

SERFF Tracking Number: STAN-126083080 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 41884
Company Tracking Number: GP190-LIFE/S399/A0209
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life
Project Name/Number: GP190-LIFE/S399/A0209/GP190-LIFE/S399/A0209

Filing at a Glance

Company: Standard Insurance Company

Product Name: Group Term Life

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: STAN-126083080 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 41884

Co Tr Num: GP190-
LIFE/S399/A0209

Authors: Alan Smith, Gary Hublitz

Date Submitted: 03/20/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/16/2009

Disposition Status: Approved-
Closed

Implementation Date:

General Information

Project Name: GP190-LIFE/S399/A0209

Project Number: GP190-LIFE/S399/A0209

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/16/2009

Deemer Date:

Submitted By: Alan Smith

Filing Description:

Standard Insurance Company is filing for your review and approval changes to our Group Life Insurance product. Standard's Group Life Insurance product is filed under Group Policy Form GP190-LIFE and Group Certificate Form GC190-LIFE, both of which were approved for use in your state effective 2/27/1990. In October of 1998 Standard Insurance Company submitted an amendment to these forms to account for the demutualization of our company. This amendment reflected that the company was a stock company, and also served to change the form number under which

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association,
Trust, Other

Explanation for Other Group Market Type:

Union

State Status Changed: 04/16/2009

Created By: Alan Smith

Corresponding Filing Tracking Number: GP190-
LIFE/S399/A0209

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the policy and certificate would be issued in the future. Effective 10/14/1998 Standard later received approval from your Department to issue our revised forms after our official demutualization, which occurred on April 21, 1999. Since that date GP190-LIFE and its certificate GC190-LIFE have been issued under the new form numbers GP190-LIFE/S399 and GC190-LIFE/S399.

Enclosed are Group Term Life Insurance Policy Amendment Form GP190-LIFE/S399/A0209, and the corresponding Group Term Life Certificate Attachment Form GC190-LIFE/S399/ A0209. These forms show new optional language that may be selected by the Policyholder, as well as other changes which add flexibility and refinements to our current provisions.

The specific design of each group policy is negotiated and agreed upon by Standard Insurance Company and the Policyholders at the time of policy issue. The appropriate language is then automatically included in the body of the policy and certificate. While the attached forms are submitted on 8 ½ by 11 pages, we may also print the same text in a booklet format (5 ½ by 8 ½ pages) or on electronic media (e.g. CD-ROM, Internet) if requested by Policyholders. Also, if so requested, we may issue certificates in a foreign language, based upon a direct translation of the filed wording.

There is no deviation from generally accepted insurance practices.

We have used our standard underwriting rules. There is no benefit change while the contract is in force unless subsequently amended due to employer request or a change in law. There is no deviation from our usual retention.

This group insurance product will be marketed through agents, brokers, and group insurance representative to eligible groups. Most group policies will be issued to employers to cover their employees.

The attached forms meet and exceed the requirements of the Arkansas Life and Disability Insurance Policy Language Simplification Act, when included within the base policy and certificate.

Company and Contact

Filing Contact Information

Gary Hublitz, Compliance Analyst ghublitz@standard.com
900 SW 5th Ave 971-321-8114 [Phone]
C14C 971-321-6407 [FAX]
Portland, OR 97204

Filing Company Information

Standard Insurance Company CoCode: 69019 State of Domicile: Oregon

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 1100 SW 6th Avenue Group Code: 1348 Company Type: Life Insurance
 Portland, OR 97204 Group Name: SIC State ID Number:
 (971) 321-6823 ext. [Phone] FEIN Number: 93-0242990

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: AR charges \$20.00 roe each rider package. We are ssubmitting one package.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$20.00	03/20/2009	26569714

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/16/2009	04/16/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policy Amendment	Alan Smith	04/15/2009	04/15/2009
Form	Certificate Attachment	Alan Smith	04/15/2009	04/15/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filer note of 3/23/09	Note To Filer	Linda Bird	03/24/2009	03/24/2009
Filer Note of 3/23/09	Note To Reviewer	Alan Smith	03/24/2009	03/24/2009
Form Filing submitted on 3/20/09	Note To Filer	Linda Bird	03/24/2009	03/24/2009

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Disposition

Disposition Date: 04/16/2009

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		No
Form	Policy Amendment		Yes
Form	Certificate Attachment		Yes

