fee Explanation: 10 forms x \$50 per form.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reliance Standard Life Insurance Company	\$500.00	07/01/2008	21182846

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/07/2008	07/07/2008

*SERFF Tracking Number:* RSLI-125716631      *State:* Arkansas  
*Filing Company:* Reliance Standard Life Insurance Company      *State Tracking Number:* 39480  
*Company Tracking Number:*  
*TOI:* H03G Group Health - Accidental Death &      *Sub-TOI:* H03G.000 Health - Accidental Death &  
Dismemberment      Dismemberment  
*Product Name:* Group AD&D  
*Project Name/Number:* Enhancements/

## **Disposition**

Disposition Date: 07/07/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RSLI-125716631 State: Arkansas  
 Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 39480  
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 Product Name: Group AD&D  
 Project Name/Number: Enhancements/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Continuation of Medical Coverage Benefit	Approved-Closed	Yes
Form	Continuation of Medical Coverage Benefit	Approved-Closed	Yes
Form	Home Alteration and Vehicle Modification Benefit	Approved-Closed	Yes
Form	Home Alteration and Vehicle Modification Benefit	Approved-Closed	Yes
Form	Brain Damage Benefit	Approved-Closed	Yes
Form	Brain Damage Benefit	Approved-Closed	Yes
Form	Therapeutic Counseling Benefit	Approved-Closed	Yes
Form	Therapeutic Counseling Benefit	Approved-Closed	Yes
Form	Critical Burn Benefit	Approved-Closed	Yes
Form	Critical Burn Benefit	Approved-Closed	Yes

SERFF Tracking Number: RSLI-125716631 State: Arkansas  
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 Dismemberment  
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 Project Name/Number: Enhancements/

## Form Schedule

Lead Form Number: LRS-8604-345-0608

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	LRS-8604-345-0608	Policy/Cont	Continuation of Fraternal Medical Coverage al Benefit Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	LRS-8604-345.pdf
Approved-Closed	LRS-8605-330-0608	Certificate	Continuation of Fraternal Medical Coverage t, Insert Benefit Page, Endorseme nt or Rider	Initial		50	LRS-8605-330.pdf
Approved-Closed	LRS-8604-346-0608	Policy/Cont	Home Alteration and Fraternal Vehicle Modification al Benefit Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	LRS-8604-346.pdf
Approved-Closed	LRS-8605-331-0608	Certificate	Home Alteration and Fraternal Vehicle Modification t, Insert Benefit Page, Endorseme nt or Rider	Initial		50	LRS-8605-331.pdf
Approved-	LRS-8604-	Policy/Cont	Brain Damage	Initial		62	LRS-8604-

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Product Name: Group AD&D

Project Name/Number: Enhancements/

Closed 347-0608 ract/Fraternal Certificate: Amendmen  
 t, Insert Page, Endorseme  
 nt or Rider 347.pdf

Approved- LRS-8605- Certificate Brain Damage Initial 62 LRS-8605-  
 Closed 332-0608 Amendmen Benefit 332.pdf  
 t, Insert Page, Endorseme  
 nt or Rider

Approved- LRS-8604- Policy/Cont Therapeutic Initial 63 LRS-8604-  
 Closed 348-0608 ract/Fraternal Counseling Benefit 348.pdf  
 al Certificate: Amendmen  
 t, Insert Page, Endorseme  
 nt or Rider

Approved- LRS-8605- Certificate Therapeutic Initial 63 LRS-8605-  
 Closed 333-0608 Amendmen Counseling Benefit 333.pdf  
 t, Insert Page, Endorseme  
 nt or Rider

Approved- LRS-8604- Policy/Cont Critical Burn Benefit Initial 53 LRS-8604-  
 Closed 349-0608 ract/Fraternal 349.pdf  
 al Certificate: Amendmen  
 t, Insert Page, Endorseme





## CONTINUATION OF MEDICAL COVERAGE BENEFIT

### DESCRIPTION OF COVERAGE:

We will pay the additional benefit shown below if at an Insured Person's death due to Injury, Loss of Life benefits are payable, and the Insured's Dependents:

- (1) are covered under this Policy; and
- (2) elect to continue medical coverage in accordance with the Consolidated Omnibus Reconciliation Act of 1985, as then constituted and later amended (COBRA), or any other mandated state continuation law.

