

SERFF Tracking Number: AEGB-127842486 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 50337  
Company Tracking Number:  
TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
Product Name: SLAD4017GR, SLAD4018GR, SLAD4019GR, SLAD4020GR, SLAD4022GR, SLAD4023GR, SLAD4024GR  
Project Name/Number: SLIC AD Phase 3 Riders/H001-5

## Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: SLAD4017GR, SLAD4018GR, SERFF Tr Num: AEGB-127842486 State: Arkansas  
SLAD4019GR, SLAD4020GR, SLAD4022GR,  
SLAD4023GR, SLAD4024GR

TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved- Closed State Tr Num: 50337

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Suzanne Voight

Reviewer(s): Rosalind Minor

Date Submitted: 11/25/2011

Disposition Date: 11/30/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: SLIC AD Phase 3 Riders

Project Number: H001-5

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Discretionary, Trust

Filing Status Changed: 11/30/2011

State Status Changed: 11/30/2011

Created By: Suzanne Voight

Corresponding Filing Tracking Number: 40943000

Filing Description:

RE: Stonebridge Life Insurance Company

SLAD4017GR - COBRA Benefit Rider

SLAD4018GR – Felonious Assault Benefit Rider

SLAD4019GR- Accident Grief Counseling Benefit Rider

SLAD4020GR- Foreign Country Travel Care Benefit Rider

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not required

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Suzanne Voight

SERFF Tracking Number: AEGB-127842486 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 50337  
Company Tracking Number:  
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: SLAD4017GR, SLAD4018GR, SLAD4019GR, SLAD4020GR, SLAD4022GR, SLAD4023GR, SLAD4024GR  
Project Name/Number: SLIC AD Phase 3 Riders/H001-5

SLAD4022GR - Accident Dependent Child Benefit Rider

SLAD4023GR - Accident Only Monthly Income Continuity Benefit Rider

SLAD4024GR – Will Preparation and Legal Information Benefit Rider

Attached for your review and approval are the referenced forms. These forms are new and do not replace any forms previously approved by your Department. The forms have been completed in "John Doe" fashion and variable information is printed in red and bracketed. An effective date coinciding with your date of approval is requested.

These riders will be used at-issue as well as an add-on and will be used with the Group Accidental Death Certificate SLAD4000GC approved by your Department on 7-7-2011 and other similar products as your Department approves them.

Please see the Explanation of Variables for the variable information on each Rider.

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

We request approval of these forms in various dimensions, format and shading/colors. No dimension/format/shading/color change would produce unacceptable print.

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

The group policy with which these riders will be offered is contemplated for issue to various discretionary groups that are situated in Missouri.

I respectfully request your favorable review and approval. We appreciate your consideration of these forms. Should you have any questions, please feel free to call me.

STONEBRIDGE LIFE INSURANCE COMPANY

Suzanne K. Voight  
Policy Analyst  
Contract Development  
(319) 355-7860 (collect)  
Fax #: (319) 355-2501

SERFF Tracking Number: AEGB-127842486 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 50337  
 Company Tracking Number:  
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
 Dismemberment Dismemberment  
 Product Name: SLAD4017GR, SLAD4018GR, SLAD4019GR, SLAD4020GR, SLAD4022GR, SLAD4023GR, SLAD4024GR  
 Project Name/Number: SLIC AD Phase 3 Riders/H001-5  
 Suzanne.Voight@transamerica.com

## Company and Contact

### Filing Contact Information

Suzanne Voight, Policy Analyst svoight@aegonusa.com  
 4333 Edgewood Road NE 319-355-7860 [Phone]  
 Cedar Rapids, IA 52449 319-355-2501 [FAX]

### Filing Company Information

Stonebridge Life Insurance Company CoCode: 65021 State of Domicile: Vermont  
 4333 Edgewood Rd. NE Group Code: 468 Company Type: Life & Health  
 Cedar Rapids, IA 52499 Group Name: State ID Number:  
 (319) 355-8511 ext. [Phone] FEIN Number: 03-0164230

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$350.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form in filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$350.00	11/25/2011	54052010