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Amendment Letter

Submitted Date: 04/15/2009

Comments:

Dear Ms. Bird,

I appreciate your patience. I am sorry that I am just now getting to your Note to Filer submitted on 3/24/09. I have added the forms to be reviewed under the Forms SSchedule tab. Please contact me if you did not get them. Thank you,

Alan Smith

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GP190-LIFE/S399/A0209	Policy/Contract	Policy Fraternal Amendment Certificate: Amendment, Insert Page, Endorsement or Rider	Initial					Policy-Amendment A0209.pdf
GC190-LIFE/S399/A0209	Certificate Amendment	Certificate Attachment Insert Page, Endorsement or Rider	Initial					Certificate-Attachment A0209.pdf

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Note To Filer

Created By:

Linda Bird on 03/24/2009 11:44 AM

Last Edited By:

Linda Bird

Submitted On:

03/24/2009 11:44 AM

Subject:

Filer note of 3/23/09

Comments:

The filer note with forms attached has not been received on this submission.

SERFF Tracking Number: STAN-126083080 *State:* Arkansas
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Note To Reviewer

Created By:

Alan Smith on 03/24/2009 11:16 AM

Last Edited By:

Alan Smith

Submitted On:

03/24/2009 11:16 AM

Subject:

Filer Note of 3/23/09

Comments:

Dear Ms. Bird,

I realized my mistake only yesterday that I did not attach the forms. I forwarded the forms in a Filer Note to Arkansas on 3/23/09. Did you receive the forms?

Thank you,

Alan Smith

Product Filing Specialist

SERFF Tracking Number: STAN-126083080 *State:* Arkansas
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Note To Filer

Created By:

Linda Bird on 03/24/2009 09:34 AM

Last Edited By:

Linda Bird

Submitted On:

03/24/2009 09:34 AM

Subject:

Form Filing submitted on 3/20/09

Comments:

The forms were not attached to this submission.

SERFF Tracking Number: STAN-126083080 State: Arkansas
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Form Schedule

Lead Form Number: GP190-LIFE/S399/A0209

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GP190-LIFE/S399/A0209	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial			Policy-Amendment A0209.pdf
	GC190-LIFE/S399/A0209	Certificate Amendment, Insert Page, Endorsement or Rider	Initial			Certificate-Attachment A0209.pdf

AMENDMENT TO
LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
POLICY FORM

Attached to and made a part of Group Policy Form GP190-LIFE/S399

Group Policy Form GP190-LIFE/S399 is amended to update policy language and add optional/variable language (shown in shading) for those policyholders who negotiate such inclusion into their Group Life and Accidental Death and Dismemberment Insurance policy issued by us. Deletions of previously approved language are shown with strikeouts. Brackets ([]) indicate the language is optional. Braces (< >) indicate the language is variable.

1. *Item G. When Dependents Life Insurance Ends* of the **Dependents Life Insurance** provision is amended to add the following optional language. The purpose of this optional language is to allow surviving dependent life insurance.

G. When Dependents Life Insurance Ends

Your Dependents Life Insurance ends automatically on the earliest of:

1. [Five months after you die. (No premium will be charged for your Dependents Life Insurance during this time.) [However, [if you are in Class <#>], your Dependents Life Insurance for your Spouse [and Child(ren)] may be continued with payment of premium for the following periods:
 - a. [Until the date your Spouse dies[, or remarries,] [or your Child ceases to be a Child] if you die in the Line Of Duty or you had <at least twelve years of service with your Employer>];]
 - b. [Up to <two years> if you had at least <five years>, but less than <twelve years of service with your Employer>];]
 - c. [Up to <one year> if you had <less than five years of service with your Employer>.]

[To continue Dependents Life Insurance under this provision your Spouse [or Child] must apply to us in writing within <thirty days> following your death.]

[In addition,] [if you are receiving or are eligible to receive service [or disability] retirement benefits under your Employer's retirement plan when you die, Dependents Life Insurance for your Spouse may be continued, with payment of premium, for the following periods:

- a. Up to <#> years, if you retired with less than <#> years of service with your Employer;
- b. Up to <#> years, if you retired with <#> or more years of service with your Employer.]]

2. *Item F. Additional AD&D Benefits* of the **Accidental Death and Dismemberment Insurance** provision is amended to add the following optional language. The purpose of this optional language is to expand the definition of Public Safety Officer within the Line Of Duty Benefit to include EMS members.

[Line Of Duty Benefit

The amount of the Line Of Duty Benefit is shown in the **Coverage Features**.

We will pay a Line Of Duty Benefit if all of the following requirements are met:

1. You are a Public Safety Officer.
2. You suffer a Loss for which an AD&D Insurance Benefit is payable.
3. The Loss is the result of a Line Of Duty Accident.

Public Safety Officer means <a Member whose [primary] job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, fire suppression, or providing out-of-hospital acute medical care and/or transport to definitive care of trauma or medical patients.>

Public Safety Officer includes <any one or more of the following: police officers, firefighters, corrections officers, probation officers, public transit officers, parole officers, judicial officers, medically-trained first responders, paramedics, emergency medical technicians (EMT) and officially recognized or designated volunteer firefighters, if they otherwise meet the definition of Public Safety Officer.>

Line of Duty Accident means an accident [, including accidental exposure to adverse weather conditions,] that occurs while you are taking any action which by rule, regulation, law, or condition of employment you are obligated or authorized to perform as a Public Safety Officer, [in the course of controlling or reducing crime, criminal law enforcement, ~~or~~ fire suppression, [~~or~~ conducting out-of-hospital acute medical care and/or transport to definitive care of trauma or medical patients>],] including such action taken in response to an emergency while off duty.

[If you are a Public Safety Officer, whose primary job duties are controlling or reducing crime, criminal law enforcement, fire suppression [~~or~~ providing out-of-hospital acute medical care and/or transport to definitive care of trauma or medical patients,>] Line of Duty Accident includes a Line Of Duty Accident that occurs while you are < any one or more of the following: on duty at social, ceremonial, or athletic functions to which you are assigned or for which you are paid as a Public Safety Officer by your Employer, or going directly to, attending, or returning directly from meetings or conventions associated with your profession.>]

3. Item D. *When Continuation Of Insurance During Total Disability Ends* or **The Continuation Of Insurance During Total Disability** provision is optionally amended as follows:

D. When Continuation Of Insurance During Total Disability Ends

Continuation Of Insurance During Total Disability ends on the earliest of:

1. The date you cease to be Totally Disabled.
2. <#> days after the date we mail you a request for additional Proof Of Loss, if it is not given.]

- [3. The date you fail to attend an examination or cooperate with the examiner.]
- [4. With respect to the amount of Insurance which an insured has converted, the effective date of the individual life insurance policy issued to the insured.]
- [5. The last day of the last period for which the required premium contribution is paid by ~~you or~~ the Policyholder.]
- [6. The date you reach age <#>.]
- [7. The date you no longer have a Qualifying Medical Condition, as defined in the Accelerated Benefit provision.]
- [8. The date the Group Policy terminates.]]

4. *Item A. Payment of Benefits* of the **Benefit Payment And Beneficiary Provisions** is amended to add the following optional language.

A. Payment Of Benefits

- 1. Except as provided in item <#> below, benefits payable because of [your] death will be paid to the Beneficiary [you] name[d]. [Benefits payable because of ~~for~~ coma will be paid to [<the Beneficiary you name -or- your authorized attorney in fact, court appointed guardian or conservator.>] [Benefits payable because of coma will cease after the comatose condition has ceased, whether by death, recovery, or any other change in condition.] See B through E of this section.

- [3. The benefits below will be paid to you if you are living:
 - a. AD&D Insurance Benefits payable because of the death [or coma] of your Dependent.
 - <b.> [Dependents Life Insurance Benefits [payable because of the death of your Child].]
 - <c.> Supplemental Life Insurance Benefits payable because of the death of your Spouse.
 - <d.> Accelerated Benefits.]

- 4. Dependents Life Insurance Benefits [and AD&D Insurance Benefits] payable because of the death of your [Dependent] [Spouse] [which are unpaid at your death] will be paid [to a Beneficiary named by your Spouse.] Dependents Life Insurance Benefits [and AD&D Insurance Benefits] payable because of the death of your [Dependent] [Child] [and such Benefits payable because of the death of your [Dependent] [Spouse] [if no Beneficiary is named, or if your Spouse is not survived by one] [will be paid] in equal shares to the first surviving class of the classes below.
 - a. The children of the Dependent.
 - b. The parents of the Dependent.
 - c. The brothers and sisters of the Dependent.
 - d. Your estate.

[<6.> If you are in Class(es) <#> [and you predecease your Spouse], Dependents Life Insurance Benefits and AD&D Insurance Benefits payable because of the death of your Spouse will be paid to the Beneficiary named by your Spouse. If your Spouse does not name a Beneficiary, or if your Spouse is not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below.

<a.> You.

<b.> The children of the Spouse.

<c.> The parents of the Spouse.

<d.> The brothers and sisters of the Spouse.

<e.> Your Spouse's estate.]

[7. Additional Benefits will be paid as follows:

[The Adaptive [Home] [and] [Vehicle] Benefit will be paid to [you] [or] [the person who incurs the accommodation expenses].]

5. *Item B. Naming A Beneficiary* of the **BENEFIT PAYMENT AND BENEFICIARY PROVISIONS**, is amended to add the following optional shaded language:

FILING NOTE: Placement of some previously approved language has been moved for better readability. Such placement changes have not been noted.

B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. [[If you are in Class(es) <#> [and you have predeceased your Spouse,]] Beneficiary also means a person named by your Spouse.] [You may name] one or more Beneficiaries [may be named] [for your <Plan 1 Life Insurance, Plan 1 AD&D Insurance, Plan 2 Life Insurance, and Plan 2 AD&D Insurance>].

If [you name] two or more Beneficiaries in a class [are named]:

1. Two or more surviving Beneficiaries will share equally, unless you [or your Spouse] provide for unequal shares.
2. If [you provide for] unequal shares in a class [are specified], and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless [you] provide[d] otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

[You may name or change] Beneficiaries [may be named or changed] at any time without the consent of a Beneficiary.

[[Your] [A] Beneficiary designations must be the same for Life Insurance and AD&D Insurance death benefits [and Supplemental Life Insurance]. [[Your]

Beneficiary designations [for [your] <Plan 1 Life Insurance and Plan 1 AD&D Insurance, Plan 2 Life Insurance and Plan 2 AD&D Insurance> and [your] Supplemental Life Insurance may be different.]]

~~[If you name Beneficiaries by coverage:~~

~~[[You ~~must~~ may name] a Beneficiary [~~must~~ may be named] ~~for each of your~~ [for [your]<Plan 1 Life Insurance and Plan 1 AD&D Insurance, Plan 2 Life Insurance and Plan 2 AD&D Insurance> identified above.] If [you do not name] a Beneficiary [is not named] for each [of your] ~~coverage[s]~~, [for [your]<Plan 1 Life Insurance and Plan 1 AD&D Insurance, Plan 2 Life Insurance and Plan 2 AD&D Insurance,> death benefits payable due to your death [for that ~~line of coverage~~ Plan] will be paid in accordance with D. No Surviving Beneficiary, below. [Death benefits payable due to the death of your Spouse where a Beneficiary is not named will be paid in accordance with A4. of this section.] Two or more named surviving Beneficiaries will share equally, unless specified otherwise.]~~

[Any payment we make according to the Beneficiary designation on file with the Policyholder or Employer [or their designated agents] will fully discharge us to the extent of the payment for each line of coverage and each death benefit which has been paid.]

[You may name or change] Beneficiaries [may be named or changed] in writing. [Writing includes a form signed by you [or by your Spouse if you are in Class(es) <#> [and you have predeceased your Spouse]], or a verification from [us] [or [our] [designated agent],] [the Policyholder] [[or] the Policyholder's designated agent],] [or] [the Employer] [[or] the Employer's designated agent] of an electronic [or telephonic] designation made by you [or your Spouse].]

[Your] [A] designation:

1. Must be dated;]
2. Must be delivered to [us] [or [our] [designated agent],] [the Policyholder] [[or] the Policyholder's designated agent],] [or] [the Employer] [[or] the Employer's designated agent],] during your lifetime[, or during your Spouse's life time [if you are in Class(es) <#> [and you have predeceased your Spouse]]]; [and]
3. Must relate to the insurance provided under the Group Policy; and]
4. Will take effect on the date it is [<delivered to -or- received by -or- verified by>]] [us] [or [our] [designated agent],] [the Policyholder] [[or] the Policyholder's designated agent],] [or] [the Employer] [[or] the Employer's designated agent.]

If we approve it, a designation which meets the requirements of a Prior Plan will be accepted as [your -or- the] Beneficiary designation under the Group Policy.

