

SERFF Tracking Number: STAN-126430304 State: Arkansas
 Filing Company: Standard Insurance Company State Tracking Number: 44448
 Company Tracking Number: GP494-ADD/S399/EB
 TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Product Name: GP494-ADD/S399/EB
 Project Name/Number: GP494-ADD/S399/EB/GP494-ADD/S399/EB

Filing at a Glance

Company: Standard Insurance Company

Product Name: GP494-ADD/S399/EB SERFF Tr Num: STAN-126430304 State: Arkansas
 TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved- Closed State Tr Num: 44448
 Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: GP494-ADD/S399/EB State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Authors: Alan Smith, Scott Appleman Disposition Date: 01/05/2010
 Date Submitted: 12/30/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: GP494-ADD/S399/EB Status of Filing in Domicile: Pending
 Project Number: GP494-ADD/S399/EB 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, Association, Discretionary, Trust, Other
 Filing Status Changed: 01/05/2010 Explanation for Other Group Market Type:
 Union
 State Status Changed: 01/05/2010
 Deemer Date: Created By: Alan Smith
 Submitted By: Alan Smith Corresponding Filing Tracking Number: GP494-ADD/S399/EB

Filing Description:

Standard Insurance Company is filing for your review and approval updates to our Group Accidental Death and Dismemberment Insurance product.

<i>SERFF Tracking Number:</i>	<i>STAN-126430304</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>44448</i>
<i>Company Tracking Number:</i>	<i>GP494-ADD/S399/EB</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>GP494-ADD/S399/EB</i>		
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Standard's Group AD&D product is filed under Group Policy Form GP494-ADD and Group Certificate Form GC494-ADD, both of which were approved for use in your state effective 11/17/1994. 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 October 14, 1998 Standard issued in Arkansas our revised forms under the new form numbers GP494-ADD/S399 and GC494-ADD/S399.

Enclosed are Group Policy Amendment Form GP494-ADD/S399/EB, along with the corresponding Group Certificate Attachment Form GC494-ADD/S399/EB. These forms offer additional optional provisions for any Policyholder to select.

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 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.

Company and Contact

Filing Contact Information

Scott Appleman, Senior Compliance Analyst	sapplema@standard.com
900 SW Fifth Avenue	971-321-2719 [Phone]
C14C	971-321-8369 [FAX]
Portland, OR 97204	

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	

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Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: The state of Arkansas charges twenty dollars per form. We are filing two forms.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$40.00	12/30/2009	33187974

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/05/2010	01/05/2010

SERFF Tracking Number: STAN-126430304 *State:* Arkansas
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Disposition

Disposition Date: 01/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>STAN-126430304</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>44448</i>
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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	Policy Amendment	Approved-Closed	Yes
Form	Certificate Attachment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GP494-ADD/S399/EB

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/05/2010	GP494-ADD/S399/EB	Policy/Contract	Policy Amendment	Initial		49.000	GP494-ADD-EB Amendment.pdf
Approved-Closed 01/05/2010	GC494-ADD/S399/EB	Certificate	Certificate Attachment	Initial		49.000	GC494-ADD-EB Attachment.pdf

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE POLICY AMENDMENT

Attached to and made a part of Group Policy Form GP494-ADD/S399

Group Policy Form GP494-ADD/S399 is amended to update policy language and add optional/variable language for those Policyholders who negotiate such inclusion into their Group Accidental Death and Dismemberment Insurance Policy issued by us. Brackets ([]) indicate the language is optional. Braces (< >) indicate the language is variable.

1. The **Coverage Features** section, AD&D Table of Losses, is amended to optionally add the following shaded language:

[<i.> Uniplegia	<25%>]
[<j.> Triplegia	<75%>]
[<k.> Coma	<< # >% per <month-or-year> of the remainder of the AD&D Insurance Benefit payable for Loss of life after reduction by any AD&D Insurance Benefit paid for any other Loss as a result of the same accident. Payments for Coma will not exceed a maximum of <#> <months -or-years>.>]

2. The **Coverage Features** section, AD&D Table of Losses, is amended to optionally add the following shaded language:

[** No AD&D Insurance Benefit will be paid for loss of function of a hand or foot if an AD&D Insurance Benefit is payable for <Uniplegia, Paraplegia, Triplegia, Quadriplegia or Hemiplegia> involving that same hand or foot.]

3. The **Coverage Features** section, Schedule of Additional AD&D Insurance, is amended to optionally add the following shaded language:

[Adaptive [Home] [And] [Vehicle] Benefit: [<\$>] [-or-] [<#>%] [of the amount of AD&D Insurance payable for Loss of your life] [, whichever is less].]

4. The **Accidental Death and Dismemberment Insurance** section, item B. Definition Of Loss, is amended to optionally add the following shaded language with respect to Coma, Uniplegia and Triplegia:

B. Definition Of Loss

Loss means loss of <life, hand, foot, sight, speech, hearing in both ears, or thumb and index finger of the same hand, and Coma, Uniplegia, Paraplegia, Triplegia, Quadriplegia, or Hemiplegia,> which meets all of the following requirements:

[With respect to Coma, Loss means a profound state of mental unconsciousness with no evidence of appropriate responses to stimulation, lasting for at least <#> consecutive days.]

[With respect to <Uniplegia, Paraplegia, Triplegia, Quadriplegia and Hemiplegia,> Loss must be certified by a licensed medical professional to be permanent, complete, and irreversible.]

[Uniplegia means <the complete and irreversible -or- total> paralysis of one limb.] Paraplegia means <the complete and irreversible -or- total> paralysis of both lower limbs. [Triplegia means <the complete and irreversible -or- total> paralysis of three limbs.] Quadriplegia means <the complete and irreversible -or- total> paralysis of both upper and lower limbs. Hemiplegia means <the complete and irreversible -or- total> paralysis of the upper and lower limbs on the same side of the body.]

5. The **Additional Benefits** section is amended to optionally add the following shaded language:

[Adaptive [Home] [and] [Vehicle] Benefit

The amount of the Adaptive [Home] [And] [Vehicle] Benefit is shown in the **Coverage Features** section.

We will pay an Adaptive [Home] [And] [Vehicle] Benefit [one time per accident] if all of the following requirements are met:

1. You are insured under the Group Policy.
2. You suffer an AD&D Loss, other than loss of Life, as a result of an accident for which an AD&D Insurance Benefit is payable.
3. Within <24> months after the date of the accident, you pay to have your [principal residence] <and -or- or> [automobile] adapted to reasonably accommodate your AD&D Loss.

[4. The accommodations to your principle residence are:

- [a. Made by a licensed professional contractor.]
- b. Recommended by a physician [and licensed occupational therapist] for the type of Loss you suffered.]

[5. The accommodations to your automobile are:

- a. Made by a disabled mobility dealer registered with the National Highway Transportation Safety Administration[, or approved by your Motor Vehicle Department].
- b. Recommended by a physician [and licensed occupational therapist] for the type of Loss you suffered.]

Automobile means a [private passenger] motor vehicle licensed for use on public highways.]

6. The **Claims** section, item B. Time Limits On Filing Proof Of Loss, is amended to optionally add the following shaded language with respect to Coma:

[With respect to Coma, we will require Proof Of Loss of the comatose condition at reasonable intervals.] [If proof is not given within <31-365> days, benefits payable for Coma will end.]

7. **Benefit Payment And Beneficiary Provisions** section, Item A. Payment of Benefits is amended to add the following optional shaded language.

A. Payment Of Benefits

AD&D Insurance Benefits payable because of Loss of your life [or Coma] will be paid to the Beneficiary you name. See B through E of this section.

[AD&D Insurance Benefits payable because of Loss of life [or Coma] of a Dependent will be paid to you. If you are not living, benefits will be paid in equal shares to the first surviving class of the classes below.

1. The children of the Dependent.
2. The parents of the Dependent.
3. The brothers and sisters of the Dependent.
4. Your estate.]

8. The Benefit **Payment And Beneficiary Provisions** section, item B. Naming A Beneficiary, is amended to add the following optional shaded Beneficiary language. This language will allow a designated agent hired by Standard Insurance Company, the Policyholder or the Employer to administer and maintain the Beneficiary designations.

[B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. You may name one or more Beneficiaries.

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

You may name or change Beneficiaries at any time without the consent of a Beneficiary.

[You may name or change] Beneficiaries [may be named or changed] in writing. [Writing includes a form signed by you, or a verification from [us] [or [our] [designated agent],] [the Policyholder] [[or] the Policyholder's designated agent,] [or [the Employer] [[or] the Employer's designated agent] of an electronic [or telephonic] designation made by you.]

[Your] [A] designation:

- [1. Must be dated;]
2. Must be delivered to [us] [or] [our] [designated agent], [the Policyholder] [[or] the Policyholder's designated agent,] [or [the Employer] [or [the Employer's designated agent,]] [during your lifetime]; [and]
3. Must relate to the insurance provided under the Group Policy; and]
- [4. Will take effect on the date it is [delivered to] [delivered [to] or, if a telephonic or electronic designation,]] [<received by -or- verified by>] [us] [or [our] [designated agent],] [the Policyholder] [[or] the Policyholder's designated agent,] [or [the Employer] [[or] the Employer's designated agent.]]

If we approve it, a designation which meets the requirements of a Prior Plan will be accepted as [<your -or- the>] Beneficiary designation under the Group Policy.]

Standard Insurance Company

by


President


Corporate Secretary

**GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE CERTIFICATE
ATTACHMENT**

Attached to and made a part of Group Certificate Form GC494-ADD/S399

Group Certificate Form GC494-ADD/S399 is amended to update policy language and add optional/variable language for those Policyholders who negotiate such inclusion into their Group Accidental Death and Dismemberment Insurance Policy issued by us. Brackets ([]) indicate the language is optional. Braces (< >) indicate the language is variable.

1. The **Coverage Features** section, AD&D Table of Losses, is amended to optionally add the following shaded language:

[<i.> Uniplegia	<25%>]
[<j.> Tripegia	<75%>]
[<k.> Coma	<< # >% per <month-or-year> of the remainder of the AD&D Insurance Benefit payable for Loss of life after reduction by any AD&D Insurance Benefit paid for any other Loss as a result of the same accident. Payments for Coma will not exceed a maximum of <#> <months -or-years>.>]

2. The **Coverage Features** section, AD&D Table of Losses, is amended to optionally add the following shaded language:

[** No AD&D Insurance Benefit will be paid for loss of function of a hand or foot if an AD&D Insurance Benefit is payable for <Uniplegia, Paraplegia, Tripegia, Quadripegia or Hemiplegia> involving that same hand or foot.]

3. The **Coverage Features** section, Schedule of Additional AD&D Insurance, is amended to optionally add the following shaded language:

[Adaptive [Home] [And] [Vehicle] Benefit: [<\$>] [-or-] [<#>%] [of the amount of AD&D Insurance payable for Loss of your life] [, whichever is less].]

4. The **Accidental Death and Dismemberment Insurance** section, item B. Definition Of Loss, is amended to optionally add the following shaded language with respect to Coma, Uniplegia and Tripegia:

B. Definition Of Loss

Loss means loss of <life, hand, foot, sight, speech, hearing in both ears, or thumb and index finger of the same hand, and Coma, Uniplegia, Paraplegia, Triplegia, Quadriplegia, or Hemiplegia,> which meets all of the following requirements:

[With respect to Coma, Loss means a profound state of mental unconsciousness with no evidence of appropriate responses to stimulation, lasting for at least <#> consecutive days.]

[With respect to <Uniplegia, Paraplegia, Triplegia, Quadriplegia and Hemiplegia,> Loss must be certified by a licensed medical professional to be permanent, complete, and irreversible.]

[Uniplegia means <the complete and irreversible -or- total> paralysis of one limb.] Paraplegia means <the complete and irreversible -or- total> paralysis of both lower limbs. [Triplegia means <the complete and irreversible -or- total> paralysis of three limbs.] Quadriplegia means <the complete and irreversible -or- total> paralysis of both upper and lower limbs. Hemiplegia means <the complete and irreversible -or- total> paralysis of the upper and lower limbs on the same side of the body.]