SERFF Tracking Number: AEGB-127842486 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 50337  
Company Tracking Number:  
TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: SLAD4017GR, SLAD4018GR, SLAD4019GR, SLAD4020GR, SLAD4022GR, SLAD4023GR, SLAD4024GR  
Project Name/Number: SLIC AD Phase 3 Riders/H001-5

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/30/2011	11/30/2011

*SERFF Tracking Number:* AEGB-127842486      *State:* Arkansas  
*Filing Company:* Stonebridge Life Insurance Company      *State Tracking Number:* 50337  
*Company Tracking Number:*  
*TOI:* H03G Group Health - Accidental Death &      *Sub-TOI:* H03G.000 Health - Accidental Death &  
Dismemberment      Dismemberment  
*Product Name:* SLAD4017GR, SLAD4018GR, SLAD4019GR, SLAD4020GR, SLAD4022GR, SLAD4023GR, SLAD4024GR  
*Project Name/Number:* SLIC AD Phase 3 Riders/H001-5

## **Disposition**

Disposition Date: 11/30/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-127842486 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 50337  
 Company Tracking Number:  
 TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
 Product Name: SLAD4017GR, SLAD4018GR, SLAD4019GR, SLAD4020GR, SLAD4022GR, SLAD4023GR, SLAD4024GR  
 Project Name/Number: SLIC AD Phase 3 Riders/H001-5

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 Variables - Riders	Approved-Closed	Yes
Supporting Document	Actuarial Demonstrations	Approved-Closed	No
Form	COBRA Benefit Rider	Approved-Closed	Yes
Form	Felonious Assault Benefit Rider	Approved-Closed	Yes
Form	Accident Grief Counseling Benefit Rider	Approved-Closed	Yes
Form	Foreign Country Travel Care Benefit Rider	Approved-Closed	Yes
Form	Accident Dependent Child Care Benefit Rider	Approved-Closed	Yes
Form	Accident Only Monthly Income Continuity Benefit Rider	Approved-Closed	Yes
Form	Will Preparation and Legal Information Benefit Rider	Approved-Closed	Yes

SERFF Tracking Number: AEGB-127842486 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 50337  
 Company Tracking Number:  
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
 Dismemberment Dismemberment  
 Product Name: SLAD4017GR, SLAD4018GR, SLAD4019GR, SLAD4020GR, SLAD4022GR, SLAD4023GR, SLAD4024GR  
 Project Name/Number: SLIC AD Phase 3 Riders/H001-5

## Form Schedule

### Lead Form Number: SLAD4017GR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/30/2011	SLAD4017GR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	COBRA Benefit Rider	Initial		44.600	SLAD4017GR.pdf
Approved-Closed 11/30/2011	SLAD4018GR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Felonious Assault Benefit Rider	Initial		48.800	SLAD4018GR.pdf
Approved-Closed 11/30/2011	SLAD4019GR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Accident Grief Counseling Benefit Rider	Initial		49.000	SLAD4019GR.pdf
Approved-Closed 11/30/2011	SLAD4020GR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Foreign Country Travel Care Benefit Rider	Initial		40.000	SLAD4020GR.pdf
Approved-Closed 11/30/2011	SLAD4022GR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Accident Dependent Child Care Benefit Rider	Initial		47.200	SLAD4022GR.pdf

<i>SERFF Tracking Number:</i>	<i>AEGB-127842486</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50337</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H03G Group Health - Accidental Death &amp; Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death &amp; Dismemberment</i>
<i>Product Name:</i>	<i>SLAD4017GR, SLAD4018GR, SLAD4019GR, SLAD4020GR, SLAD4022GR, SLAD4023GR, SLAD4024GR</i>		
<i>Project Name/Number:</i>	<i>SLIC AD Phase 3 Riders/H001-5</i>		
Approved- Closed 11/30/2011	SLAD4023 GR t, Insert Page, Endorseme nt or Rider	Certificate Amendmen t, Insert Continuity Benefit Rider	Accident Only Monthly Income Continuity Benefit Rider Initial
			54.000
			SLAD4023GR .pdf
Approved- Closed 11/30/2011	SLAD4024 GR t, Insert Page, Endorseme nt or Rider	Certificate Amendmen t, Insert Benefit Rider	Will Preparation and Legal Information Benefit Rider Initial
			47.700
			SLAD4024GR .pdf

