

SERFF Tracking Number: AEGX-G126819739 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 46816
Company Tracking Number: AR003911500019
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Accidental Death
Project Name/Number: Accidental Death/AR003911500019

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Accidental Death

SERFF Tr Num: AEGX-
G126819739

State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-
Closed

State Tr Num: 46816

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: AR003911500019

State Status: Approved-Closed

Filing Type: Form

Author: SPI ADMSLH

Reviewer(s): Rosalind Minor

Date Submitted: 09/17/2010

Disposition Date: 10/04/2010

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Accidental Death
Project Number: AR003911500019
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 10/04/2010

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 08/10/2010
Domicile Status Comments:
Market Type:
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 10/04/2010
Created By: SPI ADMSLH
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI ADMSLH

Filing Description:

RE: Stonebridge Life Insurance Company

NAIC # 0468-65021

FEIN: 03-0164230

"OUT OF STATE" GROUP

GR922: Group Accident Only Physical Therapy Rider

Actuarial Memorandum

Not PPACA

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Dear Commissioner:

Attached for your review and approval are copies of the above referenced form. The form is new and does not replace any forms previously approved by your Department. The form has been completed in "John Doe" fashion. Variable information is bracketed and printed in red and explained on the attached Explanation of Variability.

Form GR922 was approved by Illinois, our situs state, on August 10, 2010.

The form is a Group Accident Only Physical Therapy Benefit Rider which provides a Physical Therapy benefit for a covered person who requires therapy as a result of an accidental injury.

This Rider may be used at-issue or add-on with our currently approved group accident and health products and similar products as they are approved by your Department. The language in the "Rider Benefits Schedule" box will vary depending on our solicitation program. We request approval of these forms in various dimensions, format and shading/colors. No dimension/format/shading/color change would produce unacceptable print.

The form may be used in other media formats including translations into (Spanish, Chinese, Korean, Vietnamese, Polish, etc) and in such case, we certify the meaning of the content will not change.

This product will be mass marketed by direct response and telemarketing methods and possibly on the Internet through our website.

The Company has reviewed the enclosed policy form(s) and certifies that each form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

Company and Contact

Filing Contact Information

Veronique Harris, Director, Product Filing and vcarter@aegonusa.com
Compliance
2839 Paces Ferry Road 678-402-2085 [Phone] 2409 [Ext]
Suite 750 678-402-2105 [FAX]
Atlanta, GA 30339

Filing Company Information

Stonebridge Life Insurance Company CoCode: 65021 State of Domicile: Vermont
187 West Street Group Code: 468 Company Type: Life and Health
Rutland, VT 05701 Group Name: State ID Number:

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(410) 685-5500 ext. [Phone] FEIN Number: 03-0164230

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	09/17/2010	39598989

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/04/2010	10/04/2010

SERFF Tracking Number: AEGX-G126819739 *State:* Arkansas
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Disposition

Disposition Date: 10/04/2010

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	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Explanation of Variability	Approved-Closed	Yes
Form	Group Accident Only Physical Therapy Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GR922

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/04/2010	GR922	Certificate	Group Accident Only Initial Amendmen t, Insert Page, Endorseme nt or Rider	Physical Therapy Benefit Rider		48.900	GR922 Phyiscal Therapy Rider.PDF

Stonebridge Life Insurance Company

[Administrative Office: 2700 West Plano Parkway, Plano, Texas 75075]

GROUP ACCIDENT PHYSICAL THERAPY BENEFIT RIDER

RIDER BENEFIT SCHEDULE

INSURED: JOHN J. DOE
345 MAIN STREET
ANYTOWN, USA 12345

EFFECTIVE DATE OF COVERAGE: 09/01/2003

TERMINATION AGE: 85

	INSURED	COVERED SPOUSE	COVERED CHILD
ACCIDENT PHYSICAL THERAPY BENEFIT	[\$50] PER TREATMENT	[\$50] PER TREATMENT	[\$50] PER TREATMENT

WE WILL ONLY PAY FOR ONE (1) TREATMENT PER COVERED PERSON PER DAY

MAXIMUM NUMBER OF TREATMENTS PER COVERED ACCIDENT PER COVERED PERSON: [10]

ALL TREATMENTS FOR ONE INJURY MUST OCCUR WITHIN 12 MONTHS AFTER A COVERED ACCIDENT.

