

SERFF Tracking Number: LMGM-126544450 State: Arkansas  
 Filing Company: Liberty Life Assurance Company of Boston State Tracking Number: 45240  
 Company Tracking Number:  
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Product Name: GLP/GLC filing  
 Project Name/Number: /

## Filing at a Glance

Company: Liberty Life Assurance Company of Boston

Product Name: GLP/GLC filing

SERFF Tr Num: LMGM-126544450 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved- Closed State Tr Num: 45240

Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Ron Oppenheim

Reviewer(s): Linda Bird

Date Submitted: 03/23/2010

Disposition Date: 03/24/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

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: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 03/24/2010

Explanation for Other Group Market Type:

State Status Changed: 03/24/2010

Deemer Date:

Created By: Ron Oppenheim

Submitted By: Ron Oppenheim

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for filing and approval are replacement form pages designed to be used with our GLP Group Life Policy Form and GLC Group Life Certificate Form. These forms pages were originally approved for use by your department on May 1, 2000. This filing is submitted under Title Sec. 23-79-109 (b)(1), et seq. of the Arkansas Code, with the understanding that it shall be deemed approved 30 days after filing, unless your department approves or disapproves sooner, or the waiting period is extended. Below is an explanation of the revisions to each form page:

For pages GLP-SCH-4.14 (Continued) and GLC-SCH-4.14 (Continued), which replace pages GLP-SCH-4.4 (Continued)

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and GLC-SCH-4.4 (Continued), we changed our reduction formula for benefits over the age of 65 so that it can apply to spouses and/or domestic partners. This change, along with the entire provision, is variable. Please note that this form page is the second of a two-page form. The first page ( GLP-SCH-4.4 and GLC-SCH-4.4) has remained unchanged since it was approved by your department, but has been renumbered as GLP-SCH-4.14 and GLC-SCH-4.14 to remain consistent.

For pages GLP-ELG-6.1, GLC-ELG-5.2, GLP-ELG-7.1, and GLC-ELG-6.1, which replace GLP-ELG-6, GLC-ELG-5, GLP-ELG-7, and GLC-ELG-6, we updated our transfer of carrier provisions to clarify which individuals are covered and when the provision's coverage ends.

For pages GLP-LEX-1.4 and GLC-LEX-1.4, which replace GLP-LEX-1 and GLC-LEX-1, we modified our suicide exclusion to remove variability for any employee-paid coverage and clarify that the exclusion applies to suicide committed while sane or insane. The suicide exclusion for employer-paid coverage remains variable.

For pages GLP-GNP-1.14 and GLC-GNP-1.13, which replace GLP-GNP-1 and GLC-GNP-1, we added language to our Beneficiary provision to clarify that the covered employee is the beneficiary for dependent coverage.

For pages GLP-GNP-4.14 and GLC-GNP-3.13, which replace GLP-GNP-4 and GLC-GNP-3, we have made the Optional Methods of Settlement provision variable and added a provision describing the primary features of the Liberty Security Account (a retained asset account).

Please note that while there are no changes to the language of pages GLP-LIF-2.12 and GLC-LIF-2.12, we are including them because we are modifying some amounts on our Accelerated Death Benefit provision. These modifications are outlined in the attached Memorandum of Variability. Given that the language remains the same, we are attaching the page for informational purposes only.

Pages are in final printed format and variable material is contained in brackets. All pages being replaced are on file with your department.

If you should have any questions, please contact me. I can be reached via phone at (617) 654-3136, or via email at ron.oppenheim@libertymutual.com.

## Company and Contact

### Filing Contact Information

Ron Oppenheim, Sr. Compliance Analyst  
175 Berkeley St. MS10A

Ron.Oppenheim@libertymutual.com  
617-357-9500 [Phone] 43136 [Ext]

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Boston, MA 02116 617-574-5917 [FAX]

**Filing Company Information**

Liberty Life Assurance Company of Boston CoCode: 65315 State of Domicile: Massachusetts  
 175 Berkeley St. Group Code: 111 Company Type: Life  
 Boston, MA 02116 Group Name: Liberty Mutual Group State ID Number:  
 (617) 357-9500 ext. [Phone] FEIN Number: 04-6076039

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$75.00  
 Retaliatory? Yes  
 Fee Explanation: Per MA DOI Bulletin 08-19, filings are charged \$75.00 per submission.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Life Assurance Company of Boston	\$75.00	03/23/2010	35099489

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/24/2010	03/24/2010

*SERFF Tracking Number:* LMGM-126544450      *State:* Arkansas  
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## **Disposition**

