

SERFF Tracking Number: RSLI-126458486 State: Arkansas
Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 44598
Company Tracking Number: LRS-9438-1009
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: group long term disability income
Project Name/Number: Specialty Occ/Work Incentive Benefit/

Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: group long term disability income SERFF Tr Num: RSLI-126458486 State: Arkansas

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved-Closed State Tr Num: 44598

Sub-TOI: H11G.003 Long Term Co Tr Num: LRS-9438-1009 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Author: Richard Vogenitz Disposition Date: 01/22/2010

Date Submitted: 01/15/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Specialty Occ/Work Incentive Benefit

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/22/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 01/22/2010

Created By: Richard Vogenitz

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Richard Vogenitz

Filing Description:

Reliance Standard Life Insurance Company

Group Long Term Disability Income

Submitting:

LRS-9438-1009 – Amendatory Rider (policy)

LRS-9439-1009 – Amendatory Rider (certificate)

LRS-6564-60-1009 – Work Incentive/Child Care Benefit (policy)

LRS-6570-59-1009 - Work Incentive/Child Care Benefit (certificate)

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We are submitting the above captioned forms for the Department's review.

The riders will be used to provide for a "specialty occupation" definition of Total Disability. It will typically be used for groups with physicians or attorneys who desire to have a specialty occupation definition included.

The Work Incentive/Child Care Benefit forms replace forms LRS-6564-60-0406 and LRS-6570-59-0406, respectfully, which were approved by the Department on 6/19/06. The forms were revised in order to provide for an unlimited Work Incentive Benefit. Currently, the benefit is only applicable for up to 36 months.

Please be advised that there is no impact to the rates.

Company and Contact

Filing Contact Information

Richard Vogenitz, Senior Compliance Specialist richard.vogenitz@rsli.com
 2001 Market Street 800-351-7500 [Phone] 4228 [Ext]
 Suite 1500 267-256-3546 [FAX]
 Philadelphia, PA 19130-7090

Filing Company Information

Reliance Standard Life Insurance Company	CoCode: 68381	State of Domicile: Illinois
2001 Market Street	Group Code:	Company Type:
Suite 1500	Group Name:	State ID Number:
Philadelphia, PA 19103-7090	FEIN Number: 36-0883760	
(800) 351-7500 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	Yes
Fee Explanation:	\$50 per form X 4 forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reliance Standard Life Insurance Company	\$200.00	01/15/2010	33571146

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/22/2010	01/22/2010

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Disposition

Disposition Date: 01/22/2010

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Work Incentive Benefit	Approved-Closed	Yes
Form	Work Incentive Benefit	Approved-Closed	Yes

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Form Schedule

Lead Form Number: LRS-9438-1009

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/22/2010	LRS-9438-1009	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Rider	Initial		48.000	Specialty Own Occ Rider_Policy. pdf
Approved-Closed 01/22/2010	LRS-9439-1009	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Rider	Initial		49.000	Specialty Own Occ Rider_Cert.pdf
Approved-Closed 01/22/2010	LRS-6564-60-1009	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Work Incentive Benefit	Revised	Replaced Form #: LRS-6564-60-0406 Previous Filing #:	52.000	WORK INCENTIVE BENEFIT_policy.pdf
Approved-Closed 01/22/2010	LRS-6570-59-1009	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Work Incentive Benefit	Revised	Replaced Form #: LRS-6570-59-0406 Previous Filing #:	53.000	WORK INCENTIVE BENEFIT_certificate.pdf

RIDER

[Applicable to Class [1]]

The Policy to which this Rider is attached is amended as follows:

- [1. The following replaces (1) and (1) a) of the definition of "Total Disability" in the Definitions section:
 - (1) during the Elimination Period and [for the first [twelve (12)] months for which a Monthly Benefit is payable,] an Insured cannot perform the material duties of his/her Regular Occupation [and has lost [95%] or more of his/her Covered Monthly Earnings];
 - a) "Partially Disabled" and "Partial Disability" mean that as a result of an Injury or Sickness an Insured is capable of performing the material duties of his/her Regular Occupation on a part-time basis or some of the material duties on a full-time basis. An Insured who is Partially Disabled will be considered Totally Disabled, except during the Elimination Period [.; and]

[If the Insured is required to work on average in excess of [twenty (20)] hours per week in order to perform his/her Regular Occupation, and the Insured is either working or is capable of working [twenty (20)] hours per week, he/she will not be considered Totally Disabled; and]]
- [2.] The following replaces the definition of "Regular Occupation" in the Definitions section:

"Regular Occupation" means the occupation the Insured is routinely performing when Total Disability begins.

[[However,] "Regular Occupation" with respect to [physicians] means the Insured's specialty in the practice of [medicine] [in which he/she earned at least [95%] of his/her gross professional service fee income [during the [36] months] immediately before his/her Total Disability begins] [and for which he/she is certified by the American Board of Medical Specialties.] [If [the specialty in which the Insured is practicing is not recognized by the American Board of Medical Specialties] [or he/she did not earn at least [95%] of his/her gross professional service fee income [during the [36]months] immediately before his/her Total Disability begins,] he/she will be considered a general practitioner.]]

[[However,] "Regular Occupation" with respect to [attorneys] means the Insured's specialty [in the practice of law] [in which he/she earned at least [95%] of his/her gross professional service fee income [in the [36] months] immediately before his/her Total Disability begins] [If this requirement is not satisfied, he/she will be considered practicing as a general attorney.]]

[Trial attorney will not be considered a specialty unless such attorney has physically appeared and actively participated in legal proceedings representing clients an average of at least [six (6)] hours per day out of [one-hundred eighty (180)] days in each calendar year [during the [36] months] immediately before his/her Total Disability begins. Time spent preparing for active participation in legal proceedings may account for up to [one-quarter] of the hours per day/days per calendar year requirement described. If such an attorney cannot meet this requirement, he/she will be considered practicing as a general attorney.]

We will look at the Insured's occupation as it is normally performed in the national economy and not the unique duties performed for a specific employer or in a specific locale.
- [[3.] The following item is added to the Other Income Benefits provision in the Benefit Provisions section:
 - [2.] disability income benefits an Insured is eligible to receive because of his/her Total Disability under any individual disability insurance plan -[to the extent that the sum of the Benefit Amount exceeds 100% of Covered Monthly Earnings.]
- [[4.] The following item under the Other Income Benefits provision in the Benefits Provisions section is amended to add:
 - [4.] any of the following that the Insured is eligible to receive:

[(b) sick leave pay [; to the extent that the sum of the Benefit Amount exceeds100% of Covered Monthly Earnings;]]

[[5.] The following item is added to the Other Income Benefit provisions in the Benefit Provisions section:

[9.] any monies the Insured receives from [profit-sharing or] [stock ownership] plan(s) sponsored by you or an affiliated company [to the extent that the sum of the Benefit Amount exceeds 100% of Covered Monthly Earnings.]]

This form is attached to and made a part of the Policy.

This Rider is effective [January 1, 2010]. All other terms and conditions of the Policy remain unchanged.

RELIANCE STANDARD LIFE INSURANCE COMPANY

A handwritten signature in cursive script that reads "Charles Denaro".

