

SERFF Tracking Number: AEGX-126172160 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42525
 Company Tracking Number: GH AR0048415F01
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only
 Expense
 Product Name: Limited Benefit Medical
 Project Name/Number: Limited Benefit Medical/GH AR0048415F01

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Limited Benefit Medical

SERFF Tr Num: AEGX-126172160 State: ArkansasLH

TOI: H15G Group Health -

SERFF Status: Closed

State Tr Num: 42525

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.002 Large Group Only

Co Tr Num: GH AR0048415F01

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: SPI ADMSLH

Disposition Date: 06/04/2009

Date Submitted: 06/01/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Limited Benefit Medical

Status of Filing in Domicile:

Project Number: GH AR0048415F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/04/2009

Explanation for Other Group Market Type:

State Status Changed: 06/04/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Stonebridge Life Insurance Company

NAIC # 0468-65021

FEIN: 03-0164230

"OUT OF STATE" GROUP

PTM1004GRS - Group Supplemental Accident Expense Benefit Rider

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PTM1005GRS - Group Critical Illness Expense Benefit Rider

Dear Commissioner:

Attached for your review and approval are copies of the above captioned forms. These forms are new and do not replace any forms previously approved by your Department. These forms have been completed in "John Doe" fashion. Variable information is bracketed.

Group Supplemental Accident Expense Benefit Rider PTM1004GRS provides benefits for actual expenses incurred per Covered Accident up to the maximum benefit for Covered Expenses incurred by a Covered Person for appropriate treatment of an injury sustained in a covered accident.

Group Critical Illness Expense Benefit Rider PTM1005GRS provides benefits for expenses incurred if an Insured is diagnosed as having a Critical Illness. At the option of the Policyholder, the rider may include a Return of Premium benefit, a Final Payment benefit, and a heart Procedure Benefit.

These Riders may be used at-issue or add-on with the Group Limited Benefit Certificate PTM1000GCS.AR approved by your Department on May 19, 2005, and other similar products. We request approval of these forms in various dimensions, format and shading/colors. No dimension/format/shading/color change would produce unacceptable print.

Riders PTM1004GRS and PTM1005GRS were approved by our situs the District of Columbia, on May 14, 2009.

Completed filing forms are attached. Our filing fee is being sent under via EFT.

The Company has reviewed the enclosed policy form(s) and certifies that each form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

I respectfully request your favorable review and approval. We appreciate your consideration of these forms. Should you have any questions, please feel free to call us toll free at (877) 527-6444, Extension 6289 or contact me by e-mail at mfrei@aegonusa.com.

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Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY
 Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA

Attachments

Company and Contact

Filing Contact Information

Margaret Frei, Filing Specialist
 2700 W Plano Parkway
 Plano, TX 75075
 mfrei@aegonusa.com
 (972) 881-6289 [Phone]
 (972) 881-4097[FAX]

Filing Company Information

Stonebridge Life Insurance Company
 29 South Main Street
 Rutland, VT 05701-5014
 (410) 685-5500 ext. [Phone]
 CoCode: 65021
 Group Code: 468
 Group Name:
 FEIN Number: 03-0164230
 State of Domicile: Vermont
 Company Type: Life and Health
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	06/01/2009	28226747

SERFF Tracking Number: AEGX-126172160 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/04/2009	06/04/2009

SERFF Tracking Number: AEGX-126172160 *State:* Arkansas
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Disposition

Disposition Date: 06/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGX-126172160 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PTM1004GRS-EOV Explanation of Variability	Approved-Closed	Yes
Supporting Document	PTM1005GRS-EOV Explanation of Variability	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT	Approved-Closed	Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Supplemental Accident Expense Benefit Rider	Approved-Closed	Yes
Form	Critical Illness Expense Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	PTM1004G RS	Policy/Cont ract/Fratern al	Supplemental Accident Expense Benefit Rider	Initial		40	PTM1004GR S.PDF
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed	PTM1005G RS	Policy/Cont ract/Fratern al	Critical Illness Expense Benefit Rider	Initial		40	PTM1005GR S.PDF
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

