

<i>SERFF Tracking Number:</i>	<i>GLIN-126427471</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45030</i>
<i>Company Tracking Number:</i>	<i>GL-STLR</i>		
<i>TOI:</i>	<i>HOrg03 Health - Other</i>	<i>Sub-TOI:</i>	<i>HOrg03.000 Health - Other</i>
<i>Product Name:</i>	<i>Stop Loss - Specific Term Liability Rider</i>		
<i>Project Name/Number:</i>	<i>Stop Loss - Specific Term Liability Rider/GL-STLR</i>		

## Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Stop Loss - Specific Term Liability Rider

TOI: HOrg03 Health - Other

Sub-TOI: HOrg03.000 Health - Other

Filing Type: Form

SERFF Tr Num: GLIN-126427471 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 45030

Co Tr Num: GL-STLR

Author: Shana Anselme

Date Submitted: 02/25/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 03/02/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: Stop Loss - Specific Term Liability Rider

Project Number: GL-STLR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/02/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/02/2010

Created By: Shana Anselme

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Shana Anselme

Filing Description:

We are providing a Specific Term Liability Rider for our Stop Loss form, GLXLPOL-NS. This rider provides that 30 days prior to the end of the Policy term, the policy will be amended to cover run-out claims from the Specific Benefit claims incurred during the policy term or within 3 months immediately thereafter.

## Company and Contact

### Filing Contact Information

Shana Anselme, Compliance Manager

shana.anselme@us.nestle.com

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1311 Mamaroneck Avenue 914-272-4000 [Phone]  
 White Plains, NY 10605 914-272-4099 [FAX]

**Filing Company Information**

Gerber Life Insurance Company CoCode: 70939 State of Domicile: New York  
 1311 Mamaroneck Avenue Group Code: Company Type: Life and Health  
 Insurance  
 White Plains, NY 10605 Group Name: State ID Number:  
 (914) 272-4000 ext. [Phone] FEIN Number: 13-2611847

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$50.00	02/25/2010	34442542

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/02/2010	03/02/2010

*SERFF Tracking Number:*      *GLIN-126427471*                      *State:*                      *Arkansas*  
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*TOI:*                      *HOrg03 Health - Other*                      *Sub-TOI:*                      *HOrg03.000 Health - Other*  
*Product Name:*              *Stop Loss - Specific Term Liability Rider*  
*Project Name/Number:*      *Stop Loss - Specific Term Liability Rider/GL-STLR*

## **Disposition**

Disposition Date: 03/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *GLIN-126427471* State: *Arkansas*  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Readability Cert.	Approved-Closed	Yes
<b>Form</b>	Specific Terminal Liability Rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: GL-STLR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/02/2010	GL-STLR	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		45.000	Specific Terminal Liability Rider.pdf

# GERBER LIFE INSURANCE COMPANY

[1311 MAMARONECK AVENUE  
WHITE PLAINS, NEW YORK 10605]

To be attached to and made part of Policy [1] issued to [2] as Policyholder. Effective [3] it is hereby agreed that Part 1 paragraph A is amended by the addition of the following:

## SPECIFIC TERMINAL LIABILITY RIDER

If the Policyholder notifies us of a decision to elect the Specific Terminal Liability Rider 30 days prior to the end of the Policy Term, the Policy will be amended as follows to cover run-out claims from the Specific Benefit:

The Incurred and Paid period for the Covered Claims Basis, as shown in the Specific Benefit Schedule is amended to read, Eligible Claims Expenses, except those to which a Special Risk Limitation applies, incurred during the Policy Term and actually Paid during the Policy Term or within three months immediately thereafter.

The Policyholder's election of the Specific Terminal Liability Provision will only become effective if each of the following conditions is met:

1. The Policyholder must terminate the Stop Loss Policy at the end of the Policy Term and return to a fully insured health insurance program.
2. The Policyholder must notify us of that decision and elect the Specific Terminal Liability Provision 30 days prior to the end of the Policy Term.
3. The Specific Benefit remains in effect through the end of the Policy Term shown on the Declaration Page attached to this Policy.

Specific Benefit does not include any amount actually Paid by the Policyholder for Excluded Claims Expenses during the Policy Term or within three months immediately thereafter.

SIGNED FOR GERBER LIFE INSURANCE COMPANY



[President and CEO]



[Secretary]

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	03/02/2010
<b>Comments:</b>		
<b>Attachment:</b> ARKANSAS CERTIFICATION.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	03/02/2010
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	03/02/2010
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Readability Cert.	Approved-Closed	03/02/2010
<b>Comments:</b>		
<b>Attachment:</b> STLR Readability Certification.pdf		

## ARKANSAS CERTIFICATION

I, Robert Lodewick, Vice President and General Counsel of Gerber Life Insurance Company, certify that we are in compliance with:

Rule and Regulation 19 and 49 of the Arkansas Code.

Sincerely

A handwritten signature in black ink, appearing to read "Robert Lodewick". The signature is fluid and cursive, with a large initial "R" and "L".

Robert Lodewick  
VP and General Counsel

GERBER LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

I certify that the forms listed on the attached page(s) meet the standards of your State's Readability Laws.

GERBER LIFE INSURANCE COMPANY



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Signature

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Robert Lodewick

Name

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Vice President/General Counsel

Title

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2/25/2010

Date

## GERBER LIFE INSURANCE COMPANY

Flesch Scores for forms submitted with this filing are:

<u>Form No.</u>	<u>Flesch Score</u>
GL-STLR	45