# Stonebridge Life Insurance Company

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

## COBRA BENEFIT RIDER

---

### [RIDER BENEFIT SCHEDULE

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

CERTIFICATE NUMBER: 12345678  
EFFECTIVE DATE OF COVERAGE: 09/01/2011  
TERMINATION DATE/AGE: 80

A. COBRA BENEFIT – [THE LESSER OF]:

- [1. 1-5% OF THE ACCIDENTAL DEATH BENEFIT PER YEAR; [OR]]
- [2. \$1,000-\$10,000 PER YEAR]

MAXIMUM NUMBER OF YEARS: 3

B. ALTERNATE BENEFIT: - [THE LESSER OF:]

- [1. \$1,000-\$10,000 [OR]]
- [2. A ONE TIME PAYMENT OF 1-5% OF THE ACCIDENTAL DEATH BENEFIT]

Total Additional Premium: \$X.XX per month]

---

The consideration for this Rider is (1) receipt of the signed enrollment form if required, and (2) payment of the premium. The premium is [shown in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

### COBRA BENEFIT

Upon receipt of due proof of your death as a direct result of an Injury and you are survived by your lawful spouse and/or your Dependent Children, we will pay the COBRA benefit shown on the [Rider Benefit Schedule] to pay for continued group medical coverage under COBRA for your surviving lawful spouse and/or your Dependent Children. The benefit will be paid annually and will continue for up to three years following the date of your death as long as your surviving lawful spouse and/or your Dependent Children are participants in your group medical plan under COBRA.

The COBRA Benefit payable is subject to the following conditions:

1. a death benefit is payable under the terms of the Policy;
2. this Rider coverage must be in force on the date of the accident causing your Injury; and
3. prior to payment of the first and all subsequent annual COBRA Benefit payments, we must receive proof acceptable to us that the benefit will be used to continue medical coverage under COBRA for your surviving lawful spouse and/or your Dependent Children.

### ALTERNATE BENEFIT

If no COBRA Benefit is payable under this Rider, we will provide a one time payment of the Alternate Benefit stated in the [Rider Benefit Schedule].

The Alternate Benefit payable is subject to the following conditions:

1. a death benefit is payable under the terms of the Policy; and
2. this Rider coverage must be in force on the date of the accident causing your Injury.

### DEFINITIONS

**COBRA** means the Consolidated Omnibus Budget Reconciliation Act of 1985.

**DEPENDENT CHILD/CHILDREN** means each of your unmarried children including step-children, children born to you or legally adopted by you, 25 years of age or younger. (An adopted child is a child who is in your custody pursuant to an interim court order of adoption or placement of adoption).

#### GENERAL PROVISIONS

#### TERMINATION

This Rider shall terminate for the following reasons:

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

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

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

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



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

# Stonebridge Life Insurance Company

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

## FELONIOUS ASSAULT BENEFIT RIDER

### [RIDER BENEFIT SCHEDULE

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

CERTIFICATE NUMBER: 12345678  
EFFECTIVE DATE OF COVERAGE: 09/01/2011

TERMINATION DATE/AGE: 80

[SPOUSE][ FAMILY] COVERAGE: YES

	INSURED	SPOUSE	EACH CHILD
FELONIOUS ASSAULT BENEFIT:	[\$1,000-250,000	\$1,000-250,000	\$500-25,000]
	[10-100% OF THE ACCIDENTAL DEATH BENEFIT]		

Total Additional Premium: \$X.XX per month]

The consideration for this Rider is (1) receipt of the signed enrollment form if required, and (2) payment of the premium. The premium is [shown in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

### FELONIOUS ASSAULT BENEFIT

Upon receipt of due proof of a Covered Person's death as a direct result of an Injury caused by a Felonious Assault, we will pay an additional benefit shown on the [Rider Benefit Schedule].

The benefit payable is subject to the following conditions:

1. a death benefit is payable under the terms of the Policy;
2. this Rider must be in force on the date of the accident causing the Covered Person's Injury;
3. the accident causing the Injury is not a moving violation as defined in the applicable state motor vehicle laws; and
4. the accident causing the Injury is not an act of a Family Member.

**FELONIOUS ASSAULT** means the willful, unlawful use of force or violence upon [a Covered Person] that results in bodily harm and is classified as a felony or a misdemeanor.