Disposition Date: 03/24/2010

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		Yes
Supporting Document	Application		No
Supporting Document	Memorandum of Variability		Yes
Form	Schedule of Benefits		Yes
Form	Eligibility and Effective Dates		Yes
Form	Eligibility and Effective Dates		Yes
Form	Employee Life Insurance		Yes
Form	Life Insurance Exclusions		Yes
Form	General Provisions		Yes
Form	General Provisions		Yes
Form	Schedule of Benefits		Yes
Form	Eligibility and Effective Dates		Yes
Form	Eligibility and Effective Dates		Yes
Form	Employee Life Insurance		Yes
Form	Life Insurance Exclusions		Yes
Form	General Provisions		Yes
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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GLP-SCH-4.14 (Continued)	Policy/Cont Schedule of Benefits ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			GLP-SCH-4.14 (Continued).pdf
	GLP-ELG-6.1	Policy/Cont Eligibility and ract/Fratern Effective Dates al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			GLP-ELG-6.1.pdf
	GLP-ELG-7.1	Policy/Cont Eligibility and ract/Fratern Effective Dates al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			GLP-ELG-7.1.pdf
	GLP-LIF-2.12	Policy/Cont Employee Life ract/Fratern Insurance al	Other	Other Explanation: for reference purposes		GLP-LIF-2.12.pdf

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GLP-LEX-1.4	Certificate Policy/Cont Life Insurance ract/Fratern Exclusions al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	GLP-LEX-1.4.pdf
GLP-GNP-1.14	Certificate: Amendmen t, Insert Page, Endorseme nt or Rider Policy/Cont General Provisions ract/Fratern al	Initial	GLP-GNP-1.14.pdf
GLP-GNP-4.14	Certificate: Amendmen t, Insert Page, Endorseme nt or Rider Policy/Cont General Provisions ract/Fratern al	Initial	GLP-GNP-4.14.pdf
GLC-SCH-4.14 (Continued)	Certificate Schedule of Benefits Amendmen t, Insert Page, Endorseme nt or Rider	Initial	GLC-SCH-4.14 (Continued).pdf
GLC-ELG-5.2	Certificate Eligibility and Amendmen Effective Dates t, Insert	Initial	GLC-ELG-5.2.pdf

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Product Name: GLP/GLC filing  
 Project Name/Number: /

	Page, Endorseme nt or Rider				
GLC-ELG- 6.1	Certificate Eligibility and Amendmen Effective Dates t, Insert Page, Endorseme nt or Rider	Initial			GLC-ELG- 6.1.pdf
GLC-LIF- 2.12	Certificate Employee Life Insurance	Other	Other Explanation: for reference purposes		GLC-LIF- 2.12.pdf
GLC-LEX- 1.4	Certificate Life Insurance Amendmen Exclusions t, Insert Page, Endorseme nt or Rider	Initial			GLC-LEX- 1.4.pdf
GLC-GNP- 1.13	Certificate General Provisions Amendmen t, Insert Page, Endorseme nt or Rider	Initial			GLC-GNP- 1.13.pdf
GLC-GNP- 3.13	Certificate General Provisions Amendmen t, Insert Page, Endorseme nt or Rider	Initial			GLC-GNP- 3.13.pdf

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2  
3 **[SECTION 1 - SCHEDULE OF BENEFITS**

4 (Continued)

5  
6 **ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)**

7  
8 **[Employee, and Dependent spouse or Domestic Partner Felonious Assault Benefit]:**

9  
10 Maximum Benefit Amount: 10% of Full Amount up to [\$5,000]]

11 **[Employee Hepatitis B or C Benefit]:**

12  
13  
14 Maximum Benefit Amount: 10% of Full Amount up to [\$5,000]]

15 **[Employee HIV Benefit]:**

16  
17  
18 Maximum Benefit Amount: 10% of Full Amount up to [\$5,000]]

19  
20 **[Employee, and Dependent spouse or Domestic Partner Rehabilitation Benefit]:**

21  
22 Maximum Benefit Amount: 10% of Full Amount up to [\$5,000]]

23  
24 **[Employee, and Dependent spouse or Domestic Partner Adaptive Home or Adaptive Vehicle Benefit]:**

25  
26 Maximum Benefit Amount: 10% of Full Amount up to [\$5,000]]

27  
28 **[Reduction Formula (Not applicable to Retired Employees):**

29  
30 The amount of Life and Accidental Death and Dismemberment Insurance applicable to the Covered  
31 Employee's [and spouse's [or Domestic Partner's]] class of benefits will reduce [for each Covered Person  
32 when he turns] [at age] 65 or older as follows:

33  
34

[ages 65 - 69:	to 67%
ages 70 - 74:	to 45%
ages 75 - 79:	to 30%
ages 80 - 84:	to 20%
ages 85 - 89:	to 15%
ages 90 & up:	to 10%]]

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3 **[SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES**

4 (Continued)

5  
6 **Transfer Provision**

7  
8 In order to prevent loss of coverage for an individual because of transfer of insurance carriers, this policy  
9 will provide a death benefit for certain individuals as follows:

10  
11 **Failure to be In Active Employment Due to Injury or Sickness**

12  
13 Subject to continuous premium payments from the effective date of this policy, this policy will cover  
14 individuals who:

- 15  
16 1. at the time of transfer are covered under the prior carrier's policy; and  
17  
18 2. are not in Active Employment due to Injury or Sickness on the effective date of this policy;  
19  
20 3. are not eligible for continued coverage under the prior carrier's policy; and  
21  
22 4. are designated as being covered under this Transfer Provision section in a list agreed upon by the  
23 Sponsor and Liberty.

