

SERFF Tracking Number: BSTN-126095924 State: Arkansas
Filing Company: Boston Mutual Life Insurance Company State Tracking Number: 42031
Company Tracking Number: GRP-09-001
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Group Life Accelerated Benefit Rider and Portability Amendment
Project Name/Number: 2009 Filing of Portability amendment and revised ABOR for use with GRTP 4/99 Group Term Life Policy /GRP-09-001

Filing at a Glance

Company: Boston Mutual Life Insurance Company

Product Name: Group Life Accelerated Benefit Rider and Portability Amendment
SERFF Tr Num: BSTN-126095924 State: Arkansas

TOI: L04G Group Life - Term SERFF Status: Closed-Approved-
Closed State Tr Num: 42031

Sub-TOI: L04G.103 Renewable - Single Life - Co Tr Num: GRP-09-001 State Status: Approved-Closed
Fixed/Indeterminate Premium

Filing Type: Form Reviewer(s): Linda Bird
Authors: Peggy Schwartz, Karen Thurston Disposition Date: 04/03/2009
Date Submitted: 04/02/2009 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: 2009 Filing of Portability amendment and revised ABOR for use with GRTP 4/99 Group Term Life Policy Status of Filing in Domicile: Pending

Project Number: GRP-09-001

Requested Filing Mode: Review & Approval

Date Approved in Domicile:
Domicile Status Comments: Filed concurrently
in the Commonwealth of Massachusetts.
Pending approval.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/03/2009

Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer, Other
Explanation for Other Group Market Type:
employer and union
State Status Changed: 04/03/2009
Created By: Karen Thurston
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Karen Thurston

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Project Name/Number: 2009 Filing of Portability amendment and revised ABOR for use with GRTP 4/99 Group Term Life Policy /GRP-09-001

Filing Description:

Enclosed for your approval are an amendment form and rider to be use with previously approved Group Term Insurance Policy GRTP 4/99. The amendment is a new form and does not replace any existing form. The rider is a revision of previously approved rider: G-ABOR-9/00. Approval information for both the policy and rider are included in supporting documentation. These forms are marketed in the employer Group market by licensed agents and brokers.

- Amendment form: GRTP-4/99-Port 7/08 replaces the portability provision found on policy/certificate page 16. This provision has been revised to increase the maximum age for portability from 60 to 65. In addition, some simple wording changes were made to the dependent section to make it easier to read.
- Rider form: G-ABOR-7/08 is a revision of approved optional rider: G-ABOR-9/00. the only change to this form is an increase in the maximum amount that can be accelerated from \$100,000 or 50% to \$200,000 or 100%.

A marked sample of each form with the changes highlighted is included with this filing under supporting documentation.

These forms do not contain any unusual or controversial items from normal company standards and are in compliance with the laws and regulations of your state. They are written in readable language that meets your minimum Flesch score requirements. A certification of readability is enclosed in this filing.

These forms were approved in our domicile state, Massachusetts in their original form on 9/26/00.

Company and Contact

Filing Contact Information

Karen Thurston, Legal/Compliance Analyst karen_thurston@bostonmutual.com
Compliance Dept 781-770-0430 [Phone]
120 Royall St. 781-770-0490 [FAX]
Canton, MA 02021

Filing Company Information

Boston Mutual Life Insurance Company CoCode: 61476 State of Domicile: Massachusetts
120 Royall Street Group Code: 581 Company Type:
Canton, MA 02021 Group Name: State ID Number:
(781) 770-0423 ext. [Phone] FEIN Number: 04-1106240

Filing Fees

SERFF Tracking Number: *BSTN-126095924* *State:* *Arkansas*
Filing Company: *Boston Mutual Life Insurance Company* *State Tracking Number:* *42031*
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Fee Required? **Yes**
Fee Amount: **\$75.00**
Retaliatory? **Yes**
Fee Explanation: **Arkansas General Instructions stated that Arkansas is a retaliatory state. Massachusetts charges \$75.00 per filing.**

Per Company: **No**

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Boston Mutual Life Insurance Company	\$75.00	04/02/2009	26894856

SERFF Tracking Number: *BSTN-126095924* State: *Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/03/2009	04/03/2009

SERFF Tracking Number: *BSTN-126095924* *State:* *Arkansas*
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Project Name/Number: *2009 Filing of Portability amendment and revised ABOR for use with GRTP 4/99 Group Term Life Policy /GRP-09-001*