5. The **Additional Benefits** section is amended to optionally add the following shaded language:

[Adaptive [Home] [and] [Vehicle] Benefit

The amount of the Adaptive [Home] [And] [Vehicle] Benefit is shown in the **Coverage Features** section.

We will pay an Adaptive [Home] [And] [Vehicle] Benefit [one time per accident] if all of the following requirements are met:

1. You are insured under the Group Policy.
2. You suffer an AD&D Loss, other than loss of Life, as a result of an accident for which an AD&D Insurance Benefit is payable.
3. Within <24> months after the date of the accident, you pay to have your [principal residence] <and -or- or> [automobile] adapted to reasonably accommodate your AD&D Loss.

[4. The accommodations to your principle residence are:

- [a. Made by a licensed professional contractor.]
- b. Recommended by a physician [and licensed occupational therapist] for the type of Loss you suffered.]

[5. The accommodations to your automobile are:

- a. Made by a disabled mobility dealer registered with the National Highway Transportation Safety Administration[, or approved by your Motor Vehicle Department].
- b. Recommended by a physician [and licensed occupational therapist] for the type of Loss you suffered.]

Automobile means a [private passenger] motor vehicle licensed for use on public highways.]

6. The **Claims** section, item B. Time Limits On Filing Proof Of Loss, is amended to optionally add the following shaded language with respect to Coma:

[With respect to Coma, we will require Proof Of Loss of the comatose condition at reasonable intervals.] [If proof is not given within <31-365> days, benefits payable for Coma will end.]

7. **Benefit Payment And Beneficiary Provisions** section, Item A. Payment of Benefits is amended to add the following optional shaded language.

A. Payment Of Benefits

AD&D Insurance Benefits payable because of Loss of your life [or Coma] will be paid to the Beneficiary you name. See B through E of this section.

[AD&D Insurance Benefits payable because of Loss of life [or Coma] of a Dependent will be paid to you. If you are not living, benefits will be paid in equal shares to the first surviving class of the classes below.

1. The children of the Dependent.
2. The parents of the Dependent.
3. The brothers and sisters of the Dependent.
4. Your estate.]

8. The Benefit **Payment And Beneficiary Provisions** section, item B. Naming A Beneficiary, is amended to add the following optional shaded Beneficiary language. This language will allow a designated agent hired by Standard Insurance Company, the Policyholder or the Employer to administer and maintain the Beneficiary designations.

[B. Naming A Beneficiary

Beneficiary means a person you name to receive death benefits. You may name one or more Beneficiaries.

If you name two or more Beneficiaries in a class:

1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

You may name or change Beneficiaries at any time without the consent of a Beneficiary.

[You may name or change] Beneficiaries [may be named or changed] in writing. [Writing includes a form signed by you, or a verification from [us] [or [our] [designated agent],] [the Policyholder] [[or] the Policyholder's designated agent,] [or [the Employer] [[or] the Employer's designated agent] of an electronic [or telephonic] designation made by you.]

[Your] [A] designation:

- [1. Must be dated;]
2. Must be delivered to [us] [or] [our] [designated agent], [the Policyholder] [[or] the Policyholder's designated agent,] [or [the Employer] [or] [the Employer's designated agent,]] [during your lifetime]; [and]
3. Must relate to the insurance provided under the Group Policy; and]
- [4. Will take effect on the date it is [delivered to] [delivered [to] or, if a telephonic or electronic designation,]] [<received by -or- verified by>] [us] [or [our] [designated agent],] [the Policyholder] [[or] the Policyholder's designated agent,] [or [the Employer] [[or] the Employer's designated agent.]]

If we approve it, a designation which meets the requirements of a Prior Plan will be accepted as [<your -or- the>] Beneficiary designation under the Group Policy.]

STANDARD INSURANCE COMPANY

By



President

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/05/2010
Comments:			
Attachment:			
add-ar-cr.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/05/2010
Bypass Reason:	We are filing an amendment to a policy that has been approved. Please read the Filing Description.		
Comments:			

CERTIFICATION OF READABILITY

State of Arkansas

Form Number	Flesch Readability Score
GP494-ADD/S399/EB	49.0
GC494-ADD/S399/EB	49.0

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

Second Vice President & Associate Counsel, ISG-Legal

Title

DEC 30 2009

Date