6. *Item E. Methods Of Payment* of the **BENEFIT PAYMENT AND BENEFICIARY PROVISIONS**, is amended to add the following optional shaded language:

E. [~~Methods -or- Method>~~] Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

1. Lump Sum]

[Payment to a Recipient will be made in a lump sum.] [If the amount payable to a Recipient is less than < \$ >, we will pay it in a lump sum.]]

[2. Standard Secure Access Checking Account

If the amount payable to a Recipient is < \$ > or more, we will deposit it into a Standard Secure Access checking account which:

- a. Bears interest **<at a rate of X>**;
- b. Is owned by the Recipient;
- c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient; and
- d. Is fully guaranteed by us.]

[3. Installments

Payment to a Recipient may be made in installments if:

- a. The amount payable is < \$ > or more;
- b. The Recipient chooses; and
- c. We agree.]

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

7. The *Definition of Child* in the **DEFINITIONS** provision is amended with the shaded language to allow greater flexibility:

Child means:

- 1. Your unmarried child from live birth through age <#>], (age <#> if a registered student in full time attendance at an accredited educational institution **[, or on a Medically Necessary Leave Of Absence.**

Medically Necessary Leave Of Absence means:

- a) **a medically necessary leave of absence from an accredited educational institution otherwise causing the student's insurance under the Group Policy to end;**
- b) **which commences while the unmarried child is suffering from a serious illness or injury; and**
- c) **lasting not more than <one year or through age <#>, whichever is earlier.>]];** or

[For purposes of insurance under the Group Policy, live birth includes your newborn infant from the moment of birth. [<Written>**] Notification of the birth and remittance of premium to us must be made within <31>**

days of birth in order for insurance under the Group Policy to extend beyond <31> days.]]

- [2. Your unmarried child who meets either of the following requirements:
- a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
 - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.]

-or-

- [2. Your Disabled child who is continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and chiefly dependent upon you for support and maintenance or institutionalized because of mental retardation or physical handicap.]

Child includes the following:

- i. Your adopted child[;]
- [ii. <Your stepchild, foster child, dependent grandchild, and the child of your Spouse> if living in your home[; and]
- [iii. A child living in your home for whom you are the court appointed legal guardian].

[Your Child is Disabled if your child is:

- 1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
- 2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child's age or [b) the effective date of your Employer's coverage under the Group Policy if your Child is Disabled on that date.] [or c) the date your Child becomes Disabled.] At reasonable intervals thereafter, we may require further proof your Child is Disabled, and have your Child examined at our expense.]

Standard Insurance Company

by


President


Corporate Secretary

ATTACHMENT TO
LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
CERTIFICATE FORM

Attached to and made a part of Group Certificate Form GC190-LIFE/S399

Group Certificate Form GC190-LIFE/S399 is amended to update certificate language and add optional/variable language (shown in shading) for those policyholders who negotiate such inclusion into their Group Life and Accidental Death and Dismemberment Insurance certificate issued by us. Deletions of previously approved language are shown with strikeouts. Brackets ([]) indicate the language is optional. Braces (< >) indicate the language is variable.

1. *Item G. When Dependents Life Insurance Ends* of the **Dependents Life Insurance** provision is amended to add the following optional language. The purpose of this optional language is to allow surviving dependent life insurance.

G. When Dependents Life Insurance Ends

Your Dependents Life Insurance ends automatically on the earliest of:

1. [Five months after you die. (No premium will be charged for your Dependents Life Insurance during this time.) [However, [if you are in Class <#>], your Dependents Life Insurance for your Spouse [and Child(ren)] may be continued with payment of premium for the following periods:
 - a. [Until the date your Spouse dies[, or remarries,] [or your Child ceases to be a Child] if you die in the Line Of Duty or you had <at least twelve years of service with your Employer>:]]
 - b. [Up to <two years> if you had at least <five years>, but less than <twelve years of service with your Employer>];
 - c. [Up to <one year> if you had <less than five years of service with your Employer>.]

[To continue Dependents Life Insurance under this provision your Spouse [or Child] must apply to us in writing within <thirty days> following your death.]