24  
25 Coverage under this section will continue until the earliest of the following dates:

- 26  
27 1. 12 months after this policy's effective date;  
28  
29 2. the last day the individual would have been covered under the prior carrier's policy if that policy  
30 was still in force;  
31  
32 3. the date the individual returns to Active Employment; or  
33  
34 4. the date insurance would terminate for one of the reasons stated in this policy's Termination  
35 Provisions section.

36  
37 The benefit will be determined based on the lesser of:

- 38  
39 1. the amount of the Life Insurance benefit that would have been payable under the prior policy,  
40 subject to any applicable limitations under this policy; or  
41  
42 2. the amount of Life Insurance benefit payable under this policy.

43  
44 If a benefit is payable under the prior policy, no benefits are payable under this policy.  
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3 **[SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES**

4 (Continued)

5  
6 **Transfer Provision - Merger or Acquisition**

7  
8 In order to prevent loss of coverage for an individual because of a transfer of coverage due to a merger or  
9 acquisition, this policy will provide a death benefit for certain individuals as follows:

10  
11 **Failure to be In Active Employment Due to Injury or Sickness**

12  
13 Subject to continuous premium payments from the effective date of this policy, this policy will cover  
14 individuals who:

- 15  
16 1. at the time of transfer are covered under the prior group policy; and  
17  
18 2. are not in Active Employment due to Injury or Sickness on the effective date of this policy;  
19  
20 3. are not eligible for continued coverage under the prior carrier's policy; and  
21  
22 4. are designated as being covered under this Transfer Provision section in a list agreed upon by  
23 the Sponsor and Liberty.  
24

25  
26 Coverage under this section will continue until the earliest of the following dates:

- 27  
28 1. 12 months after this policy's effective date;  
29  
30 2. the last day the individual would have been covered under the prior carrier's policy if that policy  
31 was still in force;  
32  
33 3. the date the individual returns to Active Employment; or  
34  
35 4. the date insurance would terminate for one of the reasons stated in this policy's Termination  
36 Provisions section.  
37

38 The benefit will be determined based on the lesser of:

- 39  
40 1. the amount of the Life Insurance benefit that would have been payable under the prior policy,  
41 subject to any applicable limitations under this policy; or  
42  
43 2. the amount of Life Insurance benefit payable under this policy.  
44

45 If a benefit is payable under the prior policy, no benefits are payable under this policy.  
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3 [SECTION 4 - INSURANCE BENEFITS

4 (Continued)

5  
6 EMPLOYEE LIFE INSURANCE COVERAGE (Continued)

7 Accelerated Death Benefit

8  
9 **Note:** The receipt of an Accelerated Death Benefit may be taxable. A Covered Employee should  
10 consult his tax consultant or legal advisor before applying for an Accelerated Death Benefit.

11  
12 If, while insured under this policy, a Covered Employee [or Covered Dependent spouse or Domestic  
13 Partner] gives Liberty satisfactory Proof of having a Terminal Condition, the Covered Employee [or  
14 Covered Dependent spouse or Domestic Partner] may receive a portion of his Life Insurance as an  
15 Accelerated Death Benefit. Such insurance will be paid one time to the Covered Employee [or Covered  
16 Dependent spouse or Domestic Partner] in one lump sum.

17  
18  
19 [The amount of Accelerated Death Benefit payable to the Covered Employee under this policy is limited to  
20 the lesser of the following:

- 21 1. a minimum amount of [\$5,000];]
- 22
- 23 [2. the Accelerated Death Benefit amount requested by the Covered Employee;]
- 24
- 25 [3. [50%] of the Covered Employee's Life Insurance that is in force on the date the Covered Employee  
26 applies for an Accelerated Death Benefit; or]
- 27
- 28 [4. [\$100,000].]

29  
30 [The amount of Accelerated Death Benefit payable to the Covered Dependent spouse [or Domestic Partner]  
31 under this policy is limited to [the lesser of the following:

- 32 1. a minimum amount of [\$5,000];]
- 33
- 34 [2. the Accelerated Death Benefit amount requested by the Covered Dependent spouse [or Domestic  
35 Partner];]
- 36
- 37 [3. [50%] of the Covered Dependent spouse's [or Domestic Partner's] Life Insurance that is in force on  
38 the date the Covered Dependent spouse [or Domestic Partner] applies for an Accelerated Death  
39 Benefit; or]
- 40
- 41 [4. [\$100,000].]

42  
43 [If the amount of a Covered Employee's [or Covered Dependent spouse's or Domestic Partner's] Life  
44 Insurance under this policy is scheduled to reduce within [12 months] following the date the Covered  
45 Employee [or Covered Dependent spouse or Domestic Partner] applies for the Accelerated Death Benefit,  
46 the benefit payable under this policy will be based on the reduced amount.]

47  
48 **Application for an Accelerated Death Benefit**

49  
50 A Covered Employee [or Covered Dependent spouse or Domestic Partner] must apply for an Accelerated  
51 Death Benefit. To apply, the Covered Employee [or Covered Dependent spouse or Domestic Partner]  
52 must give Liberty:

- 53 1. certification, from a Physician, that he has a Terminal Condition, as defined by this policy;
- 54 2. supporting evidence satisfactory to Liberty, documenting the Terminal Condition;
- 55 3. a completed claims form.