**FAMILY MEMBER** means a [Covered Person's] spouse, parent, child, brother or sister, or any person living with the [Covered Person] on a permanent basis.

### GENERAL PROVISIONS

#### TERMINATION

This Rider shall terminate for the following reasons:

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

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

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

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



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

# Stonebridge Life Insurance Company

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

## ACCIDENT GRIEF COUNSELING BENEFIT RIDER

---

### [RIDER BENEFIT SCHEDULE

INSURED: JOHN J. DOE  
345 MAIN STREET  
09/01/2011  
ANYTOWN, USA 12345

CERTIFICATE NUMBER: 12345678  
EFFECTIVE DATE OF COVERAGE:

TERMINATION DATE/AGE: 80

[SPOUSE][ FAMILY] COVERAGE: YES

ACCIDENT GRIEF COUNSELING BENEFIT PER SESSION:

[\$25.00-100.00]

MAXIMUM NUMBER OF GRIEF COUNSELING SESSIONS FOR EACH SURVIVING COVERED PERSON:

[10-25]

ALTERNATE BENEFIT:

[\$25-\$2500]

Total Additional Premium: \$X.XX per month]

---

The consideration for this Rider is (1) receipt of the signed enrollment form if required, and (2) payment of the premium. The premium is [shown in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

### ACCIDENT GRIEF COUNSELING BENEFIT

Upon receipt of due proof of a Covered Person's death as a direct result of an Injury, we will pay the Grief Counseling Benefit shown on the [Rider Benefit Schedule] when any surviving Family Member attends grief counseling sessions up to the Maximum Number of Grief Counseling Sessions shown on the [Rider Benefit Schedule] for each Covered Person's death.

The Accident Grief Counseling Benefit payable is subject to the following conditions:

1. a death benefit must be payable under the terms of the Policy;
2. this Rider coverage must be in force on the date of the accident causing the Covered Person's Injury;
3. the sessions must take place during the 12 month period following a Covered Person's death;
4. the sessions must be conducted by a licensed psychiatrist, psychologist or social worker who is acting in his professional capacity as a counselor; and
5. proof of attendance must be submitted to us.

### ALTERNATE BENEFIT

If there are no surviving Family Members, we will pay the Alternate Benefit shown on the [Rider Benefit Schedule] to your beneficiary.

The Alternate Benefit payable is subject to the following conditions:

1. a death benefit must be payable under the terms of the Policy; and
2. this Rider coverage must be in force on the date of the accident causing the Injury.

**FAMILY MEMBER** means [a Covered Person's] spouse, parent, child, brother or sister, or any person living with the [Covered Person] on a permanent basis.

## GENERAL PROVISIONS

### TERMINATION

This Rider shall terminate for the following reasons:

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

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

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

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



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

# Stonebridge Life Insurance Company

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

## FOREIGN COUNTRY TRAVEL CARE BENEFIT RIDER

---

### [RIDER BENEFIT SCHEDULE

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

CERTIFICATE NUMBER: 12345678  
EFFECTIVE DATE OF COVERAGE: 09/01/2011

TERMINATION DATE/AGE: 80

[SPOUSE][ FAMILY] COVERAGE: YES

FOREIGN COUNTRY TRAVEL CARE BENEFIT: [\$250-\$5,000] FOR EACH  
DEPENDENT CHILD, TRAVEL  
COMPANION OR FAMILY  
MEMBER

MAXIMUM BENEFIT PAYABLE FOR EACH  
ACCIDENT: [\$1,000-25,000]

ONLY ONE BENEFIT IS PAYABLE FOR EACH  
ACCIDENT FOR EACH DEPENDENT CHILD, TRAVEL  
COMPANION OR FAMILY MEMBER

Total Additional Premium: \$X.XX per month]

---

The consideration for this Rider is (1) receipt of the signed enrollment form if required, and (2) payment of the premium. The premium is [shown in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

### FOREIGN COUNTRY TRAVEL CARE BENEFIT

If [a Covered Person] is Confined in a Hospital as a Resident Patient as a result of an Injury while traveling outside the United States of America, we will pay the Foreign Country Travel Care Benefit shown in the [Rider Benefit Schedule] up to the Maximum Benefit Payable shown in the [Rider Benefit Schedule] to:

1. return the [Covered Person's] Dependent Children and one Travel Companion who is traveling with the [Covered Person] to their places of residence in the United States; [and][or]
2. pay for one Family Member's travel from the United States to visit the [Covered Person] if the [Covered Person] is Confined as a Resident Patient in the Hospital outside the United States for more than [7-14] days.

