

SERFF Tracking Number: NYLM-126906761 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 47341
Company Tracking Number: AD&D RIDERS
TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
Product Name: AD&D Riders
Project Name/Number: AD&D Riders/AD&D Riders

Filing at a Glance

Company: New York Life Insurance Company

Product Name: AD&D Riders

SERFF Tr Num: NYLM-126906761 State: Arkansas

TOI: H03G Group Health - Accidental Death & Dismemberment

SERFF Status: Closed-Approved-Closed State Tr Num: 47341

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Co Tr Num: AD&D RIDERS

State Status: Approved-Closed

Filing Type: Form

Author: Kristy Ferrante

Reviewer(s): Rosalind Minor

Date Submitted: 11/18/2010

Disposition Date: 11/23/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AD&D Riders

Status of Filing in Domicile:

Project Number: AD&D Riders

Date Approved in Domicile:

Requested Filing Mode:

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

Filing Status Changed: 11/24/2010

Explanation for Other Group Market Type:

State Status Changed: 11/24/2010

Deemer Date:

Created By: Kristy Ferrante

Submitted By: Kristy Ferrante

Corresponding Filing Tracking Number:

Filing Description:

Re: Filing Of Accident Hospital Indemnity; Burn Disfigurement; Elder Care; Survivor Monthly Income; and Total Disability Benefit Riders

Policy Forms: GMR-ER-AHI

GMR-ER-BD

GMR-ER-EC

GMR-ER-SMI

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GMR-ER-TDB

FEIN No. 13-5582869

NAIC No. 66915

To Whom it May Concern:

In accordance with Arkansas Regulation 27-79-109 we have enclosed for approval the above referenced Rider forms. These forms are new and do not replace any forms previously found acceptable by your department nor do they contain any provision or clause currently disapproved by the Department. We respectfully request approval of these forms for delivery both in and out of Arkansas.

The riders will be used with our generally filed GMR-ER-FACE, et al. forms that have been reviewed and approved by Arkansas on April 17, 2006.

The Riders may be added to the Group Policy and Certificate by agreement between the group policyholder and New York Life on group accidental death and dismemberment insurance. The Accidental Hospital Indemnity Rider will permit a benefit to be paid if an insured is confined in a hospital as a direct result of an accidental injury. The Burn Disfigurement Rider will permit a benefit to be paid if an insured has an accident which causes the insured to suffer burns on a percentage of his/her body. The Elder Care Rider will permit a benefit to be paid when the insured dies and the insured was caring for an elderly relative and that elderly relative was dependent on the insured for support and maintenance. The Survivor Monthly Income Rider will permit a benefit to be paid to an insured's beneficiary, if an insured's death is a covered loss or to the insured, if the insured's spouse's death is a covered loss. The Total Disability Rider will permit a benefit to be paid if the insured is totally disabled as a result of an accidental injury.

We have also enclosed an Explanation of Variable for each Rider, which summarizes the intended use of the forms and provides an explanation of the illustrative and variable language. This language appears in the highlighted areas of the forms.

The forms may be issued as shown, in typeset, in computer-emitted text, in photo-offset or in any combination of these means. Text will always be at least 10-point type.

We would appreciate receiving your Department's acceptance of this form at your earliest convenience.

Sincerely,

Bruce E. Dreizen

SERFF Tracking Number: NYLM-126906761 State: Arkansas
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 Product Name: AD&D Riders
 Project Name/Number: AD&D Riders/AD&D Riders

Corporate Vice President
 Bruce_E_Dreizen@newyorklife.com

Company and Contact

Filing Contact Information

Kristy Ferrante, kristy_ferrante@newyorklife.com
 One Rockwood Road 914-846-5566 [Phone]
 Sleepy Hollow, NY 10591 914-846-4568 [FAX]

Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York
 51 Madison Avenue Group Code: -99 Company Type:
 New York, NY 10010 Group Name: State ID Number:
 (212) 576-5814 ext. [Phone] FEIN Number: 13-5582869