Disposition

Disposition Date: 04/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *BSTN-126095924* State: *Arkansas*
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Form Schedule

Lead Form Number: G-ABOR-7/08

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	G-ABOR-7/08	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Accelerated Death Benefit Option Rider	Initial		61.210	GroupEnABOR.pdf
	GRTP-4/99-Port 7/08	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Portability Provision Amendment	Initial		53.700	GroupEnPortability7 08.pdf

ACCELERATED DEATH BENEFIT OPTION RIDER

Important Notice

Benefits paid under this Rider may qualify for special tax status if according to federal definition, You qualify as terminally ill. If You do not qualify as terminally ill under the federal definition, the benefits may be taxable. If so You or Your beneficiary may incur a tax obligation. As with all tax matters, a personal tax advisor should be consulted to assess the effect of this benefit. The availability of benefits under this Rider could subject Your coverage to the claims of creditors. The benefits under this Rider may have a negative effect on Your right to receive Medicaid or other government benefits. Benefits payable under this Rider reduce benefits payable under the Policy. This Rider's benefit accelerates the death benefit under Your Certificate at Your option under conditions specified in the Rider. This Rider is not a long term care rider and does not meet state or federal requirements for long term care.

IF THE RIDER BENEFIT IS PAID, THE CERTIFICATE BENEFITS WILL BE REDUCED. SEE REDUCTION OF CERTIFICATE BENEFITS ON PAGE 2.

IF YOU APPLY FOR ACCELERATED BENEFITS, WE WILL PROVIDE YOU, NO LATER THAN THE TIME OF THE BENEFIT PAYMENT, A "BENEFIT PAYMENT NOTICE".

Boston Mutual Life Insurance Company has issued this Rider as part of the Policy/Certificate to which it is attached. The effective date of this Rider is the Policy/Certificate Effective Date as shown in the Certificate.

You may elect to receive the Accelerated Death Benefit when You are diagnosed and certified by a Doctor as having a Terminal Illness, subject to all the terms of this Rider.

DEFINITIONS

The definitions stated in the Policy/Certificate will also apply in this Rider. The following definitions will also apply.

Terminal Illness - means You have a life expectancy of twelve (12) months or less due to an illness or physical condition.

Doctor - Is a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) practicing within the scope of his or her license issued in the jurisdiction in which such person's services are rendered. Such jurisdictions must be within the United States of America or Canada. It does not include You or a member of Your family related by blood or marriage.

Diagnosis - is the certification by a Doctor in accordance with generally accepted medical practice as determined by the American Medical Association.

Due Proof - is information or evidence submitted to us sufficient to satisfy Us that You have been diagnosed as terminally ill.

Certificate - The Certificate to which this Rider is attached. The Certificate determines the amount of benefits under this Rider.

We, Our or Us - is Boston Mutual Life Insurance Company.

Your or Yours - is the Insured shown on the cover page of the Certificate.

AMOUNT OF ACCELERATED DEATH BENEFIT

If You are diagnosed and certified by a Doctor as having a Terminal Illness, We will pay You an Accelerated Death Benefit. The minimum Life Amount which We will accelerate is \$10,000. The maximum Life Amount is an integral of \$10,000 which does not exceed the lesser of \$200,000 or 100% of the Employee Life Insurance amount shown in Your Certificate.

The Accelerated Death Benefit shall be reduced by the "Cost of This Rider".

You may make a claim for the Accelerated Death Benefit during your lifetime. You may receive an Accelerated Death Benefit only once. This means that if you choose and receive less than 50% of the Life Amount, with Your initial claim, You cannot request the balance of the Accelerated Death Benefit at a later date.

REDUCTION OF CERTIFICATE BENEFITS

The Employee Life Insurance amount in Your Certificate shall be reduced by the amount of the Accelerated Death Benefit before the reduction for the Cost of This Rider.

When the Accelerated Benefit is paid, We will send You a Benefit Payment Notice illustrating the effect on Certificate Benefits. The premiums on Your Life Insurance Amount will be reduced to reflect the Remaining life insurance amount. If included in Your Certificate, the premiums for Waiver of Premiums will be adjusted to reflect the reduction in Certificate Benefits. The Acceleration Benefit will not affect benefits for Accidental Death and Dismemberment, if included in Your Certificate.

ENTITLEMENT TO ACCELERATED DEATH BENEFITS

An Accelerated Death Benefit will be payable to You in a lump Sum, (or under the option you have chosen under the *Settlement of Death Benefits-Payments Option* in Your Certificate), if You have met all of the following conditions:

- Due Proof that You are terminally ill has been received by Us.
- Your Certificate and this Rider were in force at the time the Terminal Illness was diagnosed.
- If Your Life Insurance Benefits under the Certificate have been assigned, the assignee has agreed in writing for You to receive the benefits, otherwise the benefit will be payable to the assignee.
- If an Irrevocable Beneficiary has been named, the Irrevocable Beneficiary has agreed in writing for You to receive this benefit.
- You have met all terms and conditions of this Rider.

If You elected the *Settlement of Death Benefits-Payment Option*, and You die before all payments are paid, We will pay the remaining payments to Your Beneficiary.

If You die after electing to receive Accelerated Death Benefits but before any such Benefits are received, the election shall be cancelled and the death benefit will be paid to Your Beneficiary under the terms of the Policy.

COST OF THIS RIDER

There will be no cost for this Rider unless the Accelerated Death Benefit is exercised. The Cost of This Rider shall be the interest (I) on the Accelerated Death Benefit for 6 months. The annual effective interest rate (i) will be the greater of the current annual yield on 90 day treasury bills and 8%.

The following is the formula used to calculate the interest charged:

Let A = Amount of Accelerated Death Benefit that You requested.
 i = annual effective interest rate charged
 I = amount of interest charged (Cost of This Rider)

$$I = A - \frac{A}{(1+i)^{(1/2)}}$$

TERMINATION OF THIS RIDER

This Rider will end:

- upon Your written request;
- upon termination of the Policy/Certificate; or
- when We have paid the Accelerated Death Benefit.

BOSTON MUTUAL LIFE INSURANCE COMPANY



Secretary

BOSTON MUTUAL LIFE INSURANCE COMPANY

120 Royall Street, Canton, Massachusetts 02021

Form Number: GRTP-4/99 & GRTC-4/99

PORTABILITY PROVISION AMENDMENT

The Policy/Certificate to which this Amendment is attached is amended as follows: The provision entitled **Portability Provision** is deleted in its entirety and replaced with:

Continuation of Insurance Benefit

If You terminate employment, You may continue Your group life insurance and any group life insurance covering a Dependent. The coverage will be continued under a separate group renewable term life insurance policy ("the New Policy") which has been established for individuals who exercise their right of portability. To be eligible to continue this insurance, You must meet the following requirements on the date employment terminates:

1. Your coverage is not being continued under the Waiver of Premium provision;
2. You are under age 65, and
3. You have not converted Your group Life Insurance.

The Insured Dependent's Life Insurance, if covered, may be continued if:

1. Your group Life Insurance is continued; and
2. the Insured Dependent is under age 65.

The waiver of premium and the accidental death and dismemberment provisions will not apply to insurance continued under these Portability Provisions.

Application and Premium Payment

You must apply in writing to Us within 31 days after the date employment ends.

You must pay the required premium to Us. The premium rate will be based on the rates under the New Policy. The first premium payment must be made with the application no later than 31 days after the date Your group Life Insurance would otherwise terminate.

Amount of Insurance

The amount of life insurance You may continue cannot exceed the amount of Your group Life Insurance in force on the date Your employment terminates. The amount of life insurance on the Dependent, if covered, that may be continued by You cannot exceed the amount of the Dependent's group Life insurance in force on the date You terminate employment.

In all other respects this Policy/Certificate remains unchanged.

BOSTON MUTUAL LIFE INSURANCE COMPANY



Secretary

SERFF Tracking Number: *BSTN-126095924* State: *Arkansas*
 Filing Company: *Boston Mutual Life Insurance Company* State Tracking Number: *42031*
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 Product Name: *Group Life Accelerated Benefit Rider and Portability Amendment*
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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attached is the Flesch Score Certification. Attachment: GroupEnFleschScore.pdf</p>		
<p>Bypassed - Item: Application Bypass Reason: Bypassed. An application is not included in this filing. Comments:</p>		
<p>Satisfied - Item: Marked Sample of ABOR Rider Comments: Attached is a marked sample of the Accelerated Death Benefit Option Rider. Attachment: GroupEnmarkedsampleABOR07.08.pdf</p>		
<p>Satisfied - Item: Marked Sample of Portability Provision Amendment Comments: Attached is a marked sample of the Portability Provision Amendment. Attachment: GroupEnmarkedsamplePortability07.08.pdf</p>		

SERFF Tracking Number: *BSTN-126095924* State: *Arkansas*
Filing Company: *Boston Mutual Life Insurance Company* State Tracking Number: *42031*
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Item Status: **Status**
Date:

Satisfied - Item: Cover Letter

Comments:

Attached is the Cover Letter.

