

SERFF Tracking Number: NYLM-126106081 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 42089
Company Tracking Number: GMR-AB-EN-P, ET AL
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Accelerated Benefits Rider
Project Name/Number: Accelerated Benefits Rider/GMR-AB-EN-P, et al

Filing at a Glance

Company: New York Life Insurance Company

Product Name: Accelerated Benefits Rider

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: NYLM-126106081 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 42089

Co Tr Num: GMR-AB-EN-P, ET AL State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Katie Ficarelli

Date Submitted: 04/10/2009

Disposition Date: 04/20/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Accelerated Benefits Rider

Project Number: GMR-AB-EN-P, et al

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/20/2009

Deemer Date:

Submitted By: Katie Ficarelli

Filing Description:

April 10, 2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer, Association,
Trust

Explanation for Other Group Market Type:

State Status Changed: 04/20/2009

Created By: Katie Ficarelli

Corresponding Filing Tracking Number:

Re: Filing Of Accelerated Benefits Rider

Policy Form: GMR-AB-EN-P

Certificate Form: GMR-AB-EN-C

FEIN No. 13-5582869

SERFF Tracking Number: NYLM-126106081 State: Arkansas
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NAIC No. 66915

Dear Sir:

In accordance with Arkansas Regulation 27-79-109, we have enclosed for approval the above referenced Accelerated Benefits Rider forms. These forms are new and do not replace any forms previously found acceptable by your department nor do they contain any provision or clause currently disapproved by the Department. We respectfully request approval of these forms for delivery both in and out of Arkansas.

The rider will be used with our generally filed GMR-FACE, et al. forms that have been reviewed and approved by Arkansas on February 7, 1990.

The Accelerated Benefit Rider may be added to the Group Policy and Certificate by agreement between the group policyholder and New York Life. If included in the Group Policy, an eligible member of the group may apply for and receive an acceleration benefit on group term life insurance. The Rider will permit acceleration of a lump-sum portion of the death benefit to insureds who suffer from a critical health event.

We have also enclosed a Memorandum of Variability, which summarizes the intended use of the forms and provides an explanation of the illustrative and variable language. This language appears in the boxed areas of the forms.

The attached Rider reflects compliance with all applicable Arkansas regulations. The forms may be issued as shown, in typeset, in computer-emitted text, in photo-offset or in any combination of these means. Text will always be at least 10-point type.

Please note upon receiving approval for the subject filing, it is our intent to use the application forms GMA-EZ4 et al. with this plan. On February 19, 2008 your Department, approved these applications.

Also attached is a Readability Certificate.

We would appreciate receiving your Department's acceptance of this form at your earliest convenience.

Sincerely,

Bruce E. Dreizen
Corporate Vice President

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 Bruce_E_Dreizen@newyorklife.com

Company and Contact

Filing Contact Information

Katherine Ficarelli, katherine_e_ficarelli@newyorklife.com
 One Rockwood Road 914-846-3792 [Phone]
 Sleepy Hollow, NY 10591

Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York
 51 Madison Avenue Group Code: -99 Company Type:
 New York, NY 10010 Group Name: State ID Number:
 (212) 576-5814 ext. [Phone] FEIN Number: 13-5582869

Filing Fees

Fee Required? Yes
 Fee Amount: \$60.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$60.00	04/10/2009	27097205

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/20/2009	04/20/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/16/2009	04/16/2009	Katie Ficarelli	04/20/2009	04/20/2009

SERFF Tracking Number: NYLM-126106081 *State:* Arkansas
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Disposition

Disposition Date: 04/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Actuarial Memo		No
Supporting Document	Illustration		Yes
Form	Accelerated Benefits Policy Rider		Yes
Form	Accelerated Benefits Certificate Rider		Yes
Form	Memorandum of Variability		Yes

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Product Name: Accelerated Benefits Rider
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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/16/2009

Submitted Date 04/16/2009

Respond By Date

Dear Katherine Ficarelli,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accelerated Benefits Policy Rider , GMR-AB-EN-P (Form)
- Accelerated Benefits Certificate Rider, GMR-AB-EN-C (Form)

Comment: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/20/2009
Submitted Date 04/20/2009

Dear Linda Bird,

Comments:

In response to your objection,

Response 1

Comments: All of the required disclosure language outlined in Rule and Regulation 60 s 8 can be found in the life policies that this Rider will be attached. Additionally, on page 3 of the rider, above the signature section, you will find a tax disclosure. In regards to solicitation, we are providing an illustration to be used with direct marketing.