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$0.00	11/18/2010	
New York Life Insurance Company	\$250.00	11/24/2010	42299561

SERFF Tracking Number: NYLM-126906761 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/24/2010	11/24/2010
Approved-Closed	Rosalind Minor	11/23/2010	11/23/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	11/23/2010	11/23/2010	Kristy Ferrante	11/24/2010	11/24/2010

SERFF Tracking Number: NYLM-126906761 *State:* Arkansas
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Dismemberment Dismemberment
Product Name: AD&D Riders
Project Name/Number: AD&D Riders/AD&D Riders

Disposition

Disposition Date: 11/23/2010

Implementation Date:

Status: Approved-Closed

Comment:

Thank you for the filing fee. The submission will maintain the approval date of 11/23/10.

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLM-126906761 State: Arkansas
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 Dismemberment
 Product Name: AD&D Riders
 Project Name/Number: AD&D Riders/AD&D Riders

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Explanation of Variability	Approved-Closed	Yes
Form	Accident Hospital Indemnity Benefit Rider	Approved-Closed	Yes
Form	Burn Disfigurement Benefit Rider	Approved-Closed	Yes
Form	Elder Care Benefit Rider	Approved-Closed	Yes
Form	Survivor Monthly Income Benefit Rider	Approved-Closed	Yes
Form	Total Disability Benefit Rider	Approved-Closed	Yes

SERFF Tracking Number: NYLM-126906761 *State:* Arkansas
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Product Name: AD&D Riders
Project Name/Number: AD&D Riders/AD&D Riders

Disposition

Disposition Date: 11/23/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form	Accident Hospital Indemnity Benefit Rider	Approved-Closed	Yes
Form	Burn Disfigurement Benefit Rider	Approved-Closed	Yes
Form	Elder Care Benefit Rider	Approved-Closed	Yes
Form	Survivor Monthly Income Benefit Rider	Approved-Closed	Yes
Form	Total Disability Benefit Rider	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/23/2010
Submitted Date 11/23/2010

Respond By Date

Dear Kristy Ferrante,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accident Hospital Indemnity Benefit Rider, GMR-ER-AHI (Form)
- Burn Disfigurement Benefit Rider, GMR-ER-BD (Form)
- Elder Care Benefit Rider, GMR-ER-EC (Form)
- Survivor Monthly Income Benefit Rider, GMR-ER-SMI (Form)
- Total Disability Benefit Rider, GMR-ER-TDB (Form)

Comment:

I approved this filing before realizing that you did not submit the filing fee.

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$250.00. Please submit \$250.00 for this submission.

Thank you for your cooperation.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Dismemberment Dismemberment
Product Name: AD&D Riders
Project Name/Number: AD&D Riders/AD&D Riders

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/24/2010
Submitted Date 11/24/2010

Dear Rosalind Minor,

Comments:

Please see below.

Response 1

Comments: I have attached the appropriate fees.

Related Objection 1

Applies To:

- Accident Hospital Indemnity Benefit Rider, GMR-ER-AHI (Form)
- Burn Disfigurement Benefit Rider, GMR-ER-BD (Form)
- Elder Care Benefit Rider, GMR-ER-EC (Form)
- Survivor Monthly Income Benefit Rider, GMR-ER-SMI (Form)
- Total Disability Benefit Rider, GMR-ER-TDB (Form)

Comment:

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The fee for this submission is \$50.00 per form for a total of \$250.00. Please submit \$250.00 for this submission.

Thank you for your cooperation.

Changed Items:

No Supporting Documents changed.

