

SERFF Tracking Number: MASS-126222336 State: Arkansas
Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 42914
Company Tracking Number: BENENDGC-2009
TOI: L06G Group Life - Variable Sub-TOI: L06G.002 Single Life - Flexible Premium
Product Name: BENENDGC-2009
Project Name/Number: BENENDGC-2009/BENENDGC-2009

Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: BENENDGC-2009

SERFF Tr Num: MASS-126222336 State: Arkansas

TOI: L06G Group Life - Variable

SERFF Status: Closed-Approved-
Closed State Tr Num: 42914

Sub-TOI: L06G.002 Single Life - Flexible
Premium

Co Tr Num: BENENDGC-2009

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Lynne Mahan, Robin
Perez, Jennifer Dube

Disposition Date: 07/22/2009

Date Submitted: 07/10/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: BENENDGC-2009

Status of Filing in Domicile: Not Filed

Project Number: BENENDGC-2009

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 07/22/2009

Explanation for Other Group Market Type:

State Status Changed: 07/22/2009

Deemer Date:

Created By: Lynne Mahan

Submitted By: Lynne Mahan

Corresponding Filing Tracking Number:

Filing Description:

Re: Massachusetts Mutual Life Insurance Company

NAIC#: 435-65935

FEIN#: 04-1590850

BENENDGC-2009 Endorsement – Modification Of Certificate

Dear Commissioner:

SERFF Tracking Number: MASS-126222336 State: Arkansas
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The above-captioned form is being submitted for your department's review and approval. The form is described below. Final print copies of the form, along with any required certifications and filing fee, are also enclosed.

BENENDGC-2009

This endorsement modifies the "Changing The Owner Or Beneficiary" and "Assigning This Certificate With Rider" provisions. The endorsement has been created to comply with SEC Rule 12h-7, which requires companies to maintain the ability to refuse changes of ownership for variable life policies on a non-discriminatory basis.

When approved and implemented, the endorsement will be automatically attached to new issues of Group Flexible Premium Adjustable Variable Life Insurance, Certificate form GVULCM-9700 which was approved by the Department on August 26, 1997. This form is new and does not replace any form currently in use.

Company and Contact

Filing Contact Information

Lynne A. Mahan, Compliance Assistant LMahan@MassMutual.com
1295 State Street 860-562-3462 [Phone]
M-381 860-562-6109 [FAX]
Springfield, MA 01111-0001

Filing Company Information

Massachusetts Mutual Life Insurance Company CoCode: 65935 State of Domicile: Massachusetts
1295 State Street Group Code: 435 Company Type:
MIP: M381 Group Name: State ID Number:
Springfield, MA 01111 FEIN Number: 04-1590850
(800) 767-1000 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? Yes
Fee Explanation: 75.00 per form
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$75.00	07/10/2009	29114595

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/22/2009	07/22/2009

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Form Schedule

Lead Form Number: BENENDGC-2009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	BENENDGC-2009	Policy/Cont Endorsement - ract/Fratern Modification Of al Certificate Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			GUL- GVULCertific ate 12h-7 endorsement. pdf

**Endorsement
Modification Of Certificate
Provisions**

The “**Changing The Owner Or Beneficiary**” provision in **Part 4.** of this certificate is deleted in its entirety and restated to read as follows:

While the Insured is living, the Owner or any Beneficiary may be changed by Written Request. However, the Owner may not be changed without our approval. The consent of any Irrevocable Beneficiary is needed to change that Beneficiary designation. We do not limit the number of changes that may be made but we will refuse or accept any requested change of Owner on a non-discriminatory basis. Any change accepted by us will take effect as of the date the request is signed, even if the Insured’s death occurs before we receive it. Each change will be subject to any payment we made or action we took before receiving the Written Request.

This “**Assigning The Certificate With Rider**” provision in **Part 4.** of this certificate is deleted in its entirety and restated to read as follows:

**Assigning The
Certificate With
Rider**

This certificate may not be assigned without our approval. We will refuse or accept any request to assign this certificate on a non-discriminatory basis.

For any assignment we accept to be binding on us, we must receive the written request and a signed copy of the assignment at our Home Office or Administrative Office. We will not be responsible for the validity of any assignment. Unless otherwise specified by the Owner, any assignment accepted by us will take effect as of the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by us prior to receipt of this notice.

Once we receive and accept a signed copy of an assignment, the rights of the Owner and interest of any Beneficiary or any other person will be subject to the assignment. An assignment is subject to any certificate debt. Certificate debt is discussed in the **Right To Make Loans** provision in this Part.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY


SECRETARY

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Our Readability Certification is attached.

Attachment:

Readability.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: Not applicable to this Endorsement filing.

Comments:

READABILITY CERTIFICATION

I hereby certify the accuracy of the Flesch reading ease test score for the following policy forms. These forms are at least 10 (ten) point type, 2 (two) point leaded.

FORM NUMBER AND TITLE

FLESCH SCORE

BENENDGC-2009 Endorsement Modification Of
Certificate Provisions

48.0

Signature:



Douglas Endorf
Vice President

Date:

