

SERFF Tracking Number: SYMX-125813136 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 40230  
Company Tracking Number: TL AR0005310F01  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: L-10001 4/08 Return of Premium Rider  
Project Name/Number: L-10001 4/08 Return of Premium Rider/TL AR0005310F01

## Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: L-10001 4/08 Return of Premium Rider SERFF Tr Num: SYMX-125813136 State: ArkansasLH

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 40230

Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Co Tr Num: TL AR0005310F01

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Symetra Life

Disposition Date: 09/16/2008

Date Submitted: 09/11/2008

Disposition Status: Approved

Implementation Date Requested: 09/11/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: L-10001 4/08 Return of Premium Rider

Status of Filing in Domicile: Pending

Project Number: TL AR0005310F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/16/2008

Deemer Date:

State Status Changed: 09/16/2008

Corresponding Filing Tracking Number:

Filing Description:

SYMETRA Life Insurance Company

NAIC # 1129-68608 FEIN # 91-0742147

L-10001 4/08 - Return of Premium Rider

L-10006 4/08 - Return of Premium Coverage Description Page

*SERFF Tracking Number:* SYMX-125813136 *State:* Arkansas  
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We are submitting copies of final versions of the above referenced forms for your review. The forms are new and do not replace any forms currently in use in your state. The content does not deviate from normal company or industry standards.

L-10001 4/08, Return of Premium Rider, is a rider that will be offered in the general market in conjunction with term policy L-10000 4/08, approved by your department 9/11/08, and other approved term products. It provides a return of premium benefit that is payable as described in the rider.

L-10006 4/08 - Return of Premium Coverage Description Page, is an insert page which shows the return of premium amount.

Issue ages are 15 to 75.

These products will be sold through agents who are licensed and appointed by Symetra Life Insurance Company.

If you have questions, please contact me at the numbers noted below.

Sincerely,  
Elizabeth A. Hampton  
Contract Analyst  
lisa.hampton@symetra.com  
425-256-5468  
800-796-3872 ext 65468

## **Company and Contact**

### **Filing Contact Information**

Elizabeth Hampton, Senior Insurance Compliance Analyst      Lisa.Hampton@Symetra.com

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P.O. Box 34690 SC-11 (425) 256-8000 [Phone]  
Seattle, WA 98124-1690 (425) 256-5466[FAX]

**Filing Company Information**

Symetra Life Insurance Company  
P.O. Box 34690  
Seattle, WA 98124-1690  
(425) 256-8000 ext. [Phone]

CoCode: 68608  
Group Code: 1129  
Group Name:  
FEIN Number: 91-0742147  
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State of Domicile: Washington  
Company Type:  
State ID Number: 667

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$40.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$40.00	09/11/2008	22427721

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/16/2008	09/16/2008

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## **Disposition**

Disposition Date: 09/16/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	L-10001 4/08 - Return of Premium Rider		Yes
Form	L-10006 4/08 - Return of Premium Coverage Description Page		Yes

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## Form Schedule

Lead Form Number: L-10001 4/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-10001 4/08	Policy/Cont	L-10001 4/08 - ract/Fraternal Rider	Initial		54	L-10001 4_08.PDF
	L-10006 4/08	Certificate	L-10006 4/08 - Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	L-10006 4_08.PDF

## **RETURN OF PREMIUM RIDER**

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### **1. DEFINITIONS**

**Additional Term Rider** – Coverage on an Insured provided by a Rider to the Policy and named in the Coverage Description.

## **GENERAL PROVISIONS**

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### **2.1 The Contract**

This Rider is part of the Policy to which it is attached. The terms of the Policy also apply unless they conflict with the specific terms of this Rider.

### **2.2 Basis of Computations**

We provide Cash Surrender Values that are at least equal to or more than those required by law. If required to do so, we have filed with the insurance supervisory official of the jurisdiction in which the Policy is delivered a detailed statement of our method of computing such values.

We base minimum Cash Surrender Values on the Commissioners 2001 Age Last Birthday Standard Ordinary Mortality Tables with interest at the maximum allowable nonforfeiture rate. Deaths are assumed to occur at the end of the Policy year.

### **3. Return of Premium Benefit**

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While this Rider is in force and the Primary Insured is alive, we will pay a Return of Premium benefit after the fifth Policy year:

- if the Policy ends before the end of the Initial Term Period shown in your Policy's Coverage Description; or
- if the Policy is in force at the end of the Initial Term Period.