Only one benefit is payable for each accident for each Dependent Child, Travel Companion or Family Member.

The benefit payable is subject to the following conditions:

1. this Rider coverage must be in force on the date of the accident causing the [Covered Person's] Injury;
2. the [Covered Person's] primary residence is in the United States;
3. the Hospital Confinement is for the Necessary Treatment of an Injury;
4. the Hospital Confinement must occur within 90 days following the accident causing the Injury;
5. proof of the Hospital Confinement acceptable to us has been provided; and
6. proof of travel acceptable to us must be provided.

## DEFINITIONS

**HOSPITAL** means an institution which is a short term acute care general hospital. Its main purpose must be to provide medical care and treatment to Injured persons as Resident Patients. It must have facilities on premises for major surgery, medical diagnosis and treatment by or under the supervision of one or more licensed Physicians. It must provide 24 hour a day nursing service by or under the supervision of a registered nurse. It must have organized departments of medicine. It may not include a facility operating primarily as a rest, convalescent, extended care, rehabilitation, chronic or skilled nursing facility; home for the aged; a place for the care and treatment of drug addicts or alcoholics, or a mental institution; nor does it include any ward, room, wing or other section of the Hospital that is used for such purposes, whether or not such a facility is part of a Hospital, as defined herein, or is an entirely separate facility.

**HOSPITAL CONFINEMENT / CONFINEMENT / CONFINED** means being a Resident Patient in a Hospital for Necessary Treatment of an Injury. Such confinement must be prescribed by a Physician.

Confinement does not include outpatient care and treatment, including outpatient surgery or outpatient observation received in a Hospital.

**RESIDENT PATIENT** means a Covered Person who is confined in a Hospital as a registered bed patient and who is provided at least one day of room and board. A Covered Person is considered to be a resident patient each day of Confinement in the Hospital except for the day of discharge; unless a room and board charge is made for that day. This does not include Confinement if it is not for Necessary Treatment or if one is using the facility primarily as a place for rest, nursing, rehabilitation, convalescence or extended care.

**NECESSARY TREATMENT** means medical treatment which is consistent with currently accepted medical practice. Any Confinement, operation, treatment, or service not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment or service in connection therewith, which is experimental in nature, is considered Necessary Treatment.

The Company may use peer review organizations or other professional medical opinions to determine if the treatment constitutes Necessary Treatment. Services are not deemed Necessary Treatment if healthcare services are not found to be:

1. medically necessary; and
2. consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
3. provided in the most economical and medically appropriate site for treatment.

**PHYSICIAN** means a person who is duly licensed and legally qualified to diagnose and treat Injuries. Such person must be providing services within the scope of his or her license. A physician may not be an Insured or a member of an Insured's Immediate Family.

**IMMEDIATE FAMILY** means [a Covered Person's] spouse, parent, child, brother or sister, or any person living with the [Covered Person].

**TRAVEL COMPANION** means a person whose name appears with [the Covered Person] on the same trip arrangement and accompanies [the Covered Person] during the trip.

**DEPENDENT CHILD** means each of your unmarried children including step-children, children born to you or legally adopted by you, 25 years of age or younger, unmarried and dependent upon you for support and maintenance. (An adopted child is a child who is in your custody pursuant to an interim court order of adoption or placement of adoption).

**FAMILY MEMBER** means [a Covered Person's] Dependent Child, spouse, son/daughter-in-law, parent(s), sibling(s), grandparent(s), grandchild, step brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, aunt, uncle, niece, nephew, guardian or domestic partner.