Related Objection 1

Applies To:

- Accelerated Benefits Policy Rider , GMR-AB-EN-P (Form)
- Accelerated Benefits Certificate Rider, GMR-AB-EN-C (Form)

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Illustration

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Katie Ficarelli

Sincerely,

Katie Ficarelli

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Form Schedule

Lead Form Number: GMR-AB-EN-P

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GMR-AB-EN-P	Other	Accelerated Benefits Policy Rider	Initial		63.420	AcceleratedBenefit_PolicyRider.pdf
	GMR-AB-EN-C	Other	Accelerated Benefits Certificate Rider	Initial		63.420	AcceleratedBenefit_CertificateRider.pdf
	Memorandum of Variability	Other	Memorandum of Variability	Initial			Explanation of Variable 3-18-09.pdf



New York Life Insurance Company

– A Mutual Company Founded in 1845 –

51 Madison Avenue, New York, NY 10010

GROUP INSURANCE POLICY RIDER
to be attached to and made a part of the Policy

POLICYHOLDER	THE ABC ASSOCIATION GROUP
EFFECTIVE DATE	JANUARY 1, 2006
POLICY NUMBER	G-00000-1 (the "Policy")
CONTRACT STATE	DELAWARE
RIDER NUMBER	1

By agreement between the Policyholder and **NEW YORK LIFE** this Rider is attached to, made a part of and is subject to the terms and conditions of the Policy.

Accelerated Benefit

New York Life will pay an Accelerated Benefit to the OWNER if a **COVERED PERSON** suffers one or more of the following Qualifying Events:

QUALIFYING EVENTS:

- (1) **TERMINAL ILLNESS** means a condition where the patient has a life expectancy of **12** months or less.
- (2) **CRITICAL ILLNESS** means any of the following conditions:
 - (a) **MAJOR STROKE** means a cerebrovascular incident or accident which produces: (a) neurological sequela that lasts more than 24 hours; and (b) evidence of permanent neurological defect. **STROKE** includes: infarction of brain tissue, hemorrhage and embolism from an extracranial source. **STROKE** does not include Transient Ischemic Attacks and attack of Vertebrobasilar Ischemia.
 - (b) **MAJOR HEART ATTACK** means the death of a portion of the heart muscle as a result of a myocardial infarction arising from inadequate blood supply to the relevant area. Evidence of the following must be present: (a) electrocardiographic evidence of a myocardial infarction that occurred after the **COVERED PERSON'S INSURANCE DATE**; and (b) elevated levels of cardiac enzymes above standard laboratory levels of normal. The elevated levels of enzymes must be consistent with a myocardial infarction. In the case of creatine phosphokinase (CPK), a CPK-MB measurement must be used. Non-ST segment elevation myocardial infarction (NSTEMI) with elevation of troponin I or T is excluded.
 - (c) **MALIGNANT CANCER** means a disease manifested by the presence of malignant tumors characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term **CANCER** includes: leukemia, Hodgkin's disease, Kaposi's sarcoma and malignant melanomas. **CANCER** does not include: (1) "Carcinoma In Situ" (a non-invasive cancer histologically or pathologically classifiable under the TNM staging classification "tis" of the American Joint Committee on Cancer, or such other similar classification used by another accredited medical organization as may be agreed to by the Policyholder and New York Life. "Carcinoma In Situ" includes intraductal carcinomas of the breast, lobular carcinoma in situ and Paget's disease with no associated tumor); or (2) "Skin Cancer/Pre-Malignant Conditions" (all skin cancer; basal cell carcinomas; squamous cell carcinomas of the skin; pre-malignant tumor or polyps; pre-malignant conditions or conditions with malignant potential; a Clark's Level 1 or 2 melanoma, or Breslow less than .75mm.).
 - (d) **MAJOR ORGAN TRANSPLANT** means the actual undergoing as a recipient of a transplant of a heart, lung, liver, pancreas, kidney or bone marrow. Transplantation means the replacement of the insured's malfunctioning organ(s) or tissue of a donor suitable under generally accepted medical procures. The donor requirement does not apply to bone marrow transplant.