STONEBRIDGE LIFE INSURANCE COMPANY

Rutland, Vermont

SUPPLEMENTAL ACCIDENT EXPENSE BENEFIT RIDER

POLICYHOLDER:	Policyholder Name
MEMBER'S NAME:	Member's Name
GROUP POLICY NUMBER:	1234567890
CERTIFICATE NUMBER:	12345
EFFECTIVE DATE:	MM/DD/YY
PREMIUM:	\$0.00
GROUP POLICY EFFECTIVE DATE:	MM/DD/YY
GROUP POLICY ISSUE DATE:	MM/DD/YY
GROUP POLICY ANNIVERSARY DATE:	MM/DD
PARTICIPATING GROUP:	Participating Group Name
PARTICIPATING GROUP NUMBER:	A1234567890
STATE OF ISSUE:	State

This Supplemental Accident Benefit Rider is a part of the Policy and Certificate to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

SCHEDULE OF BENEFITS

Maximum Benefit per Covered Accident [\$100 - \$5,000]

SUPPLEMENTAL ACCIDENT BENEFIT

We will pay the actual expenses incurred per Covered Accident up to the maximum shown in the *Schedule of Benefits* for Covered Expenses Incurred by a Covered Person for Appropriate Treatment of an injury sustained in a Covered Accident received within [30-180] days of the Covered Accident. We will pay this Supplemental Accident Benefit in addition to any benefits payable under the Policy.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

{This Rider takes effect and ends concurrently with the Policy and Certificate to which it is attached.}

LIMITED BENEFIT, PLEASE READ CAREFULLY

STONEBRIDGE LIFE INSURANCE COMPANY



Secretary



President

STONEBRIDGE LIFE INSURANCE COMPANY

Rutland, Vermont

CRITICAL ILLNESS EXPENSE BENEFIT RIDER

{POLICYHOLDER:	{Policyholder Name}
GROUP POLICY NUMBER:	{1234567890}
GROUP POLICY EFFECTIVE DATE:	{MM/DD/YY}
GROUP POLICY ISSUE DATE:	{MM/DD/YY}
GROUP POLICY ANNIVERSARY DATE:	{MM/DD}
{PARTICIPATING GROUP:	{Participating Group Name}}
{PARTICIPATING GROUP NUMBER:	{A1234567890}}
STATE OF ISSUE:	{State}

This Critical Illness Expense Benefit Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

SCHEDULE OF BENEFITS

Critical Illness Expense Benefit:

[[{\$500-\$50,000} Lump sum when First Occurs [6-12] months or more} after the Certificate Effective Date, {subject to the Waiting and Survival Periods}}
[[{\$2,000 or 4%} of the lump sum Critical Illness Expense Benefit} if First Occurs within [6-12] months of the Certificate Effective Date}
[[{\$25,000 or 50%} of the lump sum Critical Illness Expense Benefit} if First Occurs after [6-12] months but before [6-12] months from the Certificate Effective Date}
{plus an additional}

[[{\$500 or 1%} of the Critical Illness Expense Benefit} for [6-12] months if First Occurs [6-12] months or more from the {after the} Certificate Effective Date, subject to the {Waiting and Survival Periods}}
[[{\$250 or 0.5%} of the lump sum Critical Illness Expense Benefit} for [6-12] months if First Occurs after [6-12] months but before [6-12] months from the Certificate Effective Date}}

{Dependent Child's Critical Illness Expense Benefit (per Child): [\$500-\$5,000]}

ADDITIONAL BENEFITS:

{Heart Procedure Benefit:
 {Coronary Angioplasty {\$same as critical Illness Expense Benefit outlined above}}
 {Coronary Artery Bypass Surgery {\$same as critical Illness Expense Benefit outlined above}}

{Waiting Period:} {{[60-90 days] for Life Threatening Cancer} {[30-60 days] for all other covered Critical Illnesses {and Heart Procedure Benefits}}