## GENERAL PROVISIONS

### TERMINATION

This Rider shall terminate for the following reasons:

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

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

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

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



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

# Stonebridge Life Insurance Company

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

## GROUP ACCIDENT DEPENDENT CHILD BENEFIT RIDER [RIDER BENEFIT SCHEDULE]

INSURED: JOHN J. DOE CERTIFICATE NUMBER: 12345678  
345 MAIN STREET  
ANYTOWN, USA 12345

EFFECTIVE DATE OF COVERAGE: 09/01/2011

TERMINATION DATE/AGE: 65

ACCIDENT DEPENDENT CHILD BENEFIT: [\$1,000 - \$25,000]  
PER DEPENDENT CHILD PER YEAR  
FOR [2-10] YEARS

ALTERNATE BENEFIT: [\$1,000 - \$25,000]

OR

ACCIDENT DEPENDENT CHILD BENEFIT: [2% - 10%] OF ACCIDENTAL DEATH BENEFIT  
PER DEPENDENT CHILD PER YEAR  
FOR [2-10] YEARS

ALTERNATE BENEFIT: [2% - 10%]

Total Additional Premium: \$2.82 per month]

---

The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The premium is [shown in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

### DEFINITIONS

For purposes of this Rider, the following Definitions apply.

**DEPENDENT CHILD** means each of your unmarried children including step-children, children born to you or legally adopted by you, 25 years of age or younger, unmarried and dependent upon you for support and maintenance. (An adopted child is a child who is in your custody pursuant to an interim court order of adoption or placement of adoption).

### ACCIDENT DEPENDENT CHILD BENEFIT

Upon receipt of due proof of your death due to an Injury, we will pay the Accident Dependent Child Benefit shown in the [Rider Benefit Schedule] provided:

1. A death benefit is payable under the terms of the Policy;
2. This Rider coverage is in force on the date of the accident which caused your Injury; and
3. [Your Dependent Child is covered under the Certificate to which this Rider is attached at the time of the accident which caused your Injury.]
4. [You have a Dependent Child on the date of the accident which caused your Injury.]

## ALTERNATE BENEFIT

If no Accident Dependent Child Benefit is payable under this Rider, we will provide a one time payment of the Alternate Benefit stated on the [\[Rider Benefit Schedule\]](#).

## GENERAL PROVISIONS

### TERMINATION

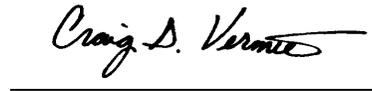
This Rider shall terminate for the following reasons:

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

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

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

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

  
\_\_\_\_\_  
President  
\_\_\_\_\_  
Secretary

# Stonebridge Life Insurance Company

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

## GROUP ACCIDENT ONLY MONTHLY INCOME CONTINUITY BENEFIT RIDER

---

### [RIDER BENEFIT SCHEDULE

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

CERTIFICATE NUMBER: 12345678

EFFECTIVE DATE OF COVERAGE: 09/01/2012

TERMINATION DATE/AGE: 65

	INSURED	COVERED SPOUSE
ACCIDENT ONLY MONTHLY INCOME CONTINUITY BENEFIT	[\$100 - \$10,000] PER MONTH FOR [12-240] MONTHS	[\$50 - \$10,000] PER MONTH FOR [12-240] MONTHS
METHOD OF PAYMENT OF BENEFIT	GIFT CARD	
Total Additional Premium	\$2.82 per month]	

---

The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The premium is [shown in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

### ACCIDENT ONLY MONTHLY INCOME CONTINUITY BENEFIT

Upon receipt of due proof of your death due to an Injury, we will pay the benefit shown on the [Rider Benefit Schedule][in the form of a gift card] for the number of months shown on the [Rider Benefit Schedule].

[Upon receipt of due proof of the death of your covered spouse due to an Injury, we will pay the benefit shown on the Rider Benefit Schedule to you [in the form of a gift card] for the number of months shown on the [Rider Benefit Schedule].

The benefit payable is subject to the following conditions:

1. a death benefit must be payable under the terms of the Policy; and
2. this Rider must be in force on the date of the accident causing the Injury.

We reserve the right to pay the Accident Only Monthly Income Continuity Benefit in a lump sum and/or other form of payment.

The Beneficiary may elect to receive payment of the benefit in the form of a check and/or a lump sum.

If the Beneficiary dies prior to all monthly installments having been paid to such Beneficiary, the remaining unpaid monthly installments will be paid to the Beneficiary's estate in a lump sum.