Secretary

LRS-9438-1009

RIDER

[Applicable to Class [1]]

The Certificate to which this Rider is attached is amended as follows:

- [1. The following replaces (1) and (1) a) of the definition of "Total Disability" in the Definitions section:
 - (1) during the Elimination Period and [for the first [twelve (12)] months for which a Monthly Benefit is payable,] you cannot perform the material duties of your Regular Occupation [and have lost [95%] or more of your Covered Monthly Earnings];
 - a) "Partially Disabled" and "Partial Disability" mean that as a result of an Injury or Sickness you are capable of performing the material duties of your Regular Occupation on a part-time basis or some of the material duties on a full-time basis. Partially Disabled will be considered Totally Disabled, except during the Elimination Period [.; and]

[If you are required to work on average in excess of [twenty (20)] hours per week in order to perform your Regular Occupation, and you are either working or are capable of working [twenty (20)] hours per week, you will not be considered Totally Disabled; and]]
- [2.] The following replaces the definition of "Regular Occupation" in the Definitions section:

"Regular Occupation" means the occupation the Insured is routinely performing when Total Disability begins.

[[However, "Regular Occupation" with respect to [physicians] means your specialty in the practice of [medicine] [in which you earned at least [95%] of your gross professional service fee income [during the [36] months] immediately before your Total Disability began [and for which you are certified by the American Board of Medical Specialties.] [If [the specialty in which you are practicing is not recognized by the American Board of Medical Specialties] [or you did not earn at least [95%] of your gross professional service fee income [during the [36]months] immediately before your Total Disability began,] you will be considered a general practitioner.]]

[[However, "Regular Occupation" with respect to [attorneys] means the your specialty [in the practice of law] [in which you earned at least [95%] of your gross professional service fee income [in the [36] months] immediately before your Total Disability began] [If this requirement is not satisfied, you will be considered practicing as a general attorney.]]

[Trial attorney will not be considered a specialty unless such attorney has physically appeared and actively participated in legal proceedings representing clients an average of at least [six (6)] hours per day out of [one-hundred eighty (180)] days in each calendar year [during the [36] months] immediately before his/her Total Disability begins. Time spent preparing for active participation in legal proceedings may account for up to [one-quarter] of the hours per day/days per calendar year requirement described. If such an attorney cannot meet this requirement, he/she will be considered practicing as a general attorney.]

We will look at your occupation as it is normally performed in the national economy and not the unique duties performed for a specific employer or in a specific locale.
- [[3.] The following item is added to the Other Income Benefits provision in the Schedule of Benefits:
 - [2.] disability income benefits you are eligible to receive because of your Total Disability under any individual disability insurance plan [to the extent that the sum of the Benefit Amount exceeds 100% of Covered Monthly Earnings.]
- [[4.] The following item under the Other Income Benefits provision in the Schedule of Benefits is amended to add:
 - [4.] any of the following that you are eligible to receive:

[(b) sick leave pay [; to the extent that the sum of the Benefit Amount exceeds 100% of Covered Monthly Earnings;]]

[[5.] The following item is added to the Other Income Benefit provisions in the Schedule of Benefits:

[9.] any monies you receive from [profit-sharing or] [stock ownership] plan(s) sponsored by the policyholder or an affiliated company [to the extent that the sum of the Benefit Amount exceeds 100% of Covered Monthly Earnings.]]

This form is attached to and made a part of the Certificate.

This Rider is effective [January 1, 2010]. All other terms and conditions of the Certificate remain unchanged.

RELIANCE STANDARD LIFE INSURANCE COMPANY

A handwritten signature in cursive script that reads "Charles Denaro".

Secretary

LRS-9439-1009

WORK INCENTIVE BENEFIT

During the [first twelve (12) months] [period] of Rehabilitative Employment during which a Monthly Benefit is payable, we will not offset earnings from such Rehabilitative Employment until the sum of:

- a) the Monthly Benefit prior to offsets with Other Income Benefits; and
- b) earnings from Rehabilitative Employment;

exceed 100% of the Insured's Covered Monthly Earnings. If the sum above exceeds 100% of Covered Monthly Earnings, our Benefit Amount will be reduced by such excess amount until the sum of (a) and (b) above equals 100%.