- (e) **PARALYSIS** means the complete and permanent loss of functional use of two (2) or more limbs, as a result of medically documented physical paralysis. "PARALYSIS" does not include loss of functional use that results from psychosomatic causes. To be considered a Qualifying Event, New York Life must receive satisfactory medical proof, in writing, that a COVERED PERSON has been paralyzed for a continuous period of at least 90 days.
- (f) **RENAL FAILURE** means end stage renal disease due to chronic irreversible failure of both kidneys to function, which requires regular peritoneal dialysis, hemodialysis or renal transplantation. To be considered a Qualifying Event, New York Life must receive satisfactory medical proof, in writing, that a COVERED PERSON has permanent renal failure that has persisted for a continuous period of at least 90 days.
- (3) **PERMANENT CRITICAL CONDITION** means a medical condition that usually requires continuous confinement in a CONVALESCENT CARE FACILITY, HOSPICE, NURSING HOME or at home, if the insured is expected to remain confined for the rest of his or her life.

In addition, New York Life will consider that if the insured is unable to perform any two of the following Activities of Daily Living for a continuous period of 180 days he or she will have suffered a Permanent Critical Condition:

- **BATHING:** the ability to wash oneself in either a tub or shower, or by sponge bath. This includes the tasks of getting into and out of the tub or shower with or without the aid of equipment or adaptive devices.
- **DRESSING:** the ability to put on and take off all necessary and appropriate items of clothing and medically necessary braces or artificial limbs usually worn; and to fasten and unfasten them.
- **TOILETING:** the ability to do all of the following, with or without the aid of equipment: (a) get to and from the toilet; (b) get on and off the toilet; and (c) maintain a reasonable level of personal hygiene for the body.
- **TRANSFERRING:** the ability to move in and out of a bed, chair or wheelchair with or without the aid of equipment such as: a cane; walker; crutches; grab bars; or other support devices.
- **EATING:** the ability to get nourishment into the body by any means once it has been prepared and made available to one with or without the aid of equipment.
- **CONTINENCE:** the ability to voluntarily maintain control of bowel and/or bladder function or in the event of incontinence, the ability to maintain a reasonable level of personal hygiene (including caring for catheter or colostomy bag).

For the purposes of this Qualifying Event:

CONVALESCENT CARE FACILITY means a licensed institution which provides: (a) post-hospital care or rehabilitation services; (b) room and board; (c) 24-hour-a-day nursing service by registered professional nurses on duty or call, with at least one full-time nurse; and (d) a doctor on duty or call. It may be a section of a HOSPITAL. CONVALESCENT CARE FACILITY does not include: a rest home; a place for care of the aged, alcoholics, mentally ill or drug addicts; and/or a place for custodial care.

HOSPICE means a facility providing a coordinated program of home and inpatient care for terminally ill patients. To qualify, the HOSPICE must meet the standards of the National Hospice Organization and the applicable state licensing requirements.

NURSING HOME means an institution, or a distinct part of a HOSPITAL, that is primarily engaged in providing skilled nursing services for or CUSTODIAL CARE to sick or injured inpatients, and which: (a) has continuous nursing service under the full-time supervision of a DOCTOR or a registered professional nurse; (b) has the services of a DOCTOR available under an established agreement; (c) has clinical records for all patients; and (d) is certified as a skilled nursing facility/Nursing Home by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") and/or the Center for Medicare and Medicaid Services ("CMS"). NURSING HOME does not include a rest home, an assisted living facility or a place for care of the aged, alcoholics or drug addicts.

For the Accelerated Benefit to be paid for a Qualifying Event, New York Life must receive: (a) a completed, written request for the benefit on a form satisfactory to New York Life; and (2) satisfactory medical proof, in writing, that the COVERED PERSON has a Qualifying Event.

