

SERFF Tracking Number: STAN-126235280 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 43079
Company Tracking Number: GP190-LTD/S399/0709
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: GP190-LTD/S399/0709
Project Name/Number: GP190-LTD/S399/0709/GP190-LTD/S399/0709

Filing at a Glance

Company: Standard Insurance Company

Product Name: GP190-LTD/S399/0709

TOI: H11G Group Health - Disability Income

Sub-TOI: H11G.003 Long Term

Filing Type: Form

SERFF Tr Num: STAN-126235280 State: ArkansasLH

SERFF Status: Closed State Tr Num: 43079

Co Tr Num: GP190-LTD/S399/0709 State Status: Approved-Closed

Co Status: Sent

Reviewer(s): Rosalind Minor

Authors: Alan Smith, Roderick

Disposition Date: 08/05/2009

Cada

Date Submitted: 07/29/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GP190-LTD/S399/0709

Project Number: GP190-LTD/S399/0709

Requested Filing Mode:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: We sent the forms to our domiciliary concurrent with the forms sent to the rest of the states.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association, Discretionary, Trust, Other

Filing Status Changed: 08/05/2009

Explanation for Other Group Market Type: Union

Deemer Date:

State Status Changed: 08/05/2009

Corresponding Filing Tracking Number: GP190-LTD/S399/0709

Filing Description:

Re: Standard Insurance Company

Group Long Term Disability Policy Amendment Form GP190-LTD/S399/0709

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Group Long Term Disability Certificate Attachment Form GC190-LTD/S399/0709

NAIC: 1348-69019

FEIN: 93-0242990

Dear Commissioner:

Standard Insurance Company is filing changes to our Group Long Term Disability Insurance product for your review and approval.

Standard's Group LTD product is filed under Group Policy Form GP190-LTD and Group Certificate Form GC190-LTD, both of which were originally approved for use in your state effective 2/13/1990. In October of 1998 Standard Insurance Company submitted an amendment to these forms to account for the demutualization of our company. The forms amended the policy and certificate to reflect that the company was a stock company, and they also served to change the form number under which the policy and certificate would be issued in the future. Effective 10/14/1998 Standard issued our revised forms in Arkansas under the new approved form numbers GP190-LTD/S399 and GC190-LTD/S399.

Enclosed are duplicate copies of Group Policy Amendment Form GP190-LTD/S399/0709, along with the corresponding Group Certificate Attachment Form GC190-LTD/S399/0709. These forms add an option for a more liberal "Own Job" definition of disability. The plan design we intend to market includes six months of the new Own Job coverage, followed by 18 months of regular own occupation coverage.

The specific benefit design of each group policy is negotiated and agreed upon by Standard Insurance Company and the Policyholder at the time of policy issue, and the appropriate filed 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 a Policyholder. 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.

This group insurance product is, and will continue to be, marketed through normal insurance channels (insurance brokers and representatives) to groups traditionally eligible for group insurance. The majority of group policies will be

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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.

Please feel free to contact us with any questions you may have, or if you need anything further with respect to this filing.

Sincerely,

Roderick J. Cada
Senior Compliance Analyst
Insurance Services Group - Legal, C14C
971-321-7811
971-321-8369(fax)
rcada@standard.com

Company and Contact

Filing Contact Information

Roderick Cada, Senior Compliance Analyst rcada@standard.com
Standard Insurance Company (971) 321-7811 [Phone]
Portland, OR 97214 (971) 321-6407[FAX]

Filing Company Information

Standard Insurance Company CoCode: 69019 State of Domicile: Oregon
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: \$40.00
Retaliatory? No
Fee Explanation: Arkansas charges twenty dollars per form. We are requesting review of two forms.

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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$40.00	07/29/2009	29522323

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/05/2009	08/05/2009

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Disposition

Disposition Date: 08/05/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Attachment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GP190-LTD/S399/0709

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GP190-LTD/S399/0709	Policy/Cont	Policy Amendment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		43	Generic LTD 0709 pol amend.pdf
Approved-Closed	GC190-LTD/S399/0709	Certificate	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Initial		43	Generic LTD 0709 cert att.pdf

GROUP LONG TERM DISABILITY INSURANCE POLICY AMENDMENT FORM

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

Group Policy Form GP190-LTD/S399 is amended to provide the following language or provisions for any Policyholder who negotiates their inclusion into the Group Long Term Disability Insurance Policy issued by us. Brackets ([]) indicate language which is optional, and will be either included or removed in its entirety. Language that is optional may be shown to indicate language clauses which are included or excluded in order to match the particular plan design selected by the group Policyholder. Braces (< >) indicate language which is variable, and necessarily unique to each particular Policyholder, such as eligibility requirements, benefit amounts, and time or waiting periods. Variable items within the above referenced policy and certificate forms are shown with examples based on the most commonly selected and issued language.

1. That part of the following Own Occupation of Disability language within the **Definition of Disability** provision, which currently reads:

[Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins.

is amended by adding the optional shaded language as shown below and now reads:

[[During the Benefit Waiting Period and the first <365> days of the Own Occupation Period,] Own Occupation means the job you are regularly performing for your Employer when Disability begins. Thereafter,] [Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins.

2. That part of the following Material Duties language within the **Definition of Disability** provision, which currently reads:

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. [In no event will we consider working an average of more than <40> hours per week to be a Material Duty.]]

is amended by adding the optional shaded language as shown below and now reads:

[[During the Benefit Waiting Period and the first <365> days of the Own Occupation Period,] Material Duties means the usual duties you perform in your regular job with your Employer. Thereafter,] Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. [In no event will we consider working an average of more than <40> hours per week to be a Material Duty.]]

STANDARD INSURANCE COMPANY

By



President



Corporate Secretary

GROUP LONG TERM DISABILITY INSURANCE CERTIFICATE FORM ATTACHMENT

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

Group Certificate Form GC190-LTD/S399 is amended to provide the following language or provisions for any Policyholder who negotiates their inclusion into the Group Long Term Disability Insurance Policy issued by us. Brackets ([]) indicate language which is optional, and will be either included or removed in its entirety. Braces (< >) indicate language which is variable, and necessarily unique to each particular Policyholder, such as eligibility requirements, benefit amounts, and time or waiting periods. Variable items within the above referenced policy and certificate forms are shown with examples based on the most commonly selected and issued language.

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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 08/05/2009
Comments:
Attachment:
LTD_0709_read-ar.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 08/05/2009
Bypass Reason: We are filing an amendment to a policy that has been approved. Please read the Filing Description under the General Information tab.
Comments:

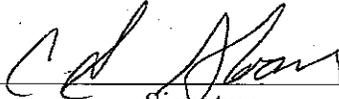
CERTIFICATION OF READABILITY

State of Arkansas

Form Number	Flesch Readability Score
GP190-LTD/S399/0709	42.6
GC190-LTD/S399/0709	42.6

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

2nd VP & Associate Counsel, ISG-Legal

Title

JUL 27 2009

Date