### BENEFIT:

The amount of the additional benefit will be the lesser of:

- (1) [1]% of the Insured Person's Principal Sum, up to a maximum of \$[1,000]; or
- (2) the amount of the annual premium required to continue medical coverage in force for the surviving Insured Dependent(s) to continue the medical plan coverage;

payable for a twelve (12) month period for which medical coverage premium was paid by the surviving Insured Dependents.

The request for reimbursement and valid proof of claim must be received within 60 days after each 12 month period of continued medical coverage. The benefit will be paid annually to the surviving Insured Dependent, and will be paid for [6 months], or the length of time the surviving Insured Dependent is covered under the COBRA continuation of medical coverage, whichever is less.

### TERMINATION OF BENEFIT:

Benefits will cease to be payable under this Continuation of Medical Coverage Benefit when:

- (1) the Insured Dependents are no longer eligible for continuation of medical coverage; or
- (2) all benefits hereunder have been exhausted; or
- (3) proof, satisfactory to us, that continuation of medical coverage is in effect for the Insured Dependents is not received.

### Important Notice

This Benefit in no way guarantees any rights to continue coverage under the provisions of COBRA or any other mandated state continuation law. The Policyholder is responsible for providing full and complete notice of any continuation offer regarding medical coverage.

The availability of this Benefit does not mean that the Insured Dependent does not have to elect continuation of medical coverage through the Policyholder. This Benefit is not COBRA (or any other mandated state continuation law) continuation.

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## HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

**DESCRIPTION OF COVERAGE:** We will pay the additional benefit shown below if:

- (1) due to Injury, the [Insured Person] suffers a Loss, other than Loss of Life, for which a benefit is payable under this Policy; and
- (2) such Injury subsequently requires the use of a wheelchair to be ambulatory.

**BENEFIT:**

We will pay the reasonable and necessary expenses actually incurred within [180 days] from the date of the Injury for the one-time cost of:

- (1) alterations to the [Insured Person's] principal residence to make it wheelchair accessible and habitable; and
- (2) modifications necessary to a motor vehicle utilized by the [Insured Person] to make the vehicle accessible or drivable for the [Insured Person];

provided:

- (1) home alterations are made by persons experienced and licensed in such alterations associated with the Injury; and
- (2) vehicle modifications are carried out by persons who are members of the National Mobility Equipment Dealer's (NMEDA) Quality Assurance Program and registered with the National Highway Traffic Safety Administration (NHTSA)

The total maximum payable under this benefit for any one accident will not exceed [\$5000].

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- (1) home alterations are made by persons experienced and licensed in such alterations associated with the Injury; and
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The total maximum payable under this benefit for any one accident will not exceed [\$5000].

## **BRAIN DAMAGE BENEFIT**

### **DESCRIPTION OF COVERAGE:**

We will pay the benefit shown below if, as the result of an Injury, an [Insured Person] suffers Brain Damage. The Brain Damage must: (1) manifest itself within [30 days] of the Injury; (2) require hospitalization of at least [7 days] during the first [60 days] following the Injury; and (3) persist for [12 consecutive months] after the date of the Injury.

### **BENEFIT:**

We will pay a benefit equal to [10%] of the [Insured Person's] Principal Sum, subject to a maximum benefit amount of [\$10,000].

[In no event will the total of all benefits paid for any one [Insured Person] for any one accident, under this benefit, the Accidental Death and Dismemberment Benefit and the Total Loss of Use Benefit, exceed that Insured's Principal Sum.]

### **DEFINITION:**

"Brain Damage" means accidental cranial trauma resulting in permanent deterioration and/or loss in intellectual capacity as evidenced by a rating level [V] or below on the Rancho Los Amigos Cognitive Scale for a continuous period of at least [12 months] following the Injury as determined by a licensed physician based on laboratory and clinical findings.