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4 **SECTION 5 - EXCLUSIONS**  
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7 **LIFE INSURANCE EXCLUSIONS**  
8

9 No benefits are payable for any loss for death that results from, is contributed to or caused by:

- 10  
11 1. suicide, committed while sane or insane, occurring within 24 months after the Covered Person's  
12 initial effective date of insurance with the Sponsor; and  
13  
14 2. suicide, committed while sane or insane, occurring within 24 months after the date any  
15 additional insurance elected by the Covered Person becomes effective under this Policy.  
16

17 The suicide exclusion will apply to any amounts of insurance for which [either the Sponsor or] the  
18 Covered Person pay[s] all or part of the premium.  
19

20 [The suicide exclusion will also apply to any amount that is subject to Evidence of Insurability Liberty  
21 approved.]  
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3 **SECTION 7 - GENERAL PROVISIONS**  
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6 **Appeal Process**  
7

8 Liberty will notify in writing any Covered Person or beneficiary whose claim is denied in whole or part.  
9 That written notice will explain the reasons for denial. If the claimant does not agree with the reasons  
10 given, he may request an appeal of the claim. To do so, the claimant should write to Liberty within 60  
11 days after the notice of denial was received. The claimant should state why he believes the claim was  
12 improperly denied. Any data, questions or comments that the claimant thinks are appropriate should be  
13 included. Unless Liberty requests additional material in a timely fashion, the claimant will be advised of  
14 Liberty's decision within 60 days after his or her letter is received.  
15

16 **Assignment**  
17

18 The coverage under this policy is not assignable by the Sponsor without Liberty's written consent. A  
19 Covered Employee may assign all of his present and future right, title, interest, and incidents of  
20 ownership of:  
21

- 22 1. any Life Insurance;
- 23 2. any disability provision of Life Insurance[; and
- 24 3. any Accidental Death and Dismemberment Insurance under this policy].  
25

26 Such assignment will include, but is not limited to, the rights:  
27

- 28 1. to make any contribution required to keep the coverage in force;
- 29 2. to exercise any conversion privilege; and
- 30 3. to change the beneficiary.  
31

32 **Beneficiary**  
33

34 Each Covered Employee must name a beneficiary to whom the insurance benefits under this policy are  
35 payable. If more than one beneficiary is named and if their interests are not specified, any surviving  
36 Beneficiaries will share equally. For any Dependent Life Insurance, the Covered Employee is  
37 automatically designated as the beneficiary.  
38

39 If, at the death of a Covered Employee, there is no named or surviving beneficiary, Liberty will pay the  
40 benefits to the executor or administrator of the Covered Employee's estate. Liberty may, at its option, pay  
41 the benefits to a surviving relative in the following order: spouse, child, parent, sibling. Such payment  
42 will release Liberty of all further liability to the extent of payment.  
43

44 A Covered Employee may change his beneficiary at any time by written request. Liberty or the Sponsor  
45 will provide a form for that purpose. Any change of beneficiary will take effect when the Sponsor  
46 receives the written request whether or not the Covered Employee is alive at that time. Such change will  
47 relate back to the date of the request. Any change of beneficiary will not apply to any payment made  
48 before the request was received by the Sponsor.  
49

50 **Conformity with State Statutes**  
51

52 Any provision of this policy which, on its effective date, is in conflict with the statutes of the governing  
53 jurisdiction of this policy is hereby amended to conform to the minimum requirements of such statute.  
54  
55  
56

## SECTION 7 - GENERAL PROVISIONS

(Continued)

### Misstatement of Age

If a Covered Person's age has been misstated, an equitable adjustment will be made in the premium. If the amount of the benefit is dependent upon the Covered Person's age, the amount of the benefit will be the amount the Covered Person would have been entitled to if his correct age were known.

A refund of premium will not be made for a period more than 12 months before the date Liberty is advised of the error.

### Notice and Proof of Claim

#### 1. Notice

a. Notice of claim must be given to Liberty within [30 days] of the date of the loss on which the claim is based. If that is not possible, Liberty must be notified as soon as it is reasonably possible to do so. Such notice of claim must be received in a form or format satisfactory to Liberty.

b. When written notice of claim is applicable and has been received by Liberty, the Covered Person will be sent claim forms. If the forms are not received within 15 days after written notice of claim is sent, the Covered Person can send Liberty written Proof of claim without waiting for the forms.

#### 2. Proof

a. Satisfactory Proof of loss must be given to Liberty no later than [30 days] after the date of loss.

b. Failure to furnish such Proof within such time shall not invalidate or reduce any claim if it was not reasonably possible to furnish such Proof within such time. Such Proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one year from the time Proof is otherwise required.

Liberty reserves the right to determine if the Covered Person's Proof of loss is satisfactory.

### [Optional Methods of Settlement

Benefits are usually payable in one sum. However, the Covered Person may elect in writing to have the proceeds paid through an installment program offered by Liberty. If the Covered Person makes no such election, his beneficiary may do so at the Covered Person's death.

Any installments remaining after the death of the payee will be paid as directed in the election of this option. Such direction is subject to the approval of Liberty.]