{Survival Period:} {{[30-60 days]}{,unless otherwise Specified in the Definitions section}{ [90-180 days] for Paralysis}}

{All benefits will be reduced by 50% at age 65}

CRITICAL ILLNESS EXPENSE BENEFIT

CRITICAL ILLNESS EXPENSE BENEFIT: We pay this benefit if an Insured is diagnosed as having a Critical Illness while his coverage under this Certificate is in effect. {We pay the benefit if: {(1) the Critical Illness First Occurs after the Waiting Period; and} {(2) the Insured lives until the end of the Survival Period.}}

{We pay the Critical Illness Expense Benefit only once.} {It}{The Critical Illness Expense Benefit} is paid in {a lump sum benefit} {and in} {installments as indicated in the Certificate Schedule}. The benefit is paid as follows:

{If an Insured is under age 65 on the date his Critical Illness First Occurs, we pay the Critical Illness Expense Benefit shown on the Certificate Schedule {, less any amount paid under the Heart Procedure Benefit}.}

{If an Insured is age 65 or older on the date his Critical Illness First Occurs, we pay 50% of the Critical Illness Expense Benefit} shown on the Certificate Schedule{, less any amount paid under the Heart Procedure Benefit}.}

{RETURN OF PREMIUM: If an Insured's claim is denied because: (1) a Loss First Occurs during the Waiting Period; or (2) he dies prior to the end of the Survival Period, we refund all premiums paid for that Insured's coverage under this Certificate.}

{FINAL PAYMENT: We will pay a one time lump sum benefit, as shown on the Certificate Schedule, at the earlier of the Insured's death if caused by a covered Loss during the Waiting Period or within the Survival Period.}

{HEART PROCEDURE BENEFIT: We will pay a benefit, as shown on the Certificate Schedule, for {Coronary Angioplasty} {or} {Coronary Artery Bypass Surgery}. If a Critical Illness (other than Heart Attack) First Occurs after a Heart Procedure Benefit has been paid, the Critical Illness Expense Benefit will be reduced by the amount paid under the Heart Procedure Benefit. Only one Heart Procedure Benefit will be paid to an Insured. **Please Note: Coverage for Critical Illness Heart Attack terminates when a Heart Procedure Benefit is paid.}**

{If an Insured is under age 65 on the date of his heart procedure, we pay the Heart Procedure Benefit shown on the Certificate Schedule.}

{If an Insured is age 65 or older on the date of his heart procedure, we pay 50% of the Heart Procedure Benefit shown on the Certificate Schedule.}

EXCLUSIONS

No benefits are paid:

1. {for a Loss that First Occurs during the Waiting Period {(see the Return of Premium {and/or Final Payment} provision)};}
2. {if the Insured dies prior to the end of the Survival Period [(see the Return of Premium {and/or Final Payment} provision)];}
3. for any other disease, sickness or incapacity, other than a Critical Illness {or Heart Procedure} even if such other disease or incapacity was complicated or directly or indirectly affected or caused by such Critical Illness {or Heart Procedure} or as a result of treatment of such Critical Illness {or Heart Procedure};
4. for any condition that is not defined as a Loss;
5. {for self-inflicted injury or sickness, or attempted suicide, whether sane or insane (while sane in Missouri and Colorado);}
6. {for the diagnosis of, or any symptom or medical problem, which initiated any investigation leading to a diagnosis of a covered condition, when the condition commenced prior to the Effective Date;}
7. {for a Loss caused or contributed to by the use of drugs, poisonous substance, intoxicant or narcotic other than as prescribed and administered by or in accordance with a Physician;}
8. {for organ failure caused or contributed to by the misuse of alcohol;}
9. {when committing or attempting to commit a criminal offense;}
10. {for a Loss caused by or contributed to by war, whether declared or not, or hostile action, insurrection, civil commotion, whether or not insured is actually a participant;}
11. {non-therapeutic release of radiation;}
12. {for a Loss caused by or contributed to by the operating of a vehicle (land, water or air) while blood alcohol concentration is in excess of .08 (i.e. 8 ml of alcohol per 100 ml of blood);}
13. {for a Loss caused by or contributed to by participation in a hazardous activity, including but not limited to skydiving, land or water racing, bungee jumping, scuba diving, amateur or interscholastic athletics, sports competition or events, hang gliding, ballooning, parasailing, mountain climbing or hunting; } {or}
14. {for congenital defects or conditions}.