What Accelerated Benefit Is Payable Subject to the Maximum section below, the Accelerated Benefit payable is the applicable percentage stated in the following Table Of Accelerated Benefits of the Amount of Insurance in force on the COVERED PERSON'S life on the date New York Life approves the request for the Accelerated Benefit.

Who Will Be Paid The Accelerated Benefit will be paid to the OWNER, subject to the Beneficiary section of the Policy. A single payment will be made. The CONTRIBUTION will be reduced on a pro rata basis if an Accelerated Benefit is paid. Any Accelerated Benefit paid will reduce the Death Benefit payable

TABLE OF ACCELERATED BENEFITS

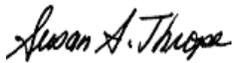
QUALIFYING EVENTS	PERCENTAGE OF AMOUNT OF INSURANCE*
TERMINAL ILLNESS	50%
CRITICAL ILLNESS**	25%
PERMANENT CRITICAL CONDITION	25%

*Amount of Insurance means the amount under the Policy for which the Accelerated Benefit Rider applies as approved by New York Life.

**CRITICAL ILLNESS means any one of the following conditions: MAJOR STROKE, MAJOR HEART ATTACK, MALIGNANT CANCER, MAJOR ORGAN TRANSPLANT, PARALYSIS or RENAL FAILURE.

Maximum No more than one Accelerated Benefit is payable for any one: (1) Terminal Illness; (2) Critical Illness; or (3) Permanent Critical Condition. Also, in order to have a minimum Death Benefit equal to 25% of the Amount of Insurance, no more than 75% of the Amount of Insurance is payable for Qualifying Events on each COVERED PERSON. New York Life will reduce the Percentage of Amount of Insurance applicable for a Qualifying Event to a Percentage that, when combined with any Accelerated Benefit paid to the COVERED PERSON, does not exceed 75% of the Amount of Insurance in effect on the COVERED PERSON.

RECEIPT OF THE ACCELERATED BENEFIT MAY BE TAXABLE.
THE OWNER MAY WANT TO SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.



Secretary



President



Countersignature

Accepted by:

Date _____

(Full or Corporate Name)

Witness _____

(Signature and Title)



New York Life Insurance Company

– A Mutual Company Founded in 1845 –

51 Madison Avenue, New York, NY 10010

GROUP INSURANCE CERTIFICATE RIDER

to be attached to and made a part of the Certificate

POLICYHOLDER

THE ABC ASSOCIATION GROUP

POLICY NUMBER

G-00000-1 (the "Policy")

CONTRACT STATE

DELAWARE

By agreement between the Policyholder and New York Life, this Group Certificate Rider is attached to and made a part of the Group Certificate issued to the COVERED PERSON. The Group Certificate Rider is effective on the later of (1) the Effective Date of the Group Certificate Rider; or (2) the COVERED PERSON'S INSURANCE DATE, provided the COVERED PERSON has elected and been approved by New York Life for the Accelerated Benefit coverage.

Accelerated Benefit

New York Life will pay an Accelerated Benefit to the OWNER if a COVERED PERSON suffers one or more of the following Qualifying Events:

QUALIFYING EVENTS:

- (1) **TERMINAL ILLNESS** means a condition where the patient has a life expectancy of 12 months or less.
- (2) **CRITICAL ILLNESS** means any of the following conditions:
 - (a) **MAJOR STROKE** means a cerebrovascular incident or accident which produces: (a) neurological sequela that lasts more than 24 hours; and (b) evidence of permanent neurological defect. STROKE includes: infarction of brain tissue, hemorrhage and embolism from an extracranial source. STROKE does not include Transient Ischemic Attacks and attack of Vertebrobasilar Ischemia.
 - (b) **MAJOR HEART ATTACK** means the death of a portion of the heart muscle as a result of a myocardial infarction arising from inadequate blood supply to the relevant area. Evidence of the following must be present: (a) electrocardiographic evidence of a myocardial infarction that occurred after the COVERED PERSON'S INSURANCE DATE; and (b) elevated levels of cardiac enzymes above standard laboratory levels of normal. The elevated levels of enzymes must be consistent with a myocardial infarction. In the case of creatine phosphokinase (CPK), a CPK-MB measurement must be used. Non-ST segment elevation myocardial infarction (NSTEMI) with elevation of troponin I or T is excluded.
 - (c) **MALIGNANT CANCER** means a disease manifested by the presence of malignant tumors characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term CANCER includes: leukemia, Hodgkin's disease, Kaposi's sarcoma and malignant melanomas. CANCER does not include: (1) "Carcinoma In Situ" (a non-invasive cancer histologically or pathologically classifiable under the TNM staging classification "tis" of the American Joint Committee on Cancer, or such other similar classification used by another accredited medical organization as may be agreed to by the Policyholder and New York Life. "Carcinoma In Situ" includes intraductal carcinomas of the breast, lobular carcinoma in situ and Paget's disease with no associated tumor); or (2) "Skin Cancer/Pre-Malignant Conditions" (all skin cancer; basal cell carcinomas; squamous cell carcinomas of the skin; pre-malignant tumor or polyps; pre-malignant conditions or conditions with malignant potential; a Clark's Level 1 or 2 melanoma, or Breslow less than .75mm.).
 - (d) **MAJOR ORGAN TRANSPLANT** means the actual undergoing as a recipient of a transplant of a heart, lung, liver, pancreas, kidney or bone marrow. Transplantation means the replacement of the insured's malfunctioning organ(s) or tissue of a donor suitable under generally accepted medical practices. The donor requirement does not apply to bone marrow transplant.

- (e) **PARALYSIS** means the complete and permanent loss of functional use of two (2) or more limbs, as a result of medically documented physical paralysis. "PARALYSIS" does not include loss of functional use that results from psychosomatic causes. To be considered a Qualifying Event, We must receive satisfactory medical proof, in writing, that a COVERED PERSON has been paralyzed for a continuous period of at least 90 days.
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In addition, New York Life will consider that if the insured is unable to perform any two of the following Activities of Daily Living for a continuous period of 180 days he or she will have suffered a Permanent Critical Condition:

- **BATHING:** the ability to wash oneself in either a tub or shower, or by sponge bath. This includes the tasks of getting into and out of the tub or shower with or without the aid of equipment or adaptive devices.
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- **TRANSFERRING:** the ability to move in and out of a bed, chair or wheelchair with or without the aid of equipment such as: a cane; walker; crutches; grab bars; or other support devices.
- **EATING:** the ability to get nourishment into the body by any means once it has been prepared and made available to one with or without the aid of equipment.
- **CONTINENCE:** the ability to voluntarily maintain control of bowel and/or bladder function or in the event of incontinence, the ability to maintain a reasonable level of personal hygiene (including caring for catheter or colostomy bag).

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NURSING HOME means an institution, or a distinct part of a HOSPITAL, that is primarily engaged in providing skilled nursing services for or CUSTODIAL CARE to sick or injured inpatients, and which: (a) has continuous nursing service under the full-time supervision of a DOCTOR or a registered professional nurse; (b) has the services of a DOCTOR available under an established agreement; (c) has clinical records for all patients; and (d) is certified as a skilled nursing facility/Nursing Home by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") and/or the Center for Medicare and Medicaid Services ("CMS"). NURSING HOME does not include a rest home, an assisted living facility or a place for care of the aged, alcoholics or drug addicts.

For the Accelerated Benefit to be paid for a Qualifying Event, We must receive: (a) a completed, written request for the benefit on a form satisfactory to Us; and (2) satisfactory medical proof, in writing, that the COVERED PERSON has a Qualifying Event.

What Accelerated Benefit Is Payable Subject to the Maximum section below, the Accelerated Benefit payable is the applicable percentage stated in the following Table Of Accelerated Benefits of the Amount of Insurance in force on the COVERED PERSON'S life on the date We approve the request for the Accelerated Benefit.

Who Will Be Paid The Accelerated Benefit will be paid to the OWNER, subject to the Beneficiary section of the Policy. A single payment will be made. The CONTRIBUTION will be reduced on a pro rata basis if an Accelerated Benefit is paid. Any Accelerated Benefit paid will reduce the Death Benefit payable

TABLE OF ACCELERATED BENEFITS

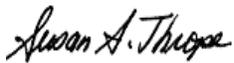
QUALIFYING EVENTS	PERCENTAGE OF AMOUNT OF INSURANCE*
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PERMANENT CRITICAL CONDITION	25%

*Amount of Insurance means the amount under the Policy for which the Accelerated Benefit Rider applies as approved by New York Life.