### Liberty Security Account

If the benefits to be paid total more than [\$5,000], [a beneficiary may elect to have the proceeds deposited into a Liberty Security Account] [proceeds will be deposited into a Liberty Security Account.]. The Liberty Security Account is an interest-bearing checking account, that is fully guaranteed by Liberty, and the beneficiary may draw on the entire sum of the proceeds at any time. If the Liberty Security Account is not elected, benefits may be paid in one sum.

### Payment of Benefits

All benefits are payable when Liberty receives written satisfactory Proof of loss. Benefits for loss of life of the Covered Employee are paid to the beneficiary. [Benefits for loss of life of the Covered Dependent are paid to the Covered Employee.] Benefits for other losses are paid to the Covered Employee.

1  
2 **[SECTION 1 - SCHEDULE OF BENEFITS**

3 (Continued)

4  
5 **ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (Continued)**

6  
7 **[What is the Employee, and Dependent spouse or Domestic Partner Felonious Assault Benefit?]**

8  
9 Maximum Benefit Amount: 10% of Full Amount up to [\$5,000]]

10  
11 **[Employee Hepatitis B or C Benefit]:**

12  
13 Maximum Benefit Amount: 10% of Full Amount up to [\$5,000]]

14  
15 **[Employee HIV Benefit]:**

16  
17 Maximum Benefit Amount: 10% of Full Amount up to [\$5,000]]

18  
19 **[Employee, and Dependent spouse or Domestic Partner Rehabilitation Benefit]:**

20  
21 Maximum Benefit Amount: 10% of Full Amount up to [\$5,000]]

22  
23 **[Employee, and Dependent spouse or Domestic Partner Adaptive Home or Adaptive Vehicle Benefit]:**

24  
25 Maximum Benefit Amount: 10% of Full Amount up to [\$5,000]]

26  
27 **[What is the Reduction Formula? (Not applicable to Retired Employees):**

28  
29 The amount of Life and Accidental Death and Dismemberment Insurance applicable to you[r] [and your  
30 spouse's [or Domestic Partner's]] class of benefits will reduce [for each of you when you each turn] [at  
31 age] 65 or older as follows:

32  
33

[ages 65 - 69:	to 67%
ages 70 - 74:	to 45%
ages 75 - 79:	to 30%
ages 80 - 84:	to 20%
ages 85 - 89:	to 15%
ages 90 & up:	to 10%]]

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2 **[SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES**

3 (Continued)

4  
5 **What Happens if There is a Transfer of Insurance Carriers?**

6  
7 In order to prevent loss of coverage for an individual because of transfer of insurance carriers, this plan  
8 will provide a death benefit for certain individuals as follows:

9  
10 **If You are not in Active Employment Due to Injury or Sickness**

11  
12 Subject to continuous premium payments from the effective date of this plan, this plan will cover  
13 individuals who:

- 14  
15 1. at the time of transfer are covered under the prior carrier's plan; and  
16  
17 2. are not in Active Employment due to Injury or Sickness on the effective date of this plan;  
18  
19 3. are not eligible for continued coverage under the prior carrier's plan; and  
20  
21 4. are designated as being covered under this Transfer Provision section in a list agreed upon by the  
22 Sponsor and Liberty.  
23  
24

25 Coverage under this section will continue until the earliest of the following dates:

- 26  
27 1. 12 months after this plan's effective date;  
28  
29 2. the last day the individual would have been covered under the prior carrier's plan if that plan  
30 was still in force;  
31  
32 3. the date the individual returns to Active Employment; or  
33  
34 4. the date insurance would terminate for one of the reasons stated in this plan's Termination  
35 Provisions section.  
36

37 The benefit will be determined based on the lesser of:

- 38  
39 1. the amount of the Life Insurance benefit that would have been payable under the prior plan,  
40 subject to any applicable limitations under this plan; or  
41  
42 2. the amount of Life Insurance benefit payable under this plan.  
43

44 If a benefit is payable under the prior plan, no benefits are payable under this plan.  
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3 **[SECTION 3 - ELIGIBILITY AND EFFECTIVE DATES**

4 (Continued)

5  
6 **What Happens if There is a Transfer of Insurance Due to a Merger or Acquisition?**

7  
8 In order to prevent loss of coverage for an individual because of a transfer of coverage due to a merger or  
9 acquisition, this plan will provide a death benefit for certain individuals as follows:

10  
11 **If You are not in Active Employment Due to Injury or Sickness**

12  
13 Subject to continuous premium payments from the effective date of this plan, this plan will cover  
14 individuals who:

- 15  
16 1. at the time of transfer are covered under the prior group plan; and  
17  
18 2. are not in Active Employment due to Injury or Sickness on the effective date of this plan;  
19  
20 3. are not eligible for continued coverage under the prior carrier's plan; and  
21  
22 4. are designated as being covered under this Transfer Provision section in a list agreed upon by the  
23 Sponsor and Liberty.

24  
25 Coverage under this section will continue until the earliest of the following dates:

- 26  
27 1. 12 months after this plan's effective date;  
28  
29 2.the last day the individual would have been covered under the prior carrier's plan if that plan was  
30 still in force;  
31  
32 3.the date the individual returns to Active Employment; or  
33  
34 4.the date insurance would terminate for one of the reasons stated in this plan's Termination  
35 Provisions section.

