

SERFF Tracking Number: SYMT-125985084 State: Arkansas  
 Filing Company: Symetra Life Insurance Company State Tracking Number: 41319  
 Company Tracking Number: LGC-10007 11/08  
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
 Limited Benefit  
 Product Name: Select Benefits  
 Project Name/Number: CI \$20,000 rider/

## Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: Select Benefits

SERFF Tr Num: SYMT-125985084 State: ArkansasLH

TOI: H07G Group Health - Specified Disease - Limited Benefit

SERFF Status: Closed

State Tr Num: 41319

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: LGC-10007 11/08

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Mary Ellen Mckendry

Disposition Date: 01/13/2009

Date Submitted: 01/12/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: CI \$20,000 rider

Status of Filing in Domicile: Not Filed

Project Number:

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: Large

Overall Rate Impact:

Group Market Type: Employer, Association, Trust

Filing Status Changed: 01/13/2009

Deemer Date:

State Status Changed: 01/13/2009

Corresponding Filing Tracking Number:

Filing Description:

RE: Select Benefits Critical Illness Policy LGC-9095 Endorsement

Benefit Amount Increase Endorsement LGC-10007 11/08

SERFF Tracking Number: SYMT-125985084 State: Arkansas  
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 Limited Benefit  
 Product Name: Select Benefits  
 Project Name/Number: CI \$20,000 rider/

Enclosed please find copies of the above referenced form hereby submitted for approval and filing. The above referenced form will be used in conjunction with the Select Benefits Critical Illness Policy LGC-9095AR 2/07, which was filed and approved by your department December 11, 2007. Variable information is indicated by brackets [ ]. This is a new form and has not been filed before in Arkansas. The endorsement is submitted in final printed form.

The Select Benefits Critical Illness Policy Endorsement LGC-10007 11/08 is expanding the choices for the benefit amounts available under the policy by adding a \$20,000 benefit amount.

## Company and Contact

### Filing Contact Information

Mary Ellen McKendry, Contract Analyst maryellen.mckendry@symetra.com  
 777 108th Avenue N.E., Suite 1200 (425) 256-8835 [Phone]  
 Bellevue, WA 98004

### Filing Company Information

Symetra Life Insurance Company CoCode: 68608 State of Domicile: Washington  
 777 108th Ave NE, Suite 1200 Group Code: 1129 Company Type: Insurance  
 Bellevue, WA 98004-5135 Group Name: State ID Number:  
 (800) 796-3872 ext. [Phone] FEIN Number: 91-0742147  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 1 endorsement x \$20.00 = \$20.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$20.00	01/12/2009	24956252

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/13/2009	01/13/2009





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## Form Schedule

Lead Form Number: LGC-10007 11/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	LGC-10007 11/08	Policy/Cont ract/Fratern al	Benefit Amount Increase Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			\$20000 Rider.pdf

**SELECT BENEFITS CRITICAL ILLNESS POLICY ENDORSEMENT**

**BENEFIT AMOUNT INCREASE**

This endorsement forms a part of the Select Benefits Critical Illness Policy LGC-9095 to which it is attached. In the case of a conflict with any provision in the Policy, the terms of this endorsement will control. This endorsement is effective upon issuance.

***The Policy, Summary of Benefits, Certificateholder and Spouse Benefit Amount section is hereby deleted in its entirety and replaced with the following:***

The Benefit will be paid as follows:

The Benefit Amount payable for each specific Covered Critical Illness Condition, as defined in the Critical Illness Benefit section, is 100% of [\$5,000 or \$10,000 or \$20,000] per condition per person.

The Benefit Amount is reduced by 50% at age 65 and above.

The Life Time Maximum Benefit for each specific Covered Critical Illness Condition is [\$5,000 or \$10,000 or \$20,000] per condition per person.

All other terms and conditions of the Policy remain unchanged.

Symetra Life Insurance Company



George Pagos,  
Secretary

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<i>SERFF Tracking Number:</i>	<i>SYMT-125985084</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41319</i>
<i>Company Tracking Number:</i>	<i>LGC-10007 11/08</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Select Benefits</i>		
<i>Project Name/Number:</i>	<i>CI \$20,000 rider/</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	01/13/2009
<b>Comments:</b>				
<b>Attachment:</b>	Readability Certification.pdf			

<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	01/13/2009
<b>Bypass Reason:</b>	Application was filed and approved with the original policy filing.			
<b>Comments:</b>				

<b>Satisfied -Name:</b>	cover letter	<b>Review Status:</b>	Approved-Closed	01/13/2009
<b>Comments:</b>				
<b>Attachment:</b>	\$20000oic.pdf			

## READABILITY CERTIFICATION

I hereby certify on behalf of Symetra Life Insurance Company that the attached form meets the reading ease score established in the Arkansas Policy Language Simplification Act 23-86-203. The Flesh score is 52.0 .



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Michael Fry  
Vice President  
Symetra Life Insurance Company



January 12, 2009

The State of Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201

Symetra Life Insurance Company NAIC # 1129-68608

RE: Select Benefits Critical Illness Policy LGC-9095 Endorsement

Benefit Amount Increase Endorsement LGC-10007 11/08

Enclosed please find copies of the above referenced form hereby submitted for approval and filing. The above referenced form will be used in conjunction with the Select Benefits Critical Illness Policy LGC-9095AR 2/07, which was filed and approved by your department December 11, 2007. Variable information is indicated by brackets [ ]. This is a new form and has not been filed before in Arkansas. The endorsement is submitted in final printed form.

The Select Benefits Critical Illness Policy Endorsement LGC-10007 11/08 is expanding the choices for the benefit amounts available under the policy by adding a \$20,000 benefit amount.

We trust that with all this information you will be able to approve this filing. We hope to make this form effective upon your approval. Should you have any questions please contact me at 1-800-426-7784 X68835, or my direct line at 425-256-8835. My email address is maryellen.mckendry@symetra.com.

Sincerely,

A handwritten signature in cursive script that reads "Mary E. McKendry".

Mary Ellen McKendry  
Senior Contract Analyst