**CRITICAL ILLNESS means any one of the following conditions: MAJOR STROKE, MAJOR HEART ATTACK, MALIGNANT CANCER, MAJOR ORGAN TRANSPLANT, PARALYSIS or RENAL FAILURE.

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RECEIPT OF THE ACCELERATED BENEFIT MAY BE TAXABLE.
THE OWNER MAY WANT TO SEEK ASSISTANCE FROM A PERSONAL TAX ADVISOR.



Secretary



President

**MEMORANDUM OF VARIABLE MATERIAL
For form(s)**

**GMR – AB – EN – P
GMR – AB – EN – C**

ACCELERATED BENEFIT RIDER

**NEW YORK LIFE INSURANCE COMPANY
March 18, 2009**

1. The format, punctuation and terminology shown for the most part as fixed text, represents our standard approach. However upon policyholder request, such format, punctuation and terminology may be modified.
2. Defined terms may be all capitalized or initial capitalized.
3. Variable material will be denoted as boxed.
4. The group policyholder name, Effective Date, Contract State, Rider Number and group policy number are illustrative and will be replaced by the actual group policyholder name, Effective Date, Contract State, Rider Number and group policy number.
5. Effective Date references may be replaced by Insurance Date or Policy Effective Date.
6. Covered Person references may be replaced by Insured Member or Insured Employee.
7. The number of months for a Terminal Illness may be changed but will never be less than 12 months.
8. Insurance Date references may be replaced by Current Benefit Date or Effective Date.
9. References to Contribution may be changed to Premium or Premium Rate or Rate.
10. References to New York Life may be replaced by "We", "Us", or "The Company".
11. Signature blocks will be changed as necessary.

SERFF Tracking Number: NYLM-126106081 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 42089
Company Tracking Number: GMR-AB-EN-P, ET AL
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Accelerated Benefits Rider
Project Name/Number: Accelerated Benefits Rider/GMR-AB-EN-P, et al

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch Reading Ease Score.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: GROUP LIFE GMA-EZ-3, ET AL SERFF Tracking: NYLM-125481893 Arkansas State Tracking: 38204 Approval Date: 3/19/08		

	Item Status:	Status Date:
Satisfied - Item: Illustration Comments: Attachment: Illustration.pdf		



New York Life Insurance Company

– A Mutual Company Founded in 1845 –

51 Madison Avenue, New York, NY 10010

Flesch Reading Ease Score

The policy rider and certificate rider are both written on our generally filed GMR-FACE et al. forms which have an aggregate Flesch Test score of +63.42.

Date: April 9, 2009

New York Life Insurance Company

Name of Company

A handwritten signature in cursive script that reads "Bruce E. Dreizen".

by: _____

Signature

Bruce E. Dreizen

Corporate Vice President

Name and Title of Person

TERM INSURANCE
ILLUSTRATION OF CERTIFICATE VALUES BEFORE AND AFTER ACCELERATION
****Estimate****

Certificate Number: _____

Group #: _____

Insured's Name: _____

A. Amount Currently Available for Accelerated Benefit as of:

Insurance Amount	\$ _____
Less Outstanding Policy Loan Amount	\$ _____
Subtotal	\$ _____
Portion Available for Acceleration	_____ %
Available Acceleration Amount	\$ _____

B. Current Balances as of: _____

<u>ACCELERATION</u>	<u>BEFORE ACCELERATION</u>	<u>AFTER</u>
Face Amount	\$ _____	\$ _____ *
Available for Acceleration	\$ _____	\$ _____ **
Outstanding Policy Loan	\$ _____	\$ _____
Cash Value	\$ _____	\$ _____
Premiums (_____)	\$ _____	\$ _____
Cash Surrender Value	\$ _____	\$ _____

* On Decreasing Term Insurance the face amount will decrease based on the schedule in your certificate.

** Acceleration of Death Benefits allowable one time only.