{PRE-EXISTING CONDITIONS LIMITATION

A Pre-Existing Condition (prior health condition) means an illness or condition for which you received medical treatment, advice or diagnostic procedure by a Physician prior to your Certificate Effective Date. We do not pay benefits for any Loss caused by or resulting from a Pre-Existing Condition unless the Loss First Occurs after two years from your Certificate Effective Date.}

DEFINITIONS

Additional Definitions - Wherever used in this Benefit Rider:

CRITICAL ILLNESS means one of the diseases or conditions listed below for which positive diagnosis is made by a Physician based on diagnostic criteria generally accepted by the medical profession, as explained below:

- {1. **LIFE-THREATENING CANCER** means a disease manifested by the presence of a malignant tumor that is characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. This includes leukemia and Hodgkin's Disease. Life-Threatening Cancer does not include: any pre-malignant tumors or polyps; cancer in situ; intraductal non-invasive carcinoma of the breast; carcinoid of the appendix; Kaposi's sarcoma; Stage 1 transitional cell carcinoma of the urinary bladder; any non-invasive skin cancers other than melanomas; any cancer that is classified as Stage 0, Stage 1, or Stage A, or other such initial staging classifications (sub-stage classifications are not considered, i.e., Stage 1A and Stage 1B shall both be considered Stage 1).

Diagnosis of Life-Threatening Cancer must be:

- (a) by a Physician certified by the American Board of Pathology or the Osteopathic Board of Pathology to practice Pathologic Anatomy; and
(b) based on the study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.}

- {2. **HEART ATTACK** means an acute myocardial infarction (the damage or death of a portion of the heart muscle resulting from a reduced blood supply to that area caused by a blockage of one or more of the coronary arteries).

Diagnosis of a Heart Attack must be based on an event that consists of {all 3} {2 out of 3} of the following:

- (1) significant electrocardiographic (EKG) findings consistent with myocardial infarction;
(2) the sudden onset of symptoms consistent with a heart attack; and
(3) elevation of cardiac enzymes above standard laboratory levels of normal (in the case of creatine phosphokinase (CPK), a CPK-MB measurement must be used).}

- {3. **STROKE** means a sudden neurological impairment of sensory and motor functions due to aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage of a cerebral artery. It must result in permanent damage to the nervous system; deficit persisting for at least 30 days following the occurrence of the stroke. Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.}

- {4. **KIDNEY FAILURE** means the chronic irreversible failure of both kidneys (end stage renal disease) to function. It must make regular renal dialysis or kidney transplantation necessary.}

- {5. **MAJOR ORGAN TRANSPLANT** means the Insured is the recipient of a surgically transplanted {heart,} {lung or lungs,} {liver;} or {kidney}. It does not include any other organ transplants. {It does not include the act of donating a kidney to another individual.} }

- {6. **MULTIPLE SCLEROSIS** means the unequivocal diagnosis of Multiple Sclerosis by a Neurologist. The diagnosis must be: (1) based on at least two episodes of well defined neurological abnormalities, with objective evidence of lesions at more than one site within your central nervous system; and (2) be supported by accepted investigative techniques.}

- {7. **PARALYSIS** means the total and permanent loss of use of two or more of the Insured's limbs as a result of physical paralysis. The diagnosis must be supported by medical evidence that such Paralysis has persisted for 180 consecutive days. {The Survival Period for this Critical Illness is [90-180 days].}