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Form Schedule

Lead Form Number: AD&D Riders

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/23/2010	GMR-ER-AHI	Policy/Contract	Accident Hospital Indemnity Benefit Rider	Initial		50.000	GMR-ER-AHI.pdf
			Certificate: Amendment, Insert Page, Endorsement or Rider				
Approved-Closed 11/23/2010	GMR-ER-BD	Policy/Contract	Burn Disfigurement Benefit Rider	Initial		50.000	GMR-ER-BD.pdf
			Certificate: Amendment, Insert Page, Endorsement or Rider				
Approved-Closed 11/23/2010	GMR-ER-EC	Policy/Contract	Elder Care Benefit Rider	Initial		50.000	GMR-ER-EC.pdf
			Certificate: Amendment, Insert Page, Endorsement or Rider				
Approved-Closed 11/23/2010	GMR-ER-SMI	Policy/Contract	Survivor Monthly Income Benefit Rider	Initial		50.000	GMR-ER-SMI.pdf
			Certificate: Amendment, Insert Page, Endorsement or Rider				

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 Product Name: AD&D Riders
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Certificate:

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Approved- Closed 11/23/2010	GMR-ER- TDB	Policy/Cont Total Disability ract/Fratern Benefit Rider al	Initial	50.000	GMR-ER- TDB.pdf
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Certificate:
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New York Life Insurance Company

– A Mutual Company Founded in 1845 –

51 Madison Avenue, New York, NY 10010

GROUP INSURANCE POLICY RIDER
to be attached to and made a part of the Policy

POLICYHOLDER	THE ABC EMPLOYER GROUP
EFFECTIVE DATE	JANUARY 1, 2010
POLICY NUMBER	G-00000-1 (the "Policy")
CONTRACT STATE	NEW YORK
RIDER NUMBER	1

NEW YORK LIFE agrees that this Rider is attached to and made a part of the Policy providing AD&D Insurance issued to the Policyholder and is subject to the terms and conditions of the Policy.

Accident Hospital Indemnity Benefit

Accident Hospital Indemnity Benefit – **New York Life** will pay an additional benefit to a **COVERED PERSON** who is confined in a Hospital as a direct result of an accidental injury, subject to the Exclusions section of the AD&D Insurance pages of the Policy. The accidental injury must occur while the **COVERED PERSON** is insured under the Policy and the Hospital Confinement must begin within **365** days of the accident that caused such injury.

The benefit amount is \$100 a day, for a maximum of 365 days.

This benefit reduces by 50% at AGE 70, and an additional 25% at AGE 75.

Successive periods of Hospital Confinement for the same or related accidental injury will be considered one period of confinement, unless separated by at least **90** days during which the **COVERED PERSON** is not hospital confined as a result of such accidental injury.

“Hospital” means:

1. a licensed institution primarily engaged in providing medical services for inpatients, if such institution has:
 - a. permanent facilities for diagnosis and surgery, except that: The surgery requirement does not apply to a Hospital which is: rendering treatment or services for rehabilitation after an accidental bodily injury;
 - b. 24-hour-a-day nursing service by registered professional nurses on duty or call; and
 - c. continuous supervision by a staff of one or more Doctors;
2. a Christian Science sanatorium currently operated, or currently listed and certified, by the First Church Of Christ, Scientist, of Boston, Massachusetts.

Hospital does not include a chemical dependency treatment facility, a psychiatric residential treatment center, a convalescent home, a nursing home, a rest home, a place for the aged or an extended care facility.

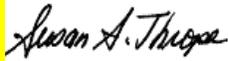
“Doctor” means:

1. a licensed physician, dentist, osteopath, optometrist, podiatrist, psychologist, registered clinical psychologist, psychiatrist, chiropractor, licensed or certified physiotherapist;
2. a Christian Science Practitioner, currently listed and certified by the First Church Of Christ, Scientist, of Boston, Massachusetts, while such practitioner provides in-person treatment; or

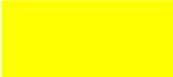
3. a licensed medical practitioner whose services are required to be covered by law and who renders such services within the scope of his or her license.

Doctor does not include the COVERED PERSON or his or her: parent; guardian; spouse; brother; sister; natural, step, adopted or foster child; grandparent; in-law; or a person residing in the COVERED PERSON'S household.

