Filing at a Glance

Company: The Savings Bank Life Insurance Company of Massachusetts

Product Name: Foreign Residence/Travel Supplement	SERFF Tr Num: SBMS-126317592	State: Arkansas
TOI: L07I Individual Life - Whole	SERFF Status: Closed-Approved-Closed	State Tr Num: 43607
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: zSERFFStaff zIndustrySupportCM, Jim Coady, James MacDougall, Jason Brush, Dwight Wilbur	Disposition Date: 09/29/2009
	Date Submitted: 09/25/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 09/29/2009

Deemer Date:
Submitted By: Jim Coady
Filing Description:
SBLI of MA
NAIC CO. Code 70435

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 06/10/2008
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 09/29/2009
Created By: Jim Coady
Corresponding Filing Tracking Number:

SERFF Tracking Number:	*SBMS-126317592*	*State:*	*Arkansas*
Filing Company:	*The Savings Bank Life Insurance Company of Massachusetts*	*State Tracking Number:*	*43607*
Company Tracking Number:			
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Foreign Residence/Travel Supplement*		
Project Name/Number:	*/*		

Enclosed for your review and approval is Form # AM-30, "Foreign Residence/Travel Supplement".

The form will be included in our previously approved general Life Insurance application and application amendment package.

The application forms to be used in conjunction with this form are the A-90 series approved previously by you:

Date of Approval: 10/03/2008

Thank you in advance for your assistance with this submission.

Company and Contact

Filing Contact Information

James Coady,	Jcoady@SBLI.com
1 Linscott Road	781-994-5410 [Phone]
Woburn, MA 01801	781-994-4124 [FAX]

Filing Company Information

The Savings Bank Life Insurance Company of Massachusetts	CoCode: 70435	State of Domicile: Massachusetts
1 Linscott Road	Group Code: 4553	Company Type: Life
Woburn, MA 01801	Group Name:	State ID Number:
(781) 938-3500 ext. [Phone]	FEIN Number: 04-3117253	

Filing Fees

Fee Required?	Yes
Fee Amount:	$75.00
Retaliatory?	Yes
Fee Explanation:	Domicile state (MA) fee = $75.00 $75.00 x 1 form
Per Company:	No

SERFF Tracking Number:	*SBMS-126317592*	*State:*	*Arkansas*
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Company Tracking Number:			
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Product Name:	*Foreign Residence/Travel Supplement*		
Project Name/Number:	*/*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Savings Bank Life Insurance Company of Massachusetts	$75.00	09/25/2009	30837328

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/29/2009	09/29/2009

SERFF Tracking Number:	*SBMS-126317592*	*State:*	*Arkansas*
Filing Company:	*The Savings Bank Life Insurance Company of Massachusetts*	*State Tracking Number:*	*43607*
Company Tracking Number:			
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Foreign Residence/Travel Supplement*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 09/29/2009
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*SBMS-126317592*	*State:*	*Arkansas*
Filing Company:	*The Savings Bank Life Insurance Company of Massachusetts*	*State Tracking Number:*	*43607*
Company Tracking Number:			
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Foreign Residence/Travel Supplement*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Foreign Residence/Travel Supplement		No

Form Schedule

Lead Form Number: AM-30

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AM-30	Other	Foreign Residence/Travel Supplement	Initial		50.000	AM-30.pdf

THE SAVINGS BANK LIFE INSURANCE COMPANY OF MASSACHUSETTS (SBLI)
One Linscott Road, Woburn, MA 01801 800-694-7254

Foreign Residence/Travel Supplement

Application Supplement

Please Read Carefully and Sign Below

Proposed Insured:	**Application Dated:**	**Policy Number:**

I hereby request that the application on the life of the proposed insured be amended to read as follows:

1. Proposed Insured

a. Full Name	b. Date of Birth (Mo. Day Yr.)	c. Birthplace
d. Current Citizenship	e. Kind of Visa ☐ Permanent (Green Card) ☐ Work ☐ Student ☐ Other (Specify):	
f. Visa Number	g. Visa Expiration Date	h. Current Occupation

i. Duties

2. Foreign Residence or Travel

a. List the foreign locations where Proposed Insured plans to live and/or travel.

City	Country	Arrival Date	Departure Date	Purpose*	Anticipated Work Environment**

*Examples: include student; missionary; government; employer; business; pleasure.
**Examples: include metropolitan area; rural/agricultural area; primitive/native area.

b. List foreign locations where Proposed Insured has traveled in the past 3 years.

City	Country	Arrival Date	Departure Date	Purpose*

*Examples: include student; missionary; government; employer; business; pleasure.

3. Remarks

I agree all statements and answers to the above questions are complete and true.

_____ _____
Signature of Proposed Insured Date

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Flesch Certification for form AM-30 is attached.

Attachment:

AM-30 Flesch.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: Submitted form is not a policy, but a supplemental form to be used with our previously approved application package.

The application forms, approved by Arkansas on 10/03/2008, under Filing SBMS-125795100, consisted of forms A-90, A-91AR, A-91A, A-92 and A-93 and a set of related amendments and questionnaires.

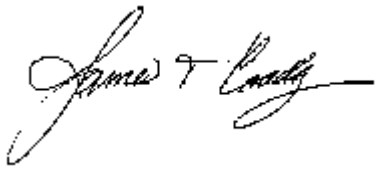
Comments:

THE SAVINGS BANK LIFE INSURANCE
COMPANY OF MASSACHUSETTS

FLESCH READABILITY CERTIFICATION

FORM AM-30
FOREIGN RESIDENCE/TRAVEL SUPPLEMENT

I hereby certify that in my judgment the form in this submission meets the objective standards of readability/Flesch score as required by applicable laws or regulations.

Minimum Flesch score, in conjunction with previously approved application forms: 50

By: James Coady, VP, Compliance