36  
37 The benefit will be determined based on the lesser of:

- 38  
39 1. the amount of the Life Insurance benefit that would have been payable under the prior plan,  
40 subject to any applicable limitations under this plan; or  
41  
42 2. the amount of Life Insurance benefit payable under this plan.

43  
44 If a benefit is payable under the prior plan, no benefits are payable under this plan.  
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3 [SECTION 4 - INSURANCE BENEFITS

4 (Continued)

5  
6 EMPLOYEE LIFE INSURANCE COVERAGE (Continued)

7  
8 Accelerated Death Benefit

9  
10 What is the Accelerated Death Benefit?

11  
12 **Note:** The receipt of an Accelerated Death Benefit may be taxable. You should consult your tax  
13 consultant or legal advisor before applying for an Accelerated Death Benefit.

14 If, while insured under this plan, you [or your Covered Dependent spouse or Domestic Partner] gives  
15 Liberty satisfactory Proof of having a Terminal Condition, you [or your Covered Dependent spouse or  
16 Domestic Partner] may receive a portion of your Life Insurance as an Accelerated Death Benefit. Such  
17 insurance will be paid one time to you [or your Covered Dependent spouse or Domestic Partner] in one  
18 lump sum.

19  
20 [The amount of Accelerated Death Benefit payable to you under this plan is limited to [the lesser of the  
21 following:

- 22 1. a minimum amount of [\$5,000];
- 23
- 24 [2. the Accelerated Death Benefit amount requested by you;]
- 25
- 26 [3. [50%] of your Life Insurance that is in force on the date you apply for an Accelerated Death Benefit;]
- 27
- 28 [4. [\$100,000].]
- 29

30 [The amount of Accelerated Death Benefit payable to your Covered Dependent spouse [or Domestic Partner]  
31 under this plan is limited to [the lesser of the following:

- 32 1. a minimum amount of [\$5,000];
- 33
- 34 [2. the Accelerated Death Benefit amount requested by your Covered Dependent spouse [or Domestic  
35 Partner];]
- 36
- 37 [3. [50%] of your Covered Dependent spouse's [or Domestic Partner's] Life Insurance that is in force on  
38 the date your Covered Dependent spouse [or Domestic Partner] applies for an Accelerated Death  
39 Benefit; or]
- 40
- 41 [4. [\$100,000].]
- 42

43 [If the amount of your [or your Covered Dependent spouse's or Domestic Partner's] Life Insurance under  
44 this plan is scheduled to reduce within [12 months] following the date you [or your Covered Dependent  
45 spouse or Domestic Partner] applies for the Accelerated Death Benefit, the benefit payable under this  
46 plan will be based on the reduced amount.]

47

48 **When Must You Apply for an Accelerated Death Benefit?**

49  
50 You [or your Covered Dependent spouse or Domestic Partner] must apply for an Accelerated Death  
51 Benefit. To apply, you [or your Covered Dependent spouse or Domestic Partner] must give Liberty:

- 52 1. certification, from a Physician, that you have a Terminal Condition, as defined by this plan;
- 53 2. supporting evidence satisfactory to Liberty, documenting the Terminal Condition;
- 54 3. a completed claims form.
- 55
- 56
- 57

1  
2 **SECTION 5 - EXCLUSIONS**  
3  
4

5 **LIFE INSURANCE EXCLUSIONS**  
6

7 No benefits are payable for any loss for death that results from, is contributed to or caused by:  
8

- 9 1. suicide, committed while sane or insane, occurring within 24 months after the Covered Person's  
10 initial effective date of insurance with the Sponsor; and  
11  
12 2. suicide, committed while sane or insane, occurring within 24 months after the date any  
13 additional insurance elected by the Covered Person becomes effective under this Plan.  
14

15 The suicide exclusion will apply to any amounts of insurance for which [either the Sponsor or] the  
16 Covered Person pay[s] all or part of the premium.  
17

18 [The suicide exclusion will also apply to any amount that is subject to Evidence of Insurability Liberty  
19 approved.]  
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2 **SECTION 7 - GENERAL PROVISIONS**  
3  
4

5 **What is the Appeal Process?**  
6

7 Liberty will notify in writing any Covered Person or beneficiary whose claim is denied in whole or part.  
8 That written notice will explain the reasons for denial. If the claimant does not agree with the reasons  
9 given, he may request an appeal of the claim. To do so, the claimant should write to Liberty within 60  
10 days after the notice of denial was received. The claimant should state why he believes the claim was  
11 improperly denied. Any data, questions or comments that the claimant thinks are appropriate should be  
12 included. Unless Liberty requests additional material in a timely fashion, the claimant will be advised of  
13 Liberty's decision within 60 days after the letter is received.  
14

15 **Is Assignment Allowed?**  
16

17 The coverage under this plan is not assignable by the Sponsor without Liberty's written consent. You  
18 may assign all of your present and future right, title, interest, and incidents of ownership of:  
19

- 20 1. any Life Insurance;
- 21 2. any disability provision of Life Insurance[; and
- 22 3. any Accidental Death and Dismemberment Insurance under this plan.]  
23