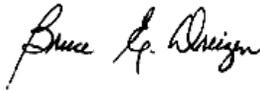
“Hospital Confinement” means that the COVERED PERSON is a registered bed patient in a Hospital and is charged room and board by the Hospital. The COVERED PERSON must be confined in the Hospital on the advice of a Doctor and under the regular care and treatment of a Doctor. Hospital Confinement does not include treatment received in the outpatient department of the Hospital. Outpatient treatment means service rendered for a period of less than 24 hours. Treatment in an emergency room, as the result of an accidental bodily injury, will be considered as one day of Hospital Confinement.

Secretary




President



Countersignature



New York Life Insurance Company
 – A Mutual Company Founded in 1845 –
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CONTRACT STATE	NEW YORK
RIDER NUMBER	1

NEW YORK LIFE agrees that this Rider is attached to and made a part of the Policy providing AD&D Insurance issued to the Policyholder and is subject to the terms and conditions of the Policy.

Burn Disfigurement Benefit

Burn Disfigurement Benefit – New York Life will pay an additional benefit for a Covered Loss, as defined on the AD&D Insurance page(s) of the Policy, which causes the COVERED PERSON to suffer a disfigurement due to burns covering at least 5% of his/her body.

The benefit amount is equal to the lesser of: (a) 10% of the Principal Sum; or (b) \$30,000.

Susan A. Thorne

Secretary

Stephen A. [Signature]

President

Bruce E. [Signature]

Countersignature



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Elder Care Benefit

Elder Care Benefit – **New York Life** will pay an additional benefit if: (a) a **COVERED PERSON'S** death is a Covered Loss, as defined on the AD&D Insurance page(s) of the Policy; and (b) such **COVERED PERSON'S** elderly relative (other than a spouse) was dependent on the **COVERED PERSON** for support and maintenance.

The benefit amount is equal to the lesser of: (a) 5% of the Principal Sum; or (b) \$5,000.

The benefit will be paid to the **COVERED PERSON'S** beneficiary, as stated in the beneficiary section of the AD&D Insurance page(s).

Susan A. Thorne

Secretary

Stephen A. [Signature]

President

Bruce G. [Signature]

Countersignature



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NEW YORK LIFE agrees that this Rider is attached to and made a part of the Policy providing AD&D Insurance issued to the Policyholder and is subject to the terms and conditions of the Policy.

Survivor Monthly Income Benefit

Survivor Monthly Income Benefit – **New York Life** will pay an additional benefit of:

1. \$1,500 a month for a maximum of 36 months to the **INSURED MEMBER'S** beneficiary, as stated in the beneficiary section of the AD&D Insurance page(s), if the **INSURED MEMBER'S** death is a Covered Loss, as defined on the AD&D Insurance page(s).
2. \$750 a month for a maximum of 36 months to the **INSURED MEMBER**, if the death benefit is payable under the Policy with respect to the **INSURED SPOUSE**, if the **INSURED SPOUSE'S** death is a Covered Loss.

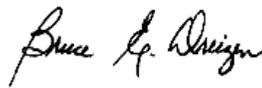
If the beneficiary dies before the entire benefit has been paid, any outstanding payments will be made payable to the **INSURED MEMBER'S** Estate.



Secretary



President



Countersignature



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RIDER NUMBER	1

NEW YORK LIFE agrees that this Rider is attached to and made a part of the Policy providing AD&D Insurance issued to the Policyholder and is subject to the terms and conditions of the Policy.

Total Disability Benefit

Total Disability Benefit – **New York Life** will pay an additional monthly benefit of **\$500 per month** to the **COVERED PERSON** if **New York Life** determines that the **COVERED PERSON** is Totally Disabled while insured under the Policy and the Total Disability is a result of an accidental injury, subject to the Exclusions section of the AD&D Insurance page(s) of the Policy, that results in continuous Total Disability for a period of **30 days or more**. The Total Disability must begin within **365** days of the accident that caused the Total Disability.

This Total Disability Benefit will end on the earlier of:

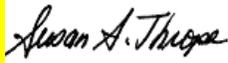
- (1) The date the **COVERED PERSON** is no longer Totally Disabled; or
- (2) **12** months after the first benefit payment.

One thirtieth of the monthly benefit will be paid for each day of a partial month of Total Disability.

“Total Disability” means an incapacity which:

- 1. completely and continuously prevents a **COVERED PERSON** from doing the material and substantial duties of any occupation for which he or she is reasonably qualified by education, training or experience;
- 2. results in total and permanent loss of sight of both eyes; or
- 3. results in severance, above the wrist or ankle of: (1) both hands; (2) both feet; or (3) one hand and one foot.

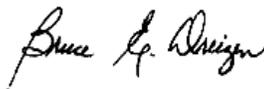
Total Disability and Totally Disabled have the same meaning.



Secretary



President



Countersignature

G-00000-0

GMR-ER-TDB

1/1/10

<i>SERFF Tracking Number:</i>	<i>NYLM-126906761</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47341</i>
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<i>Product Name:</i>	<i>AD&D Riders</i>		
<i>Project Name/Number:</i>	<i>AD&D Riders/AD&D Riders</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	11/23/2010
Comments:		
Attachment: Flesch Reading Ease Score.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	11/23/2010
Bypass Reason: N/a		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variability	Approved-Closed	11/23/2010
Comments:		
Attachments: GMR-ER-AHI EofV.pdf GMR-ER-BD EofV.pdf GMR-ER-EC EofV.pdf GMR-ER-SMI EofV.pdf GMR-ER-TDB EofV.pdf		



New York Life Insurance Company

– A Mutual Company Founded in 1845 –
51 Madison Avenue, New York, NY 10010

Flesch Reading Ease Score

The policy rider and certificate rider are both written on our generally filed GMR-ER-FACE et al. forms which have an aggregate Flesch Test score of +63.42.

Date: November 18, 2010

New York Life Insurance Company

Name of Company

A handwritten signature in cursive script that reads "Bruce E. Dreizen".

by: _____

Signature

Bruce E. Dreizen

Corporate Vice President

Name and Title of Person

EXPLANATION OF VARIABLE
Form GMR-ER-AHI

This form, when added to the contract at the Policyholders request, can be used in combination with approved general, limited general, or one case forms, e.g. GMR, GMR-ER, GE, GC, GR, etc.

This form can be used with both the Policy and Certificate. For a Certificate Rider, the Rider number and countersignature will be deleted.

The Effective Date, Contract State and Rider Number headings will vary based on the individual Policyholder. The Policyholder and Policy Number information varies for each group.

Personnel signatures will be modified to reflect the appropriate company officers.

The time period confinement in a Hospital must follow the accidental injury can range from 90 days to 365 days.

Benefits for which an insured is eligible will vary by policyholder; for example, the benefit amount can range \$10 to \$100 a day. The maximum period can range from 30 days to 365 days.

Covered Person can be changed to other similar meaning words, such as Eligible Member, Eligible Person, Covered Member, Covered Insured, Insured Employee or You.

The statement "This benefit reduces by 50% at AGE 70, and an additional 25% at AGE 75" may be deleted in its entirety or replaced with ranges such as 25% - 50% at AGE 70 and 10% - 50% at AGE 75. There may be an initial reduction of 35% at AGE 65.

Successive period days can range from 10 days to 180 days.

References to New York Life Insurance Company may be replaced by "We", "Us", "Our", "New York Life" or "The Company".

Benefit amounts and time frames may appear on a Schedule page. If so, a statement will appear that indicates the benefit amount will be as stated on the Schedule page(s).

EXPLANATION OF VARIABLE
Form GMR-ER-BD

This form, when added to the contract at the Policyholders request, can be used in combination with approved general, limited general, or one case forms, e.g. GMR, GMR-ER, GE, GC, GR, etc.

This form can be used with both the Policy and Certificate. For a Certificate Rider, the Rider number and countersignature will be deleted.

The Effective Date, Contract State and Rider Number headings will vary based on the individual Policyholder. The Policyholder and Policy Number information varies for each group.

Personnel signatures will be modified to reflect the appropriate company officers.

If added to the policy, the words "as defined on the AF&F Insurance page(s) of the Policy will be deleted in its entirety

The amount a Covered Person must be burned on his or her body can range from 5% to 25%.