The lump sum amount payable will be equal to the present value of all future unpaid Accident Only Monthly Income Continuity Benefit payments. The annual discount rate used to determine the present value will be determined by us, but will not exceed 11 percent.

## GENERAL PROVISIONS

### TERMINATION

This Rider shall terminate for the following reasons:

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

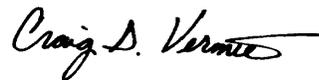
This Rider takes effect on the date entered hereon after receipt of the signed enrollment, if required.

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

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



\_\_\_\_\_  
President



\_\_\_\_\_  
Secretary

# STONEBRIDGE LIFE INSURANCE COMPANY

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

## WILL PREPARATION AND LEGAL INFORMATION BENEFIT RIDER

---

### [RIDER BENEFIT SCHEDULE

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

CERTIFICATE NUMBER: 12345678

EFFECTIVE DATE OF COVERAGE: 09/01/2012

TERMINATION DATE/AGE: 65

Total Additional Premium: \$5.00 per month]

---

The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The premium is [shown in the Rider Benefit Schedule]. Premiums are to be paid in the same manner and at the same time as the Certificate.

### WILL PREPARATION SERVICE AND LEGAL INFORMATION BENEFIT

We provide you [or your spouse] with access to a provider of will preparation services and legal information. The provider will permit you [or your spouse] to create one basic last will and testament. You [or your spouse] will also have telephonic or internet access to the provider's licensed attorneys who can provide: 1) legal information regarding personal legal matters, including estate planning; and 2) referrals to local attorneys. The provider will not charge you [or your spouse] for the basic last will and testament preparation service or for any legal information received from the provider.

The Will Preparation and Legal Information Benefit Rider must be in force on the date you or your spouse is provided will preparation services and legal information.

### GENERAL PROVISIONS

#### TERMINATION

This Rider shall terminate for the following reasons:

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

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

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

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



President



Secretary

SERFF Tracking Number: AEGB-127842486 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 50337  
 Company Tracking Number:  
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
 Dismemberment Dismemberment  
 Product Name: SLAD4017GR, SLAD4018GR, SLAD4019GR, SLAD4020GR, SLAD4022GR, SLAD4023GR, SLAD4024GR  
 Project Name/Number: SLIC AD Phase 3 Riders/H001-5

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	11/30/2011
<b>Comments:</b>			
<b>Attachment:</b>			
	Readability Package.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	11/30/2011
<b>Bypass Reason:</b>	N/A for this filing		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Explanation of Variables - Riders	Approved-Closed	11/30/2011
<b>Comments:</b>			
<b>Attachment:</b>			
	EOV Phase 3 riders.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Actuarial Demonstrations	Approved-Closed	11/30/2011
<b>Comments:</b>			
<b>Attachments:</b>			
	SLAD4023GR Actuarial Memo.pdf		
	SLAD4017GR Actuarial Memo.pdf		
	SLAD4018GR Actuarial Memo.pdf		
	SLAD4019GR Actuarial Memo.pdf		
	SLAD4020GR Actuarial Memo.pdf		
	SLAD4022GR Actuarial Memo.pdf		

**STONEBRIDGE LIFE INSURANCE COMPANY**

**CERTIFICATE OF COMPLIANCE**

**TO: DEPARTMENT OF INSURANCE**

<b>RIDER</b>	<b>Description</b>	<b>Flesch Score</b>
SLAD4017GR	COBRA Benefit Rider	44.6
SLAD4018GR	Felonious Assault Benefit Rider	48.8
SLAD4019GR	Accident Grief Counseling Benefit Rider	49.0
SLAD4020GR	Foreign Country Travel Care Benefit Rider	40.0
SLAD4022GR	Accident Dependent Child Care Benefit Rider	47.2
SLAD4023GR	Accident Only Monthly Income Continuity Benefit Rider	54.0
SLAD4024GR	Will Preparation and Legal Information Benefit Rider	47.7

We hereby certify that we have carefully reviewed the forms submitted herewith, and to the best of our knowledge and ability find:

1. That the said form(s) comply with the readability requirements of this state.
2. That the said form(s) have a reading ease score shown above.