- {8. **LOSS OF HEARING** means the diagnosis by a certified Ophthalmologist of the permanent loss of hearing in both ears, with an auditory threshold of more than 90 decibels in each ear.}

- {9. **LOSS OF SIGHT** means the diagnosis by a certified Ophthalmologist of the permanent and uncorrectable loss of sight in each eye. The Insured's visual acuity must be lower than 20/20 in both eyes, and the field of vision must be less than 20 degrees in both eyes.}

- {10. **LOSS OF SPEECH** means the diagnosis by a Physician who is certified in a medically appropriate specialty for this Critical Illness, of the total, permanent and irreversible loss of the Insured's ability to speak. Loss of Speech must be the result of physical injury or physical disease.}
- {11. **ALZHEIMER'S DISEASE** means the clinically established diagnosis of Alzheimer's disease (pre-senile dementia), resulting in the inability to perform independently three or more of the following activities of daily living: bathing, dressing, toileting, transferring (moving in and out of bed), eating, and taking medication.}
- {12. **PARKINSON'S DISEASE** means the diagnosis by a Neurologist that the Insured has primary idiopathic Parkinson's Disease which is characterized by two or more of the following clinical manifestations: (a) tremor; (b) muscle rigidity; (c) akinesia. All other types of Parkinsonism are excluded from this Critical Illness definition. }
- {13. **SEVERE BURNS** means the diagnosis by a certified Plastic Surgeon that the Insured has sustained third degree burns covering at least 20% of the surface area of the Insured's body.}
- {14. **COMA** means the diagnosis by a certified Neurologist that the Insured is in a state of unconsciousness from which he cannot be aroused and in which external stimulation will produce no more than primitive avoidance reflexes. To qualify, the diagnosis must also be supported by medical evidence that the state of unconsciousness has persisted continuously for a period of at least 96 hours.}

FIRST OCCURS means the date an Insured is positively diagnosed by a Physician as having a Critical Illness {or a Physician recommends a Heart Procedure} for the first time {except as limited by the Pre-existing Conditions Limitation}.

{HEART PROCEDURE means one of the medical procedures described below when recommended by a Physician:

- {1. **CORONARY ANGIOPLASTY** means the undergoing of balloon angioplasty or other forms of catheter based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more arteries.}
- {2. **CORONARY ARTERY BYPASS SURGERY** means the undergoing of open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. It does not include balloon angioplasty, laser relief or any other procedures. It is subject to angiographic evidence of the underlying disease.}}

LOSS means a covered Critical Illness {or Heart Procedure}.

{SURVIVAL PERIOD means the number of days the Insured must live after his Loss First Occurs. The Survival Period is shown on the Certificate Schedule.}

{WAITING PERIOD means the consecutive period of time that an Insured must be insured under this Certificate before a Loss First Occurs. The Waiting Period is shown on the Certificate Schedule.}

INDIVIDUAL TERMINATION OF INSURANCE

In addition to any Termination of Insurance Provision in the {{Policy}}{Certificate}}, coverage under this Rider automatically terminates on the first of the following dates:

- 1. The date the Critical Illness Expense Benefit is paid;
- 2. The date the Critical Illness First Occurs if during the Waiting Period;
- 3. The premium due date next following your 85th birthdate.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

IN WITNESS WHEREOF Monumental Life Insurance Company has caused this Rider to be executed on the Date of Issue to take effect on the Effective Date.



 Secretary



 President

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Filing Company: *Stonebridge Life Insurance Company* *State Tracking Number:* *42525*
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 06/04/2009
Comments:
Attachment:
 AR - READABILITY CERTIFICATION.PDF

Bypassed -Name: Application **Review Status:** Approved-Closed 06/04/2009
Bypass Reason: N/A
Comments:

Satisfied -Name: PTM1004GRS-EOV Explanation of Variability **Review Status:** Approved-Closed 06/04/2009
Comments:
Attachment:
 PTM1004GRS-EOV Explanation of Variability.PDF