["Rehabilitative Employment" means work in any gainful occupation for which the Insured's training, education or experience will reasonably allow. The work must be supervised by a Physician or a licensed rehabilitation specialist approved by us. Rehabilitative Employment includes work performed while Partially Disabled, but does not include performing all the material duties of his/her Regular Occupation on a full-time basis.]

[CHILD CARE BENEFIT

We will allow a Child Care credit to an Insured if:

- (1) the Insured is receiving benefits under the Work Incentive provision;
- (2) the Insured's Child(ren) is (are) under [14] years of age;
- (3) the child care is provided by a non-relative; and
- (4) the charges for child care are documented by a receipt from the caregiver, including social security number or taxpayer identification number.

During the period in which the Insured is eligible for the Work Incentive provision, an amount equal to actual expenses incurred for child care, up to a maximum of [\$250] per month, will be added to the Insured's Covered Monthly Earnings when calculating the Benefit Amount under the Work Incentive provision.

Child(ren) means: the Insured's unmarried child(ren), including any foster child, adopted child or step child who resides in the Insured's home and is financially dependent on the Insured for support and maintenance.

[Child(ren) also includes any child(ren) named on an Affidavit of Domestic Partnership on file with you who resides in the Insured's home and is financially dependent on the Insured for support and maintenance.]]

[WORK INCENTIVE BENEFIT

During the [first [twelve (12) months] [period] of Rehabilitative Employment during which a Monthly Benefit is payable, we will not offset earnings from such Rehabilitative Employment until the sum of:

- a) the Monthly Benefit prior to offsets with Other Income Benefits; and
- b) earnings from Rehabilitative Employment;

exceed 100% of your Covered Monthly Earnings. If the sum above exceeds 100% of Covered Monthly Earnings, our Benefit Amount will be reduced by such excess amount until the sum of (a) and (b) above equals 100%.

["Rehabilitative Employment" means work in any gainful occupation for which your training, education or experience will reasonably allow. The work must be supervised by a Physician or a licensed rehabilitation specialist approved by us. Rehabilitative Employment includes work performed while Partially Disabled, but does not include performing all the material duties of your Regular Occupation on a full-time basis.]

[CHILD CARE BENEFIT

We will allow a Child Care credit if:

- (1) you are receiving benefits under the Work Incentive provision;
- (2) your Child(ren) is (are) under [14] years of age;
- (3) the child care is provided by a non-relative; and
- (4) the charges for child care are documented by a receipt from the caregiver, including social security number or taxpayer identification number.

During the period in which you are eligible for the Work Incentive provision, an amount equal to actual expenses incurred for child care, up to a maximum of [\$250] per month, will be added to your Covered Monthly Earnings when calculating the Benefit Amount under the Work Incentive provision.

Child(ren) means: your unmarried child(ren), including any foster child, adopted child or step child who resides in your home and is financially dependent on you for support and maintenance.

[Child(ren) also includes any child(ren) named on an Affidavit of Domestic Partnership on file with the policyholder who resides in your home and is financially dependent on you for support and maintenance.]]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR_Readability_certification.pdf AR_Rule and reg 19_certification.pdf AR_Rule and reg 49_certification.pdf	Approved-Closed	01/22/2010

	Item Status:	Status Date:
Satisfied - Item: Application Comments: LRS-8387 on 8/14/09	Approved-Closed	01/22/2010

CERTIFICATION OF COMPLIANCE

I certify that we comply with ACA 23-80-206 regarding readability.



Charles Denaro
Charles Denaro
Vice President, Secretary

Date: January 15, 2010

CERTIFICATION OF COMPLIANCE

I certify that we comply with Rule and Regulation 19.

A handwritten signature in cursive script, reading "Charles Denaro", is written over a horizontal line.

Charles Denaro
Vice President, Secretary

Date: January 15, 2010

CERTIFICATION OF COMPLIANCE

I certify that we comply with Rule and Regulation 49.



Charles Denaro
Charles Denaro
Vice President, Secretary

Date: January 15, 2010