**STONEBRIDGE LIFE INSURANCE COMPANY**

11-18-2011

Date

Assistant Vice President, Contract Development

## GENERAL RIDER INFORMATION

### General Rider Information

**ADMINISTRATIVE OFFICE** is bracketed because Stonebridge Life Insurance Company has several administrative office locations.

If coverage is issued to Primary only, then INSURED will print. If issued to Primary and/or Spouse and/or Child, then COVERED PERSON will print.

**TERMINATION DATE/AGE:** [65 – up][ Mo, day, year]

If there is no Termination Date/Age, then this Section will not print.

Depending on the issue system used, the Rider Benefit Schedule information will either be printed within the Rider Benefit Schedule or within the Certificate Schedule of Insurance. We certify that all necessary information will be printed in one location or the other. If the Coverage information is printed on the Certificate Schedule of Insurance, the reference to the Rider Benefit Schedule will be changed to “on the Certificate Schedule of Insurance” through out the Rider text and printed within the Rider Benefit Schedule will be SEE YOUR CERTIFICATE SCHEDULE OF INSURANCE.

In the first paragraph, second sentence below the Rider Benefit Schedule, the variable information will either state “listed in the Rider Benefit Schedule” or “included in the Certificate Schedule of Insurance.”

In some Riders, the benefit(s) can be stated as a Flat dollar amount or as a percentage of the Accidental Death Benefit issued and printed on the Schedule Page of the Certificate.

### Rider SLAD4017GR – COBRA Benefit Rider

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.

This benefit is the lesser of a dollar amount or a percentage of the death benefit paid in the Certificate to which it is attached.

- **Schedule Numeric Ranges:**
  - **COBRA Benefit**
    - **Insured** **\$1000 - \$10,000 or 1-5% of the accidental death benefit per year**
  - **Alternate Benefit**
  - This benefit is paid if no COBRA benefit is payable. The benefit is the lesser of a dollar amount or a percentage of the death benefit paid in the Certificate to which it is attached.
  -

### Rider SLAD4018GR – Felonious Assault Benefit Rider

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- **Schedule Numeric Ranges:**
  - **Insured** **\$1000 - \$250,000**
  - **Covered Spouse** **\$1000 - \$250,000**
  - **Covered Child** **\$500 - \$25,000**Or  
**10-100% of the accidental death benefit**

### **Rider SLAD4019GR – Accident Grief Counseling Benefit Rider**

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- Schedule Numeric Ranges:  
Group Accident Grief Counseling Benefit per session : \$25-\$100  
Maximum number of sessions per covered person: 10-25

If there are no surviving Family Members, the Alternate Benefit will be paid: \$25-\$2500

### **Rider SLAD4020GR – Foreign Country Travel Care Benefit Rider**

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured or covered persons, and the amount of coverage purchased.
- Ranges for the travel care benefit are \$250-\$5,000 for each person with a maximum of \$1,000-\$25,000 per accident. The ranges for the resident patient hospital stay is 7 to 14 days.

### **Rider SLAD4022GR– Group Accident Dependent Child Benefit Rider**

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased. Ranges for the dependent child benefit are \$1,000 - \$25,000 per dependent child per year for 2-10 years. If there is no dependent child benefit payable, the alternate benefit is \$1,000-\$25,000.
- If the marketing plan is to provide percentages of the accidental death benefit, the dependent child benefit and alternate benefit ranges are 2%-10% of the AD benefit.
- Numbers 3 and 4 under the Accident Dependent Child Benefit provision will be used when dependent coverage is provided under the policy.

### **Rider SLAD4023GR – Group Accident Only Monthly Income Continuity Benefit Rider**

**RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured and/or spouse and the amount of coverage purchased.

- Schedule Numeric Ranges:  
Insured – \$100-10,000  
Covered Spouse – \$50-100,000

Method of payment may be a gift card, debit card or other form of payment elected by the policyholder.

The second paragraph under the Accident Only Monthly Income Continuity Benefit provision will be included when benefits are provided for the spouse.

### **Rider SLAD4024GR – Will Preparation and Legal Information Benefit Rider**

- **RIDER BENEFIT SCHEDULE:** Personal data on the Benefit Schedule is variable as it pertains to the Insured, and the amount of coverage purchased.
- The variable “or your spouse” in the benefit provision will be included when the benefit is provided for the spouse as well as the insured.