24 Such assignment will include, but is not limited to, the rights:  
25

- 26 1. to make any contribution required to keep the coverage in force;
- 27 2. to exercise any conversion privilege; and
- 28 3. to change the beneficiary.  
29

30 **Why Must You Name a Beneficiary?**  
31

32 You must name a beneficiary to whom the insurance benefits under this plan are payable. If more than  
33 one beneficiary is named and if their interests are not specified, any surviving Beneficiaries will share  
34 equally. For any Dependent Life Insurance, you are automatically designated as the beneficiary.  
35

36 If, at the time of your death, there is no named or surviving beneficiary, Liberty will pay the benefits to  
37 the executor or administrator of your estate. Liberty may, at its option, pay the benefits to a surviving  
38 relative in the following order: spouse, child, parent, sibling. Such payment will release Liberty of all  
39 further liability to the extent of payment.  
40

41 You may change your beneficiary at any time by written request. Liberty or the Sponsor will provide a  
42 form for that purpose. Any change of beneficiary will take effect when the Sponsor receives the written  
43 request whether or not you are alive at that time. Such change will relate back to the date of the request.  
44 Any change of beneficiary will not apply to any payment made before the request was received by the  
45 Sponsor.  
46

47 **How will Liberty Conform With State Statutes?**  
48

49 Any provision of this plan which, on its effective date, is in conflict with the statutes of the governing  
50 jurisdiction of this plan is hereby amended to conform to the minimum requirements of such statute.  
51  
52  
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## SECTION 7 - GENERAL PROVISIONS

(Continued)

### What Happens if Your Age is Misstated?

If a Covered Person's age has been misstated, an equitable adjustment will be made in the premium. If the amount of the benefit is dependent upon the Covered Person's age, the amount of the benefit will be the amount the Covered Person would have been entitled to if his correct age were known.

A refund of premium will not be made for a period more than 12 months before the date Liberty is advised of the error.

### When Must Liberty be Notified of a Claim?

- a. Notice of claim must be given to Liberty within [30 days] of the date of the loss on which the claim is based. If that is not possible, Liberty must be notified as soon as it is reasonably possible to do so. Such notice of claim must be received in a form or format satisfactory to Liberty.
- b. When written notice of claim is applicable and has been received by Liberty, the Covered Person will be sent claim forms. If the forms are not received within 15 days after written notice of claim is sent, the Covered Person can send to Liberty written Proof of claim without waiting for the forms.

### When Must Liberty Receive Proof of Claim?

- a. Satisfactory Proof of loss must be given to Liberty no later than [30 days] after the date of loss.
- b. Failure to furnish such Proof within such time shall not invalidate or reduce any claim if it was not reasonably possible to furnish such Proof within such time. Such Proof must be furnished as soon as reasonably possible, and in no event, except in the absence of legal capacity of the claimant, later than one year from the time Proof is otherwise required.

Liberty reserves the right to determine if the Covered Person's Proof of loss is satisfactory.

### [What are the Optional Methods of Settlement?

Benefits are usually payable in one sum. However, the Covered Person may elect in writing to have the proceeds paid through an installment program offered by Liberty. If the Covered Person makes no such election, his beneficiary may do so at the Covered Person's death.

Any installments remaining after the death of the payee will be paid as directed in the election of this option. Such direction is subject to the approval of Liberty.]

### What is the Liberty Security Account?

If the benefits to be paid total more than [\$5,000], [a beneficiary may elect to have the proceeds deposited into a Liberty Security Account] [proceeds will be deposited into a Liberty Security Account.]. The Liberty Security Account is an interest-bearing checking account, that is fully guaranteed by Liberty, and the beneficiary may draw on the entire sum of the proceeds at any time. If the Liberty Security Account is not elected, benefits may be paid in one sum.

### When are Benefits Payable?

All benefits are payable when Liberty receives written satisfactory Proof of loss. Benefits for loss of life of the Covered Employee are paid to the beneficiary. [Benefits for loss of life of your Covered Dependent are paid to you.] Benefits for other losses are paid to you.

SERFF Tracking Number: LMGM-126544450 State: Arkansas  
 Filing Company: Liberty Life Assurance Company of Boston State Tracking Number: 45240  
 Company Tracking Number:  
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Product Name: GLP/GLC filing  
 Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
Attached is our Flesch Certification. Because we are submitting replacement form pages to an already-approved policy (approved on May 1, 2000) and not an entirely new policy, certifications for Rule & Regulation 19, Rule & Regulation 49, and the Consumer Information Notice are not attached.		
<b>Attachment:</b>		
Flesch certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> As we are only filing replacement form pages to an already-approved policy (approved on May 1, 2000) and not an entirely new policy, an application is not included.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Memorandum of Variability		
<b>Comments:</b>		
Attached is the Memorandum of Variability outlining the new variable material that was added to these form pages.		
<b>Attachment:</b>		
Memorandum of Variability.pdf		

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON  
NAIC# 0111-65315

READABILITY CERTIFICATION

This insurer hereby certifies that the forms and/or variable provision(s) submitted herewith meets the minimum reading ease score.