Attachment:

GroupEnCoverLetter.pdf



I certify to the best of my knowledge and belief that these forms are in compliance with the NAIC Model Act regarding Simplified and Readable Life Insurance Policies.

I also certify that the Flesch scores for the form(s) contained in this submission are as indicated below.

FORM #	FLESCH SCORE
G-ABOR-7/08	61.21
GRTP-4/99 Port 7/08	53.7

I also certify that these forms are printed in not less than 10 point type, one point leading.

A handwritten signature in cursive script that reads "Richard J. Miller".

Richard J. Miller
Director, Contracts & Compliance

Date: February 12, 2009

BOSTON MUTUAL LIFE INSURANCE COMPANY

120 Royall Street

Canton, MA 02021

ACCELERATED BENEFIT OPTION RIDER

Benefits paid under this Rider may be taxable. Whether or not You or Your Beneficiary incur a tax liability when benefits are paid depends on how the Internal Revenue Service interprets applicable portions of the tax code. Changes to the tax code are being considered on how to treat these benefits.

Also, eligibility for government sponsored health benefit plans may be affected by acceptance of the benefit provided by this Rider.

As with all tax and financial planning matters, You should consult Your personal tax advisor and financial professional to assess the impact of this benefit.

Boston Mutual Life Insurance Company has issued this Rider as part of the Certificate to which it is attached. The Effective Date of this Rider is the Certificate Effective Date as shown in the Certificate, unless a different date is shown in this Rider.

You may elect to receive this Accelerated Death Benefit when You are diagnosed and certified by a Physician as having a Terminal Illness, subject to all the terms of this Rider.

DEFINITIONS

The definitions stated in the Certificate will also apply to this Rider. The following definitions will also apply.

Terminal Illness means that the Insured has a life expectancy of twelve (12) months or less due to illness or physical condition. We will require proof, satisfactory to Us, that the Insured is Terminally Ill. This proof will include certification by a licensed Physician. We reserve the right to require, at Our expense, a second opinion from a Physician acceptable to Us.

Immediate Family means the members of Your family who can be described as follows: spouse, children, parents, grandparents, grandchildren, and brothers and sisters and their spouses.

Physician means an individual, other than You, or a member of Your Immediate Family, who is a doctor of medicine or osteopathy licensed by the jurisdiction in which treatment is received.

Certificate means the Certificate to which this Rider is attached. The Certificate determines the amount of benefits under this Rider.

Amount of Benefit

If You are diagnosed and certified by a Physician as having a Terminal Illness, We will pay You an Accelerated Death Benefit. The minimum Life amount which We will accelerate is \$10,000. The maximum Life amount is an integral of \$10,000 which does not exceed the lesser of \$200,000 or 80% of the Life Amount. Such diagnosis must be first made:

- on or after the Rider effective date; and
- while this Rider is in force.

However, the amount of Accelerated Death Benefit will be reduced if, within 6 months after the Date We receive proof, a reduction on account of age would have applied to your Life Amount. In that case, the amount of Accelerated Death Benefit will not exceed the Life Amount after applying the reduction.

You may receive an Accelerated Death Benefit only once. This means that if You choose and receive less than the maximum Accelerated Death Benefit, You cannot request the balance of the Accelerated Death Benefit at a later date.

Payment of the Accelerated Death Benefit will result in the proportionate reduction of the following:

- Life Amount
- Waiver of Premium Amount

Conditions

Your right to be paid under this Rider is subject to the following conditions:

- You must request the option in writing in a form acceptable to Us.
- You must furnish proof, acceptable to Us, that Your life expectancy is 12 months or less, including certification by a Physician.
- Payment of the Accelerated Death Benefit is available on a voluntary basis only. Therefore, You are not eligible for this benefit if:
 - You are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise.
 - You are required by a government agency to use this option in order to apply for, obtain or keep a government benefit or entitlement.

If the Certificate has an irrevocable Beneficiary or an assignee of record, that person must also sign the claim form for election of benefit under this Rider.

We reserve the right to determine the validity of a claim from the information provided on the claim form as well as from any information discovered in our own examination as described above.

GENERAL PROVISIONS

Cost Of This Rider

There will be no cost for this Rider unless the Accelerated Death Benefit is exercised. The cost of this Rider shall be the interest in advance of the Accelerated Death Benefit for 12 months. In no event shall the interest rate be higher than the current manual yield on 90 day treasury bills.