Satisfied -Name: PTM1005GRS-EOV Explanation of Variability **Review Status:** Approved-Closed 06/04/2009
Comments:
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Satisfied -Name: AR - NAIC TRANSMITTAL DOCUMENT **Review Status:** Approved-Closed 06/04/2009
Comments:
Attachment:
 AR - NAIC TRANSMITTAL DOCUMENT.PDF

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Satisfied -Name: AR - NAIC FORM FILING ATTACHMENT
Review Status: Approved-Closed 06/04/2009

Comments:

Attachment:

AR - NAIC FORM FILING ATTACHMENT.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Stonebridge Life Insurance Company

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

Form Number	Score
PTM1004GRS	40
PTM1005GRS	40

Signed: _____



Name: Edward G. Weigand

Title: Assistant Secretary

Date: June 1, 2009

EXPLANATION OF VARIABLES
Stonebridge Life Insurance Company
Group Limited Benefit Policy PTM1004GRS

Benefits and provisions enclosed in square brackets { } are optional. Unless a bracketed benefit and/or provision is addressed in this Explanation of Variability, it will be included or excluded as desired by the Policyholder. Where a bracketed benefit and/or provision is addressed on this Explanation of Variability, the conditions under which it will be included or excluded are described herein.

Benefits and provisions enclosed in parentheses [] are variable. These benefits and/or provisions will always be included, and the information contained within the parentheses defines the range of variability that is permitted under the policy. Where no range is set forth (e.g., phone numbers), up-to-date information will be included.

The following sections will all vary on a case by case basis:

Policyholder Name
Member's Name
Group Policy Number
Certificate Number
Effective Date
Premium
Group Policy Effective Date
Group Policy Issue Date
Group Policy Anniversary Date
Participating Group
Participating Group Number

Schedule of Benefits

The benefit per covered accident will vary on a case by case basis, as determined by the policyholder.

Supplemental Accident Benefit

The eligible benefit period will vary on a case by case basis, as determined by the policyholder.

EXPLANATION OF VARIABLES
Stonebridge Life Insurance Company
Group Limited Benefit Policy PTM1005GRS

Benefits and provisions enclosed in square brackets { } are optional. Unless a bracketed benefit and/or provision is addressed in this Explanation of Variability, it will be included or excluded as desired by the Policyholder. Where a bracketed benefit and/or provision is addressed on this Explanation of Variability, the conditions under which it will be included or excluded are described herein.

Benefits and provisions enclosed in parentheses [] are variable. These benefits and/or provisions will always be included, and the information contained within the parentheses defines the range of variability that is permitted under the policy. Where no range is set forth (e.g., phone numbers), up-to-date information will be included.

The following sections will all vary on a case by case basis:

Policyholder Name
Group Policy Number
Group Policy Effective Date
Group Policy Issue Date
Group Policy Anniversary Date
Participating Group
Participating Group Number

Schedule of Benefits

Critical Illness Expense Benefit: Each benefit will be included or excluded and the benefit amounts and coverage periods will vary on a case by case basis as determined by the policyholder. Where there is a single dollar amount shown – that amount represents the maximum amount payable. Where there is a range shown, the amounts represent the minimum through the maximum amount.

- The Dependent Child Critical Illness Expense Benefit will be included or excluded on a case by case basis and the benefit amount will vary as determined by the policyholder.

Additional Benefit: Each additional benefit will be included or excluded and may vary on a case by case basis as determined by the policyholder. The benefit amounts and coverage periods will be the same as outlined by the Critical Illness Expense Benefit and will vary on a case by case basis as determined by the policyholder.

- The Waiting period and Survival period will be included or excluded based in the inclusion or exclusion of the Additional Benefits. The coverage period and benefits will vary on a case by case basis as determined by the policy holder.
- The reduction of benefits clause will be included or excluded on a case by case basis as determined by the policy holder.

Critical Illness Expense Benefit Description

Critical Illness Expense Benefit: The variable clauses regarding benefit payment will be included or excluded and may vary on a case by case basis as determined by the policyholder.