The benefit amount will be:

- the total of the Premiums paid, including any Rider Premiums; multiplied by
- the percentage shown in the Table of Return of Premium Percentages in your Policy's Coverage Description.

If any amounts are paid under a rider or benefit attached to the Policy, the total of Premiums paid will be reduced by the Premiums paid for that rider or benefit.

If you surrender the Policy between Policy Anniversaries, the percentage applied will be a pro rata percentage based on the number of months elapsed since the last Policy Anniversary. If you surrender the Policy within 30 days after the due date of any unpaid Premium, the percentage applied will be the applicable percentage as of the Premium due date. We will refund 100% of any Premium paid for the period beyond the Policy month of surrender.

## **4. SURRENDER AND NONPAYMENT OF PREMIUM**

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### **4.1 Surrender**

After the fifth Policy year, you may surrender your Policy by exercising one of the Nonforfeiture Options described in Section 4.3.

### **4.2 Nonpayment of Premium**

If your Policy terminates due to Nonpayment of Premium after the fifth Policy year (see the Grace Period provision of your Policy) your Policy will have a cash surrender value equal to the Return of Premium amount.

Within 60 days of the unpaid premium's due date, you may use the cash surrender value to exercise one of the Nonforfeiture Options described below. If no option is selected, the Extended Level Term Insurance option will be automatic.

#### **4.3 Nonforfeiture Options**

**Extended Level Term Insurance** – Under this option, you may continue the Policy as nonparticipating extended level term insurance. The term period will begin on the due date of the unpaid Premium. That period will be determined by applying the cash surrender value as a net single Premium for such insurance. At the end of that period, coverage will terminate and there will be no cash surrender value remaining.

**Cash Surrender** – You may surrender your Policy for its cash surrender value by sending us written notice, or any method of notification approved by us, and the Policy or a lost Policy affidavit. The cash surrender value is equal to the Return of Premium benefit amount.

All riders and benefits that are attached to your Policy will terminate when you select a nonforfeiture option.

#### **5. SURRENDER OF COVERAGE UNDER EXTENDED LEVEL TERM OPTION \_\_\_\_\_**

Any coverage provided under the Extended Level Term Option may be surrendered for its cash surrender value by sending us written notice, or any method of notification approved by us, and the Policy or a lost Policy affidavit. The cash surrender value will equal the net single premium for the coverage remaining. If the surrender occurs within 30 days after a Policy Anniversary, the value will not be less than the cash surrender value on that anniversary.

#### **6. DEFERRAL OF CASH SURRENDER VALUE \_\_\_\_\_**

We have the right to defer payment of the cash surrender value for up to 6 months after we receive your request. If we defer payment for more than 30 days, we will pay interest at a rate not less than the minimum rate required by law.

#### **7. TERMINATION \_\_\_\_\_**

This Rider will terminate the earlier of the date:

- the Initial Term Period expires;
- a Nonforfeiture Option goes into effect;
- we receive your written request to terminate this Rider;
- the Policy terminates; or
- the Primary Insured dies.

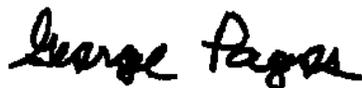
If you request to terminate this Rider before the end of the Initial Term Period, no benefit will be paid under this Rider.

This benefit is effective on the Effective Date of the Policy to which it is attached, unless a different date is shown below.

Date of issue if other than the Effective Date:

\_\_\_\_\_

Symetra Life Insurance Company



George Pagos  
Secretary

**COVERAGE DESCRIPTION -----**

Insured: John Doe

**TABLE OF RETURN OF PREMIUM PERCENTAGES**

End of Year	Return of Premium Percentage
1 – 5	0%
6	5%
7	10%
8	15%
9	20%
10	25%
11	40%
12	55%
13	70%
14	85%
15	100%

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

09/11/2008

**Comments:**

**Attachment:**

AR - READABILITY CERTIFICATION.PDF

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Symetra Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
L-10001 4/08	53.8
L-10006 4/08	0

Signed: \_\_\_\_\_



Name:

Michael F. Murphy

Title:

Assistant Vice President

Date:

9/11/08