The following is the formula used to calculate the interest charged:

Let A = amount of the Accelerated Death Benefit that You requested.

i = annual interest rate charged

I = amount of interest charged

$$I = A - \frac{A}{(1+i)^{1/2}}$$

Termination Of This Rider

This Rider will end:

- upon Your written request
- upon termination of this Certificate; or
- when We have paid the Accelerated Death Benefit.

Conformity With State Statutes

If a provision of this Rider conflicts with the statutes of the state in which You reside on the Rider Effective Date, the provision is automatically amended to meet the minimum requirements of the statute.

BOSTON MUTUAL LIFE INSURANCE COMPANY



Secretary

BOSTON MUTUAL LIFE INSURANCE COMPANY

120 Royall Street, Canton, Massachusetts 02021

Form Number: GRTP-4/99 & GRTC-4/99

PORTABILITY PROVISION AMENDMENT

The Policy/Certificate to which this Amendment is attached is amended as follows: The provision entitled **Portability Provision** is deleted in its entirety and replaced with:

Continuation of Insurance Benefit

If You terminate employment, You may continue Your group life insurance and any group life insurance covering a Dependent. The coverage will be continued under a separate group renewable term life insurance policy ("the New Policy") which has been established for individuals who exercise their right of portability. To be eligible to continue this insurance, You must meet the following requirements on the date employment terminates:

1. Your coverage is not being continued under the Waiver of Premium provision;
2. You are under age 65, and
3. You have not converted Your group Life Insurance.

The Insured Dependent's Life Insurance, if covered, may be continued if:

1. Your group Life Insurance is continued; and
2. the Insured Dependent is under age 65.

The waiver of premium and the accidental death and dismemberment provisions will not apply to insurance continued under these Portability Provisions.

Application and Premium Payment

You must apply in writing to Us within 31 days after the date employment ends.

You must pay the required premium to Us. The premium rate will be based on the rates under the New Policy. The first premium payment must be made with the application no later than 31 days after the date Your group Life Insurance would otherwise terminate.

Amount of Insurance

The amount of life insurance You may continue cannot exceed the amount of Your group Life Insurance in force on the date Your employment terminates. The amount of life insurance on the Dependent, if covered, that may be continued by You cannot exceed the amount of the Dependent's group Life insurance in force on the date You terminate employment.

In all other respects this Policy/Certificate remains unchanged.

BOSTON MUTUAL LIFE INSURANCE COMPANY



Secretary

GRTP-4/99 Port 7/08



Peggy Schwartz, FLMI, ALHC, AIRC
Filing Manager

April 02, 2009

VIA SERFF

RE: NAIC # 61476 – FEIN # 04 -1106240
Boston Mutual Life Insurance Company
Group Term Life Insurance
Amendment form: GRTP-4/99-Port 7/08
Accelerated Benefit Option Rider: G-ABOR-7/08

Company Tracking # GRP-09-001

Enclosed for your approval are an amendment form and rider to be use with Group Term Insurance Policy GRTP 4/99 previously approved in Arkansas on 06/13/00. The amendment is a new form and does not replace any existing form. The rider is a revision of previously approved rider: G-ABOR-9/00. Approval information for both the policy and rider are included in supporting documentation. These forms are marketed in the employer Group market by licensed agents and brokers.

- Amendment form: GRTP-4/99-Port 7/08 replaces the portability provision found on policy/certificate page 16. This provision has been revised to increase the maximum age for portability from 60 to 65. In addition, some simple wording changes were made to the dependent section to make it easier to read.
- Rider form: G-ABOR-7/08 is a revision of approved optional rider: G-ABOR-9/00. The only change to this form is an increase in the maximum amount that can be accelerated from \$100,000 or 50% to \$200,000 or 100%.

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These forms do not contain any unusual or controversial items from normal company standards and are in compliance with the laws and regulations of your state. They are written in readable language that meets your minimum Flesch score requirements. A certification of readability is enclosed in this filing.

These forms were approved in our domicile state, Massachusetts in their original form on 9/26/00.

Please contact me if you need further information.

Sincerely

A handwritten signature in cursive script that reads "Peggy Schwartz".

Peggy Schwartz, FLMI, ALHC, AIRC
800-669-2668 Ext. 423
Fax: 781 770 0490
marguerite_schwartz@bostonmutual.com