[In addition,] [if you are receiving or are eligible to receive service [or disability] retirement benefits under your Employer's retirement plan when you die, Dependents Life Insurance for your Spouse may be continued, with payment of premium, for the following periods:

- a. Up to <#> years, if you retired with less than <#> years of service with your Employer;
- b. Up to <#> years, if you retired with <#> or more years of service with your Employer.]]

2. *Item F. Additional AD&D Benefits* of the **Accidental Death and Dismemberment Insurance** provision is amended to add the following optional language. The purpose of this optional language is to expand the definition of Public Safety Officer within the Line Of Duty Benefit to include EMS members.

[Line Of Duty Benefit

The amount of the Line Of Duty Benefit is shown in the **Coverage Features**.

We will pay a Line Of Duty Benefit if all of the following requirements are met:

1. You are a Public Safety Officer.
2. You suffer a Loss for which an AD&D Insurance Benefit is payable.
3. The Loss is the result of a Line Of Duty Accident.

Public Safety Officer means <a Member whose [primary] job duties include controlling or reducing crime or juvenile delinquency, criminal law enforcement, fire suppression, or providing out-of-hospital acute medical care and/or transport to definitive care of trauma or medical patients.>

Public Safety Officer includes <any one or more of the following: police officers, firefighters, corrections officers, probation officers, public transit officers, parole officers, judicial officers, medically-trained first responders, paramedics, emergency medical technicians (EMT) and officially recognized or designated volunteer firefighters, if they otherwise meet the definition of Public Safety Officer.>

Line of Duty Accident means an accident [, including accidental exposure to adverse weather conditions,] that occurs while you are taking any action which by rule, regulation, law, or condition of employment you are obligated or authorized to perform as a Public Safety Officer, [in the course of controlling or reducing crime, criminal law enforcement, ~~or~~ fire suppression, [~~or~~ conducting out-of-hospital acute medical care and/or transport to definitive care of trauma or medical patients>],] including such action taken in response to an emergency while off duty.

[If you are a Public Safety Officer, whose primary job duties are controlling or reducing crime, criminal law enforcement, fire suppression [~~or~~ providing out-of-hospital acute medical care and/or transport to definitive care of trauma or medical patients,>] Line of Duty Accident includes a Line Of Duty Accident that occurs while you are < any one or more of the following: on duty at social, ceremonial, or athletic functions to which you are assigned or for which you are paid as a Public Safety Officer by your Employer, or going directly to, attending, or returning directly from meetings or conventions associated with your profession.>]

3. Item D. *When Continuation Of Insurance During Total Disability Ends* or **The Continuation Of Insurance During Total Disability** provision is optionally amended as follows:

D. When Continuation Of Insurance During Total Disability Ends

Continuation Of Insurance During Total Disability ends on the earliest of:

1. The date you cease to be Totally Disabled.
2. <#> days after the date we mail you a request for additional Proof Of Loss, if it is not given.]

- [3. The date you fail to attend an examination or cooperate with the examiner.]
- [4. With respect to the amount of Insurance which an insured has converted, the effective date of the individual life insurance policy issued to the insured.]
- [5. The last day of the last period for which the required premium contribution is paid by ~~you or~~ the Policyholder.]
- [6. The date you reach age <#>.]
- [7. The date you no longer have a Qualifying Medical Condition, as defined in the Accelerated Benefit provision.]
- [8. The date the Group Policy terminates.]]

4. *Item A. Payment of Benefits* of the **Benefit Payment And Beneficiary Provisions** is amended to add the following optional language.

A. Payment Of Benefits

- 1. Except as provided in item <#> below, benefits payable because of ~~your~~ death will be paid to the Beneficiary ~~you~~ name[d]. ~~Benefits payable because of for coma will be paid to~~ [~~the Beneficiary you name -or- your authorized attorney in fact, court appointed guardian or conservator.>~~] ~~Benefits payable because of coma will cease after the comatose condition has ceased, whether by death, recovery, or any other change in condition.]~~ See B through E of this section.

- [3. The benefits below will be paid to you if you are living:
 - a. AD&D Insurance Benefits payable because of the death [or coma] of your Dependent.
 - <b.> [Dependents Life Insurance Benefits [payable because of the death of your Child].]
 - <c.> Supplemental Life Insurance Benefits payable because of the death of your Spouse.
 - <d.> Accelerated Benefits.]

