

SERFF Tracking Number: RSLI-125745571 State: Arkansas
Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 39711
Company Tracking Number: LRS-6564-73-0708
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: Group long term disability income
Project Name/Number: FMLA filing/

Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: Group long term disability income SERFF Tr Num: RSLI-125745571 State: ArkansasLH

TOI: H11G Group Health - Disability Income SERFF Status: Closed State Tr Num: 39711
Sub-TOI: H11G.003 Long Term Co Tr Num: LRS-6564-73-0708 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Author: Richard Vogenitz Disposition Date: 07/24/2008
Date Submitted: 07/23/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: FMLA filing

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/24/2008

State Status Changed: 07/24/2008

Corresponding Filing Tracking Number:

Filing Description:

Reliance Standard Life Insurance Company

Group Long Term Disability Income Insurance

Submitting:

Extension of Coverage under FMLA and USERRA

Policy Page: LRS-6564-73-0708

Certificate Page: LRS-6570-74-0708

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer

Deemer Date:

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We are submitting the above captioned forms for review. These forms are new and are intended to replace policy form LRS-6564-73-0199 and certificate forms LRS-6564-73-0199 and LRS-6570-74-0199 which were previously approved by your department on 5/12/1999. The revisions are being made to provide more general language which will allow full compliance with the recent changes, and any future changes, in federal and state laws pertaining to these leave of absence provisions.

Company and Contact

Filing Contact Information

Richard Vogenitz, Senior Compliance Specialist richard.vogenitz@rsl.com
 2001 Market Street (800) 351-7500 [Phone]
 Philadelphia, PA 19130-7090 (267) 256-3546[FAX]

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50 per form X 2 forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reliance Standard Life Insurance Company	\$100.00	07/23/2008	21557492

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/24/2008	07/24/2008

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Disposition

Disposition Date: 07/24/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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
Form	FMLA/USERRA Extension	Approved-Closed	Yes
Form	FMLA/USERRA Extension	Approved-Closed	Yes

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Form Schedule

Lead Form Number: LRS-6564-73-0708

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	LRS-6564-73-0708	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	FMLA/USERRA Extension	Initial		52	policy page.pdf
Approved-Closed	LRS-6570-74-0708	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	FMLA/USERRA Extension	Initial		52	Cert Page.pdf

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

[Family and Medical Leave of Absence:

We will continue the Insured's coverage in accordance with your policies regarding leave under the Family and Medical Leave Act of 1993, as amended if:

- (1) the premium for such Insured continues to be paid during the leave; and
- (2) you have approved the Insured's leave in writing and provide a copy of such approval within [thirty-one (31) days] of our request.

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

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

Military Services Leave of Absence:

We will continue the Insured's coverage in accordance with your policies regarding Military Services Leave of Absence under USERRA if the premium for such Insured continues to be paid.

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

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

While the Insured is on a [Family and Medical Leave of Absence for any reason other than his or her own illness, injury or disability or] Military Services Leave of Absence he or she will be considered Actively at Work. Any changes such as revisions to coverage due to age, class, or salary changes, as applicable, will apply during the leave except that increases in the amount of insurance, whether automatic or subject to election, will not be effective for an Insured who is not considered Actively at Work until the Insured has returned to Active Work for one (1) full day.

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

The Insured's coverage will cease under this extension on the earliest of:

- (1) the date this Policy terminates; or
- (2) the end of the period for which premium has been paid for the Insured; or
- (3) the date such leave should end in accordance with your policies regarding [Family and Medical Leave of Absence and] Military Services Leave of Absence in compliance with [the Family and Medical Leave Act of 1993, as amended and] USERRA. Coverage will not be terminated for an Insured who becomes Totally Disabled during the period of the leave and who is eligible for benefits according to the terms of this Policy. Any Monthly Benefit which becomes payable will be based on the Insured's Covered Monthly Earnings immediately prior to the date of Total Disability.

Should you choose not to continue the Insured's coverage during a [Family and Medical Leave of Absence and/or] Military Services Leave of Absence, the Insured's coverage will be reinstated in accordance with the Individual Reinstatement provision.

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

[Family and Medical Leave of Absence:

We will continue your coverage in accordance with the [Policyholder's] policies regarding leave under the Family and Medical Leave Act of 1993, as amended if:

- (1) the premium for you continues to be paid during the leave; and
- (2) the [Policyholder] has approved your leave in writing and provides a copy of such approval within [thirty-one (31) days] of our request.