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## **THERAPEUTIC COUNSELING BENEFIT**

### **DESCRIPTION OF COVERAGE:**

We will pay the additional benefit shown below if, due to Injury, the [Insured Person] suffers a Loss for which a benefit is payable under this Policy.

### **BENEFIT:**

We will pay a benefit for Therapeutic Counseling for the [Insured Person] who suffered the Loss and any Family Member. The counseling must be received within [365] days of the Loss. The benefit will equal [1%] of the [Insured Person's] Principal Sum subject to a maximum of [\$1000] for each Loss.

### **DEFINITION:**

"Therapeutic Counseling" means treatment or counseling provided by a licensed therapist or counselor registered or certified to provide psychological treatment or counseling. Such therapist or counselor cannot be any person who is related to the [Insured Person] or the [Insured Person's] spouse in any of the following ways: [spouse; parent (includes stepparent); brother or sister (includes stepbrother or stepsister); or child (includes legally adopted stepchild).]

"Family Member" means the Insured Person and any eligible Dependents as applicable.

["Dependent" means:

- (1) an Insured Person's legal spouse who is not legally separated or divorced from that Insured Person; and
- (2) an Insured Person's unmarried child(ren), [age 14 days to 20 years,] who is financially dependent upon the Insured for support. Adoptive, foster and step-children are considered Dependents if they are in the custody of the Insured Person; and
- (3) an Insured Person's unmarried child(ren), attending a college or other school on a full-time basis, who is financially dependent upon the Insured Person for support, up to age [26].]

## **THERAPEUTIC COUNSELING BENEFIT**

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## **CRITICAL BURN BENEFIT**

### **DESCRIPTION OF COVERAGE:**

We will pay the benefit shown below if an [Insured Person] is Critically Burned and requires reconstructive or cosmetic surgery.

### **BENEFIT:**

We will pay a benefit equal to [5%] of the [Insured Person's] Principal Sum, subject to a maximum of [\$5000].

[In no event will the total of all benefits paid for any one [Insured Person] for any one accident, under this benefit, the Accidental Death and Dismemberment Benefit and the Total Loss of Use Benefit, exceed that Insured's Principal Sum.]

### **DEFINITION:**

"Critically Burned" means 3<sup>rd</sup> degree burns over 25% of the body or permanent disfigurement to the point of requiring reconstructive or cosmetic surgery as certified by a licensed physician.

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We will pay a benefit equal to [5%] of the [Insured Person's] Principal Sum, subject to a maximum of [\$5000].

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## Supporting Document Schedules

**Satisfied -Name:** Certification/Notice **Review Status:** Approved-Closed 07/07/2008  
**Comments:**  
**Attachment:**  
FGILH.687.pdf

**Bypassed -Name:** Application **Review Status:** Approved-Closed 07/07/2008  
**Bypass Reason:** not applicable  
**Comments:**

Name of Company: RELIANCE STANDARD LIFE INSURANCE COMPANY

This is to certify that the forms on the attached list (or as described in submission letter) have obtained the score indicated by the Flesch reading ease method.

**A. Option Selected**

- 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is \_\_\_\_.
- 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are:

<u>Form Number</u>	<u>Flesch Score</u>
LRS-8604-345-0608	50.3
LRS-8604-346-0608	50.4
LRS-8604-347-0608	61.7
LRS-8604-348-0608	62.8
LRS-8604-349-0608	53.3
LRS-8605-330-0608	50.3
LRS-8605-331-0608	50.4
LRS-8605-332-0608	61.7
LRS-8605-333-0608	62.8
LRS-8605-334-0608	53.3

**B. Test Option Selected**

- 1. Test was applied to entire policy form(s).
- 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

**C. Standards of Certification**

A Checked block indicates the standard has been achieved.

- 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)
- 3. The layout and spacing of the policy separates the paragraphs from each other and from the border of the paper.
- 4. The section titles are captioned in bold face or otherwise stand out, significantly from the text.
- 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

  
\_\_\_\_\_  
Officer's Name  
Charles Denaro

Vice President, Secretary and Deputy General Counsel  
Officer's Title

6/30/08

FGILH-0687