

SERFF Tracking Number: GLIN-126602464 State: Arkansas
Filing Company: Gerber Life Insurance Company State Tracking Number: 45519
Company Tracking Number: GL-STLR-10
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Specific Terminal Liability Rider
Project Name/Number: Specific Terminal Liability Rider/GL-STLR-10

Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Specific Terminal Liability Rider SERFF Tr Num: GLIN-126602464 State: Arkansas

TOI: H21 Health - Other SERFF Status: Closed-Approved- State Tr Num: 45519
Closed

Sub-TOI: H21.000 Health - Other Co Tr Num: GL-STLR-10 State Status: Waiting Industry
Reponse & Filing Fees

Filing Type: Form Reviewer(s): Rosalind Minor
Author: Shana Anselme Disposition Date: 04/28/2010
Date Submitted: 04/27/2010 Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Specific Terminal Liability Rider

Project Number: GL-STLR-10

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/28/2010

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: 04/28/2010

Created By: Shana Anselme

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Shana Anselme

Filing Description:

This form is a revision of GL-STLR approved by your Department on 3/2/10 under State Tracking number 45030. This form will replace GL-STLR. A document highlighting the changes are under the Supporting Documentation tab. The changes were made to be consistent with the base policy.

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$0.00	04/27/2010	
Gerber Life Insurance Company	\$50.00	04/28/2010	36025751

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/28/2010	04/28/2010

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	04/28/2010	04/28/2010	Shana Anselme	04/28/2010	04/28/2010

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Disposition

Disposition Date: 04/28/2010

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Marked Up Copy	Approved-Closed	Yes
Form	Specific Terminal Liability Rider	Approved-Closed	Yes

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TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/28/2010
Submitted Date 04/28/2010
Respond By Date

Dear Shana Anselme,

This will acknowledge receipt of the captioned filing.

Objection 1

- Specific Terminal Liability Rider, GL-STLR-10 (Form)

Comment:

Our filing fees under Rule and Regulation 57 has 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 \$50.00. Please submit \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/28/2010
Submitted Date 04/28/2010

Dear Rosalind Minor,

Comments:

In response to your objection,

Response 1

Comments: I have submitted \$50.00 via EFT.

Related Objection 1

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Form Schedule

Lead Form Number: GL-STLR-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/28/2010	GL-STLR-10	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Specific Terminal Liability Rider	Initial		45.000	Revised STL Rider.pdf

GERBER LIFE INSURANCE COMPANY

[1311 MAMARONECK AVENUE
WHITE PLAINS, NEW YORK 10605]

To be attached to and made part of Contract Number [1] issued to [2] as Contractholder effective [3].

SPECIFIC TERMINAL LIABILITY RIDER

If the Contractholder notifies the Company of a decision to elect Specific Terminal Liability at least thirty (30) days prior to the end of the Contract Period, the Contract will be amended as follows to cover run-out claims from the Specific Benefit:

The Incurred and Paid period for the Specific Benefit Period, as shown under item 7 (f) in the Schedule of Excess Loss Insurance is amended to read as follows:

Eligible Claims Payments, except those to which a Special Risk Limitation applies, incurred during the Contract Period and actually Paid during the Contract Period or within three months immediately thereafter.

The Contractholder's election of Specific Terminal Liability will only become effective if each of the following conditions are met:

1. The Contractholder must terminate the Excess Loss Insurance Contract at the end of the Contract Period and return to a fully insured health insurance program.
2. The Contractholder must notify the Company of its decision to elect Specific Terminal Liability at least thirty (30) days prior to the end of the Contract Period.
3. The Specific Benefit remains in effect through the end of the Contract Period shown in the Schedule of Excess Loss Insurance of the Contract.

Specific Benefit does not include any amounts actually Paid by the Contractholder during the Contract Period or within three months immediately thereafter that are determined not to be Eligible Claims Payments.

SIGNED FOR GERBER LIFE INSURANCE COMPANY



[President and CEO]



[Secretary]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	04/28/2010
Comments:		
Attachment: ARKANSAS CERTIFICATION.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	04/28/2010
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	04/28/2010
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	04/28/2010
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Marked Up Copy	Approved-Closed	04/28/2010
Comments:		
Attachment: Rider Changes.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

[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].

Deleted: it is hereby agreed that Part 1 paragraph A is amended by the addition of the following:

SPECIFIC TERMINAL LIABILITY RIDER

If the Contractholder notifies the Company of a decision to elect Specific Terminal Liability at least thirty (30) days prior to the end of the Contract Period, the Contract will be amended as follows to cover run-out claims from the Specific Benefit:

Deleted: Policyholder

Deleted: us

Deleted: the

Deleted: Rider

Deleted: Policy Term

Deleted: Policy

Deleted: Covered Claims Basis

The Incurred and Paid period for the Specific Benefit Period, as shown under item 7 (f) in the Schedule of Excess Loss Insurance is amended to read as follows:

Deleted: 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.

Eligible Claims Payments, except those to which a Special Risk Limitation applies, incurred during the Contract Period and actually Paid during the Contract Period or within three months immediately thereafter.

The Contractholder's election of Specific Terminal Liability will only become effective if each of the following conditions are met:

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

1. The Contractholder must terminate the Excess Loss Insurance Contract at the end of the Contract Period and return to a fully insured health insurance program.
2. The Contractholder must notify the Company of that decision and elect Specific Terminal Liability at least thirty (30) days prior to the end of the Contract Period.
3. The Specific Benefit remains in effect through the end of the Contract Period shown on the Schedule of Excess Loss Insurance of the Contract.

Deleted: Policyholder

Deleted: Stop Loss

Deleted: Policy

Deleted: Policy

Deleted: Term

Deleted: Policyholder

Deleted: us

Deleted: the

Deleted: Provision

Deleted:

Deleted: Policy Term

Deleted: Policy Term

Deleted: Declaration Page attached to this Policy

Deleted: ny

Specific Benefit does not include any amounts actually Paid by the Contractholder during the Contract Period or within three months immediately thereafter that are determined not to be Eligible Claims Payments.

Deleted: 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]