IF THE [INSURED][COVERED PERSON] ATTAINS AGE 70 BEFORE THE DATE OF INJURY RESULTING IN A LOSS, BENEFITS ARE ONE- HALF (50%) OF THAT OTHERWISE PAYABLE

Total Additional Premium:	\$6.00 per month	Certificate No.: 12345678
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The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The additional premium is listed in the [Rider Benefit Schedule][Certificate Schedule of Insurance]. Premiums are to be paid in the same manner and at the same time as the Certificate.

DEFINITIONS

For purposes of this Rider, the following Definitions apply.

THERAPIST means a licensed specialist in Physical Therapy. A Covered Person's immediate family or other household members will not be considered a Therapist.

PHYSICAL THERAPY means treatment of disorders of the muscles, bones, or joints by means of physical agents including but not limited to heat, light, water, manual and electronic massage, and exercise.

INJURY means bodily harm caused by an accident which occurs while this Rider is in force. The Injury must be the direct cause of the need for Physical Therapy, independent of disease or bodily infirmity.

ACCIDENT PHYSICAL THERAPY BENEFIT

If a Covered Person requires Physical Therapy by a Therapist as a result of a covered Injury, we will pay the benefit shown on the [Rider Benefit Schedule][Certificate Schedule of Insurance]. Physical Therapy must begin within [90] days of the accident causing the Injury; or discharge from the hospital for the covered Injury.

We will pay for one treatment per day per Covered Person for the maximum number of treatments stated on the [Rider Benefit Schedule] [Certificate Schedule of Insurance] per accident. All treatments for one Injury must occur within the maximum number of months stated on the [Rider Benefit Schedule] [Certificate Schedule of Insurance] after a covered accident.

GENERAL PROVISIONS

TERMINATION

This Rider shall terminate for the following reasons:

1. non-payment of any premium for the Certificate or this Rider on or before the due date, except as provided in the Grace Period; or
2. the date the Certificate terminates; or
3. the date the Rider terminates.

This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict herewith.

The Stonebridge Life Insurance Company has caused this Rider to be signed by its President and Secretary.



President



Secretary

<i>SERFF Tracking Number:</i>	<i>AEGX-G126819739</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46816</i>
<i>Company Tracking Number:</i>	<i>AR003911500019</i>		
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<i>Project Name/Number:</i>	<i>Accidental Death/AR003911500019</i>		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Application	Approved-Closed	10/04/2010

Comments:

Group Rider Enrollment Forms GRE318, GRE318AR, GRE319, GRE319AR, GRE320 and GRE320AR will be used to solicit these riders. These forms were previously approved by your Department on May 31, 2005. The SERFF File Number for GRE318 and GRE318AR was SERT-6CRQZE444 and the SERFF File Number for GRE319, GRE319AR, GRE320 and GRE320AR was SERT-6CRTND860.

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/04/2010

Comments:

Attachment:

AR - READABILITY CERTIFICATION.PDF

		Item Status:	Status
			Date:
Satisfied - Item:	Explanation of Variability	Approved-Closed	10/04/2010

Comments:

Attachment:

Explanation of Variables GR922.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Stonebridge Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GR922	48.9

Signed: 
Name: Laurie A. Renko
Title: Vice President
Date: September 16, 2010

EXPLANATION OF VARIABLES GR922

The following is an explanation of the variables indicated in the GR922 **Group Accident Physical Therapy Benefit Rider**.

1. ADMINISTRATIVE OFFICE variability allows us to administer the product from different locations. The address on the forms will be one of the following:
 - a) 2700 West Plano Parkway
Plano, Texas 75075-8200
 - b) 520 Park Avenue
Baltimore, Maryland 21201
 - c) Valley Forge, Pennsylvania 19493

In the Rider Benefit Schedule, Personal data will vary in name, benefit amount, premium, dates, policy number for each individual customer.

Benefit ranges for physical therapy is \$25 to \$100 for the Insured and Spouse and \$10 to \$100 for each child.

The range for the maximum number of treatments per covered accident per covered person is 10 to 25.

The language regarding Reduction in Benefits will appear when the base Certificate includes a Reduction of Benefits. It will not appear when the base Certificate does not include a Reduction of Benefits.

In the first paragraph and throughout the form, the reference to Rider Benefit Schedule will be used when offering the rider after the certificate has been issued. Certificate Benefit Schedule will be used when the rider is offered at the same time as the certificate.