The Flesch reading ease test score derived includes the entire text of the following forms:

**POLICY FORM PAGE NUMBER**

**CERTIFICATE FORM PAGE NUMBER**

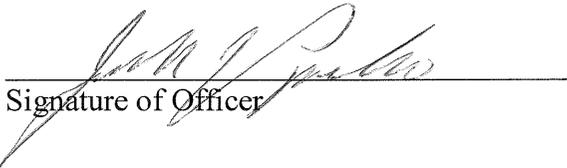
GLP-SCH-4.14 (Continued)  
GLP-ELG-6.1  
GLP-ELG-7.1  
GLP-LEX-1.4  
GLP-GNP-1.14  
GLP-GNP-4.14

GLC-SCH-4.14 (Continued)  
GLC-ELG-5.2  
GLC-ELG-6.1  
GLC-LEX-1.4  
GLC-GNP-1.13  
GLC-GNP-3.13

**FLESCH SCORE: 49.19**

**FLESCH SCORE: 53.07**

Exclusions from scoring, pursuant to Ark. Code Ann, § 23-80-206(b)(3)(A)-(B), are limited to: the name, number, and title of the policy form(s), captions and subcaptions, schedules, and defined terms within the policy

  
\_\_\_\_\_  
Signature of Officer

Joseph J. Poplaski, Senior Vice President  
Name and Title of Officer

March 23, 2010  
Date

**Liberty Life Assurance Company of Boston (NAIC # 0111-65315)  
Group Term Life Submission**

**Memorandum of Variability for forms:**

GLP-SCH-4.14 (Continued)	GLC-SCH-4.14 (Continued)
GLP-LIF-2.12	GLC-LIF-2.12
GLP-LEX-1.4	GLC-LEX-1.4
GLP-GNP-4.14	GLC-GNP-3.13

**VARIABILITY IS DENOTED BY THE USE OF BRACKETING**

Form GLP-SCH-4.14 (Continued)	<ul style="list-style-type: none"> <li>Dependent spouse coverage may be included in the reduction formula for benefits after age 65 as denoted by brackets in lines 31 and 32.</li> </ul>
GLP-LIF-2.12	<ul style="list-style-type: none"> <li>While no changes are being made to the language of this provision, the maximum benefit amount for the Accelerated Death Benefit is being raised to 80%. The sponsor/employer can choose to set the Accelerated Death Benefit amount to either 50% or 80%, as denoted by brackets in lines 25 and 37.</li> <li>While no changes are being made to the language of this provision, the maximum dollar amount for the Accelerated Death Benefit is being raised from \$100,000 to \$250,000, as denoted by brackets in lines 28 and 41. This number will vary, in increments of \$1,000, based on the amount of the covered person's salary.</li> </ul>
Form GLP-LEX-1.4	<ul style="list-style-type: none"> <li>The suicide exclusion may apply to only coverage that is paid for by the covered person or to coverage that is paid for by either the covered person or the sponsor/employer, as denoted by brackets in lines 17 and 18.</li> </ul>
Form GLP-GNP-4.14	<ul style="list-style-type: none"> <li>The Optional Methods of Settlement provision has become variable, as denoted by brackets in lines 35 and 42. With the addition of the Liberty Security Account ("LSA") language, the sponsor/employer may choose not to include this provision.</li> <li>The amount to qualify for an LSA may be increased or decreased in intervals of \$1,000 from \$1,000 to \$25,000, as denoted by brackets in line 46.</li> <li>The LSA may be used as the default settlement option or the beneficiary may be required to elect it as a settlement option, as denoted by brackets in lines 46 and 47.</li> </ul>
Form GLC-SCH-4.14 (Continued)	<ul style="list-style-type: none"> <li>Dependent spouse coverage may be included in the reduction formula for benefits after age 65 as denoted by brackets in lines 29, 30, and 31.</li> </ul>
GLC-LIF-2.12	<ul style="list-style-type: none"> <li>While no changes are being made to the language of this provision, the maximum benefit amount for the Accelerated Death Benefit is being raised to 80%. The sponsor/employer can choose to set the Accelerated Death Benefit amount to either 50% or 80%, as denoted by brackets in lines 26 and 37.</li> <li>While no changes are being made to the language of this provision, the maximum dollar amount for the Accelerated Death Benefit is being raised from \$100,000 to \$250,000, as denoted by brackets in line 28 and 41. This number will vary, in increments of \$1,000, based on the amount of the covered person's salary.</li> </ul>
Form GLC-LEX-1.4	<ul style="list-style-type: none"> <li>The suicide exclusion may apply to only coverage that is paid for by the covered person or to coverage that is paid for by either the covered person or the sponsor/employer, as denoted by brackets in lines 15 and 16.</li> </ul>
Form GLC-GNP-3.13	<ul style="list-style-type: none"> <li>The Optional Methods of Settlement provision has become variable, as denoted by brackets in lines 34 and 41. With the addition of the Liberty Security Account ("LSA") language, the sponsor/employer may choose not to include this provision.</li> <li>The amount to qualify for an LSA may be increased or decreased in intervals of \$1,000 from \$1,000 to \$25,000, as denoted by brackets in line 45.</li> <li>The LSA may be used as the default settlement option or the beneficiary may be required to elect it as a settlement option, as denoted by brackets in lines 45 and 46.</li> </ul>