- 4. Dependents Life Insurance Benefits [and AD&D Insurance Benefits] payable because of the death of your [Dependent] [Spouse] [which are unpaid at your death] will be paid [to a Beneficiary named by your Spouse.] Dependents Life Insurance Benefits [and AD&D Insurance Benefits] payable because of the death of your [Dependent] [Child] [and such Benefits payable because of the death of your [Dependent] [Spouse] [if no Beneficiary is named, or if your Spouse is not survived by one] [will be paid] in equal shares to the first surviving class of the classes below.
 - a. The children of the Dependent.
 - b. The parents of the Dependent.
 - c. The brothers and sisters of the Dependent.
 - d. Your estate.

[<6.> If you are in Class(es) <#> [and you predecease your Spouse], Dependents Life Insurance Benefits and AD&D Insurance Benefits payable because of the death of your Spouse will be paid to the Beneficiary named by your Spouse. If your Spouse does not name a Beneficiary, or if your Spouse is not survived by one, benefits will be paid in equal shares to the first surviving class of the classes below.

<a.> You.

<b.> The children of the Spouse.

<c.> The parents of the Spouse.

<d.> The brothers and sisters of the Spouse.

<e.> Your Spouse's estate.]

[7. Additional Benefits will be paid as follows:

[The Adaptive [Home] [and] [Vehicle] Benefit will be paid to [you] [or] [the person who incurs the accommodation expenses].]

5. *Item B. Naming A Beneficiary* of the **BENEFIT PAYMENT AND BENEFICIARY PROVISIONS**, is amended to add the following optional shaded language:

FILING NOTE: Placement of some previously approved language has been moved for better readability. Such placement changes have not been noted.

B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. [[If you are in Class(es) <#> [and you have predeceased your Spouse,]] Beneficiary also means a person named by your Spouse.] [You may name] one or more Beneficiaries [may be named] [for your <Plan 1 Life Insurance, Plan 1 AD&D Insurance, Plan 2 Life Insurance, and Plan 2 AD&D Insurance>].

If [you name] two or more Beneficiaries in a class [are named]:

1. Two or more surviving Beneficiaries will share equally, unless you [or your Spouse] provide for unequal shares.
2. If [you provide for] unequal shares in a class [are specified], and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless [you] provide[d] otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

[You may name or change] Beneficiaries [may be named or changed] at any time without the consent of a Beneficiary.

[[Your] [A] Beneficiary designations must be the same for Life Insurance and AD&D Insurance death benefits [and Supplemental Life Insurance]. [[Your]

Beneficiary designations [for [your] <Plan 1 Life Insurance and Plan 1 AD&D Insurance, Plan 2 Life Insurance and Plan 2 AD&D Insurance> and [your] Supplemental Life Insurance may be different.]]

~~[If you name Beneficiaries by coverage:~~

~~[[You ~~must~~ may name] a Beneficiary [~~must~~ may be named] ~~for each of your~~ [for [your]<Plan 1 Life Insurance and Plan 1 AD&D Insurance, Plan 2 Life Insurance and Plan 2 AD&D Insurance> identified above.] If [you do not name] a Beneficiary [is not named] for each [of your] ~~coverage[s]~~, [for [your]<Plan 1 Life Insurance and Plan 1 AD&D Insurance, Plan 2 Life Insurance and Plan 2 AD&D Insurance,> death benefits payable due to your death [for that ~~line of coverage~~ Plan] will be paid in accordance with D. No Surviving Beneficiary, below. [Death benefits payable due to the death of your Spouse where a Beneficiary is not named will be paid in accordance with A4. of this section.] Two or more named surviving Beneficiaries will share equally, unless specified otherwise.]~~

[Any payment we make according to the Beneficiary designation on file with the Policyholder or Employer [or their designated agents] will fully discharge us to the extent of the payment for each line of coverage and each death benefit which has been paid.]

[You may name or change] Beneficiaries [may be named or changed] in writing. [Writing includes a form signed by you [or by your Spouse if you are in Class(es) <#> [and you have predeceased your Spouse]], or a verification from [us] [or [our] [designated agent],] [the Policyholder] [[or] the Policyholder's designated agent],] [or] [the Employer] [[or] the Employer's designated agent] of an electronic [or telephonic] designation made by you [or your Spouse].]