Benefits for which an insured is eligible will vary by policyholder; for example, the benefit amount can range from 5% to 25% of the Principal Sum or \$5,000 to \$50,000.

Covered Person can be changed to other similar meaning words, such as Eligible Member, Eligible Person, Covered Member, Covered Insured, Insured Employee or You.

References to New York Life Insurance Company may be replaced by "We", "Us", "Our", "New York Life" or "The Company".

Benefit amounts and time frames may appear on a Schedule page. If so, a statement will appear that indicates the benefit amount will be as stated on the Schedule page(s).

EXPLANATION OF VARIABLE
Form GMR-ER-EC

This form, when added to the contract at the Policyholders request, can be used in combination with approved general, limited general, or one case forms, e.g. GMR, GMR-ER, GE, GC, GR, etc.

This form can be used with both the Policy and Certificate. For a Certificate Rider, the Rider number and countersignature will be deleted.

The Effective Date, Contract State and Rider Number headings will vary based on the individual Policyholder. The Policyholder and Policy Number information varies for each group.

Personnel signatures will be modified to reflect the appropriate company officers.

Benefits for which an insured is eligible will vary by policyholder; for example, the benefit amount can range from 5% to 25% of the Principal Sum or \$5,000 to \$50,000.

Covered Person can be changed to other similar meaning words, such as Eligible Member, Eligible Person, Covered Member, Covered Insured, Insured Employee or You.

References to New York Life Insurance Company may be replaced by "We", "Us", "Our", "New York Life" or "The Company".

Benefit amounts and time frames may appear on a Schedule page. If so, a statement will appear that indicates the benefit amount will be as stated on the Schedule page(s).

EXPLANATION OF VARIABLE
Form GMR-ER-SMI

This form, when added to the contract at the Policyholders request, can be used in combination with approved general, limited general, or one case forms, e.g. GMR, GMR-ER, GE, GC, GR, etc.

This form can be used with both the Policy and Certificate. For a Certificate Rider, the Rider number and countersignature will be deleted.

The Effective Date, Contract State and Rider Number headings will vary based on the individual Policyholder. The Policyholder and Policy Number information varies for each group.

Personnel signatures will be modified to reflect the appropriate company officers.

Monthly Benefit amount can range from \$100 - \$2,500.

Maximum number of months can range from 12 months to 60 months.

Insured Member can be changed to other similar meaning words, such as Insured Employee or You.

References to New York Life Insurance Company may be replaced by "We", "Us", "Our", "New York Life" or "The Company".

Benefit amounts and time frames may appear on a Schedule page. If so, a statement will appear that indicates the benefit amount will be as stated on the Schedule page(s).

#2 will be deleted in its entirety if the product has no dependent insurance.

EXPLANATION OF VARIABLE
Form GMR-ER-TDB

This form, when added to the contract at the Policyholders request, can be used in combination with approved general, limited general, or one case forms, e.g. GMR, GMR-ER, GE, GC, GR, etc.

This form can be used with both the Policy and Certificate. For a Certificate Rider, the Rider number and countersignature will be deleted.

The Effective Date, Contract State and Rider Number headings will vary based on the individual Policyholder. The Policyholder and Policy Number information varies for each group.

Personnel signatures will be modified to reflect the appropriate company officers.

Covered Person can be changed to other similar meaning words, such as Eligible Member, Eligible Person, Insured Member, Covered Member, Covered Insured, Insured Employee or You.

Monthly Benefit amount can range from \$100 - \$2,500.

Maximum number of months can range from 6 months to 60 months.

The period of continuous Total Disability can range from 30 - 90 days or more.

The time period a Total Disability must begin following the accident which caused the Total Disability can range from 90 days to 365 days.

References to New York Life Insurance Company may be replaced by "We", "Us", "Our", "New York Life" or "The Company".

Benefit amounts and time frames may appear on a Schedule page. If so, a statement will appear that indicates the benefit amount will be as stated on the Schedule page(s).