- The variable clauses regarding payment for an insured under or of age 65 will be included or excluded on a case by case basis as determined by the policyholder.

The Return of Premium benefit will be included or excluded on a case by case basis as determined by the policyholder.

The Final Payment clause will be included or excluded on a case by case basis as determined by the policyholder.

The Heart Procedure Benefit and accompanying variable information will be included or excluded on a case basis as determined by the policyholder.

- The variable clauses regarding payment for an insured under or of age 65 will be included or excluded on a case by case basis as determined by the policyholder.

Exclusions

The bracketed exclusions will be included or excluded, as determined by the Policyholder, on a case by base basis.

Pre-Existing Conditions Limitation

The Pre-Existing Conditions provision will be included or excluded in its entirety, as determined by the Policyholder, on a case by base basis.

Definitions

The additional definitions will be included or excluded based on the inclusion or exclusion of the benefit that it defines within the policy. The individual variables within the definitions may vary and can be included or excluded on a case by case basis as determined by the policy holder.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Stonebridge Life Insurance Company 29 South Main Street Rutland VT 05701-5014	VT	Life, Accident and Health	468	65021	03-0164230	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Margaret A. Frei, AIRC, ACS, ACP 2700 W Plano Parkway Plano TX 75075	877-527-6444 Ext. 6289	972-881-4097	mfrei@aegonusa.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	GH AR0048415F01
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8. Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
	Group	

9. Type of Insurance	H15G Group Health - Hospital/Surgical/Medical Expense
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10. Product Coding Matrix Filing Code	H15G.002 Large Group Only
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11. Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	Filing Submission Date	June 1, 2009
13.	Filing Fee (If required)	Amount <u>50.00</u> Check Date <u>N/A – via EFT</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>N/A – via EFT</u>
14.	Date of Domiciliary Approval	Approved by our situs, District of Columbia, on May 14, 2009.
15.	Filing Description:	
<p>Attached for your review and approval are copies of the above captioned forms. These forms are new and do not replace any forms previously approved by your Department. These forms have been completed in "John Doe" fashion. Variable information is bracketed.</p> <p>Group Supplemental Accident Expense Benefit Rider PTM1004GRS provides benefits for actual expenses incurred per Covered Accident up to the maximum benefit for Covered Expenses incurred by a Covered Person for appropriate treatment of an injury sustained in a covered accident.</p> <p>Group Critical Illness Expense Benefit Rider PTM1005GRS provides benefits for expenses incurred if an Insured is diagnosed as having a Critical Illness. At the option of the Policyholder, the rider may include a Return of Premium benefit, a Final Payment benefit, and a heart Procedure Benefit.</p> <p>These Riders may be used at-issue or add-on with the Group Limited Benefit Certificate PTM1000GCS.AR approved by your Department on May 19, 2005, and other similar products. We request approval of these forms in various dimensions, format and shading/colors. No dimension/format/shading/color change would produce unacceptable print.</p> <p>Riders PTM1004GRS and PTM1005GRS were approved by our situs the District of Columbia, on May 14, 2009.</p> <p>Completed filing forms are attached. Our filing fee is being sent under via EFT.</p> <p>The Company has reviewed the enclosed policy form(s) and certifies that each form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.</p> <p>I respectfully request your favorable review and approval. We appreciate your consideration of these forms. Should you have any questions, please feel free to call us toll free at (877) 527-6444, Extension 6289 or contact me by e-mail at mfrei@aegonusa.com.</p> <p>Sincerely,</p> <p>STONEBRIDGE LIFE INSURANCE COMPANY Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA</p> <p>Attachments</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Margaret A. Frei, AIRC, ACS, ACP</u> Title <u>Filing Specialist</u></p> <p>Signature <u></u> Date <u>June 1, 2009</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	GH AR0048415F01	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Supplemental Accident Expense Benefit Rider	PTM1004GRS	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Critical Illness Expense Benefit Rider	PTM1005GRS	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	