[Your] [A] designation:

1. Must be dated;]
2. Must be delivered to [us] [or [our] [designated agent],] [the Policyholder] [[or] the Policyholder's designated agent],] [or] [the Employer] [[or] the Employer's designated agent],] during your lifetime[, or during your Spouse's life time [if you are in Class(es) <#> [and you have predeceased your Spouse]]]; [and]
3. Must relate to the insurance provided under the Group Policy; and]
4. Will take effect on the date it is [<delivered to -or- received by -or- verified by>]] [us] [or [our] [designated agent],] [the Policyholder] [[or] the Policyholder's designated agent],] [or] [the Employer] [[or] the Employer's designated agent.]

If we approve it, a designation which meets the requirements of a Prior Plan will be accepted as [your -or- the] Beneficiary designation under the Group Policy.

6. *Item E. Methods Of Payment* of the **BENEFIT PAYMENT AND BENEFICIARY PROVISIONS**, is amended to add the following optional shaded language:

E. [~~Methods -or- Method>~~] Of Payment

Recipient means a person who is entitled to benefits under this **Benefit Payment and Beneficiary Provisions** section.

1. Lump Sum]

[Payment to a Recipient will be made in a lump sum.] [If the amount payable to a Recipient is less than < \$ >, we will pay it in a lump sum.]

[2. Standard Secure Access Checking Account

If the amount payable to a Recipient is < \$ > or more, we will deposit it into a Standard Secure Access checking account which:

- a. Bears interest **<at a rate of X>**;
- b. Is owned by the Recipient;
- c. Is subject to the terms and conditions of a confirmation certificate which will be given to the Recipient; and
- d. Is fully guaranteed by us.]

[3. Installments

Payment to a Recipient may be made in installments if:

- a. The amount payable is < \$ > or more;
- b. The Recipient chooses; and
- c. We agree.]

To the extent permitted by law, the amount payable to the Recipient will not be subject to any legal process or to the claims of any creditor or creditor's representative.

7. The *Definition of Child* in the **DEFINITIONS** provision is amended with the shaded language to allow greater flexibility:

Child means:

- 1. Your unmarried child from live birth through age <#>], (age <#> if a registered student in full time attendance at an accredited educational institution **[, or on a Medically Necessary Leave Of Absence.**

Medically Necessary Leave Of Absence means:

- a) **a medically necessary leave of absence from an accredited educational institution otherwise causing the student's insurance under the Group Policy to end;**
- b) **which commences while the unmarried child is suffering from a serious illness or injury; and**
- c) **lasting not more than <one year or through age <#>, whichever is earlier.>]; or**

[For purposes of insurance under the Group Policy, live birth includes your newborn infant from the moment of birth. [<Written>**] Notification of the birth and remittance of premium to us must be made within <31>**

days of birth in order for insurance under the Group Policy to extend beyond <31> days.]]

- [2. Your unmarried child who meets either of the following requirements:
- a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
 - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.]

-or-

- [2. Your Disabled child who is continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and chiefly dependent upon you for support and maintenance or institutionalized because of mental retardation or physical handicap.]

Child includes the following:

- i. Your adopted child[;]
- [ii. <Your stepchild, foster child, dependent grandchild, and the child of your Spouse> if living in your home[; and]
- [iii. A child living in your home for whom you are the court appointed legal guardian].

[Your Child is Disabled if your child is:

- 1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
- 2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental retardation or physical handicap.

You must give us proof your Child is Disabled on our forms within 31 days after a) the date on which insurance would otherwise end because of the Child's age or [b) the effective date of your Employer's coverage under the Group Policy if your Child is Disabled on that date.] [or c) the date your Child becomes Disabled.] At reasonable intervals thereafter, we may require further proof your Child is Disabled, and have your Child examined at our expense.]

Standard Insurance Company

by

President

SERFF Tracking Number: STAN-126083080 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 41884
Company Tracking Number: GP190-LIFE/S399/A0209
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life
Project Name/Number: GP190-LIFE/S399/A0209/GP190-LIFE/S399/A0209

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR_READ.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: We are filing an amendment to a policy that has been approved. Please read the filing description. Thank you.		
Comments:		

CERTIFICATION OF READABILITY

State of Arkansas

Form Number	Flesch Readability Score
GP190-LIFE/S399/A0209	40.3
GC190-LIFE/S399/A0209	40.3

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Arkansas.

Standard Insurance Company


Signature

C. Elizabeth Sloan
Name

Second Vice President and Associate Counsel, ISG Legal
Title

MAR 20 2009
Date