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

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

Military Services Leave of Absence:

We will continue your coverage in accordance with the [Policyholder's] policies regarding Military Services Leave of Absence under USERRA if the premium for you continues to be paid.

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

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

While you are on a [Family and Medical Leave of Absence for any reason other than your own illness, injury or disability or] Military Services Leave of Absence you will be considered Actively at Work. Any changes such as revisions to coverage due to age, class, or salary changes, as applicable, will apply during the leave except that increases in the amount of insurance, whether automatic or subject to election, will not be effective if you are not considered Actively at Work until you have returned to Active Work for one (1) full day.

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

Your coverage will cease under this extension on the earliest of:

- (1) the date the Policy terminates; or
- (2) the end of the period for which premium has been paid for you; or
- (3) the date such leave should end in accordance with the [Policyholder's] policies regarding [Family and Medical Leave of Absence and] Military Services Leave of Absence in compliance with [the Family and Medical Leave Act of 1993, as amended and] USERRA. Coverage will not be terminated if you become Totally Disabled during the period of the leave and are eligible for benefits according to the terms of the Policy. Any Monthly Benefit which becomes payable will be based on your Covered Monthly Earnings immediately prior to the date of Total Disability.

Should the [Policyholder] choose not to continue your coverage during a [Family and Medical Leave of Absence and/or] Military Services Leave of Absence, your coverage will be reinstated in accordance with the Individual Reinstatement provision.

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TOI: *H11G Group Health - Disability Income* *Sub-TOI:* *H11G.003 Long Term*
Product Name: *Group long term disability income*
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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice

Review Status:

Approved-Closed

07/24/2008

Comments:

Attachments:

AR_Rule and reg 19_certification.pdf

AR_Rule and reg 49_certification.pdf

AR_Readability_certification.pdf

AR_Consumer Information Notice_certification.pdf

Satisfied -Name: Application

Review Status:

Approved-Closed

07/24/2008

Comments:

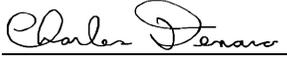
Attachments:

AR_App_LRS-8387.pdf

AR_Application.pdf

CERTIFICATION OF COMPLIANCE

I certify that we comply with Rule and Regulation 19.



Charles Denaro
Charles Denaro
Vice President, Secretary

Date: February 11, 2008

CERTIFICATION OF COMPLIANCE

I certify that we comply with Rule and Regulation 49.



Charles Denaro
Vice President, Secretary

Date: July 23, 2008

CERTIFICATION OF COMPLIANCE

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



Charles Denaro
Charles Denaro
Vice President, Secretary

Date: July 23, 2008

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: February 11, 2008

Instructions: Use this form only for cases that offer the Insured the ability to purchase supplemental coverage. Complete both pages. Type or print with ballpoint pen. The employee and the policyholder must each receive a copy of the completed Group Enrollment Card.

Reliance Standard Life Insurance Company		Group Enrollment Card		
Employer Section	(1) Policyholder		(2) Policy No.	
	(3) Location	(4) Full Time Employment Date	(5) Class	
	(6) Hours Per Week	(7) Occupation	(8) Salary \$ <input type="checkbox"/> Hrly. <input type="checkbox"/> Mthly. <input type="checkbox"/> Wkly. <input type="checkbox"/> Yrly.	
Employee Section	(9) Employee's Full Name			
	(10) S.S. No.	(11) <input type="checkbox"/> Male <input type="checkbox"/> Female	(12) Employee's Birth Date mm dd yy	(13) Spouse's Birth Date mm dd yy
	(14) Beneficiary(ies) Full Name(s)		Relationship	% of Proceeds
See Reverse Side For Declination of Insurance	(15) I request to purchase the following Group Insurance Coverages: <input type="checkbox"/> Life/AD&D <input type="checkbox"/> Supp. Life <input type="checkbox"/> Dep. Life <input type="checkbox"/> Weekly Income <input type="checkbox"/> Long Term Disability			
	(16) I authorize my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage(s) requested above. This signature is also to verify: (1) the accuracy of the information contained on this card; and (2) the beneficiary(ies) I have designated.			
Employee Signature		Date		

