

SERFF Tracking Number: RSLI-127001320 State: Arkansas
Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 47781
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Preliminary Application
Project Name/Number: Preliminary Application/

Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: Preliminary Application

SERFF Tr Num: RSLI-127001320

State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved-
Closed

State Tr Num: 47781

Sub-TOI: H21.000 Health - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Jennifer Santucci

Disposition Date: 02/02/2011

Date Submitted: 01/25/2011

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Preliminary Application

Status of Filing in Domicile: Not Filed

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: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 02/02/2011

State Status Changed: 02/02/2011

Deemer Date:

Created By: Jennifer Santucci

Submitted By: Jennifer Santucci

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

The enclosed form is intended to replace LRS-8209-0288-AR which was previously approved by your department on 03/29/1999.

This form is a Preliminary Application which is used with all of our group life and health policies approved by your department. It is used at the point of sale only and does not attach to or become a part of the policy.

The only changes that have been made to this form are the elimination of the Stop Loss product and the addition of two

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other products in Items 6 and 9 that will be filed shortly. Those products are Voluntary Accident Insurance (VAI) and Voluntary Critical Illness (VCI). This area has also been bracketed to indicate variability should we add any other approved products in the future.

Company and Contact

Filing Contact Information

Jennifer Santucci, Compliance Specialist jennifer.santucci@rsli.com
 2001 Market Street 267-256-3724 [Phone]
 Suite 1500 267-256-3546 [FAX]
 Philadelphia, PA 19103-7090

Filing Company Information

Reliance Standard Life Insurance Company CoCode: 68381 State of Domicile: Illinois
 2001 Market Street Group Code: Company Type:
 Suite 1500 Group Name: State ID Number:
 Philadelphia, PA 19103-7090 FEIN Number: 36-0883760
 (800) 351-7500 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reliance Standard Life Insurance Company	\$50.00	01/25/2011	44071129

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/02/2011	02/02/2011

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Disposition

Disposition Date: 02/02/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review:

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	No
Supporting Document	Application	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	No
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	No
Form	Preliminary Application	Approved-Closed	No

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	LRS-8209-	Application/	Preliminary	Initial			LRS-8209-
Closed	0111-AR	Enrollment	Application				0111-AR.pdf
02/02/2011		Form					

1. Prospective Policyholder: _____
 (Exact Legal Name)
2. Federal Employer Identification Number: _____
3. Complete address: _____
 (Street Address) (City and State) (County) (Zip Code)
- Executive Correspondent _____ Title _____ Phone _____
 Routine Correspondent _____ Title _____ Phone _____
 Mailing Address (If different) _____
4. Nature of business: (If Association: purpose, when formed) _____
5. The prospective policyholder is a ___ corporation, ___ partnership, ___ proprietorship, ___ union, ___ association, ___ other (specify) _____
6. INDICATE AFFILIATES OR SUBSIDIARIES TO BE COVERED, IF ANY:
 (Include divisions only if all are not to be included)

Name and Location	Nature of Relationship	Nature of Business	No. of Employees by Coverage								
			[Life	AD&D	WI	LTD	VAR	VAI	VCI	Other]	

7. POLICY TO BE ISSUED IN THE STATE OF : _____ 8. Requested Effective Date: _____
 (If other than state of Applicant's main office, explain in REMARKS) (Month) (Day) (Year)
9. COVERAGES APPLIED FOR: [___ Life, ___ AD&D, ___ WI, ___ LTD, ___ VAR, ___ VAI, ___ VCI, ___ Other _____]
10. Is any group insurance now in force or currently being applied for on the Proposed Insureds? ___yes ___no
 If yes, (A) Indicate in Remarks: name of carrier; type of coverage; effective date; brief benefit description; eligibility; etc.
 (B) Provide prior experience, including premiums and incurred claims (or paid claims and claim reserves at start and end of period.)
11. Is it proposed to terminate or change any existing group insurance coverage? ___yes ___no
 If yes, indicate in REMARKS: name of carrier; type of coverage; and date of termination, or date and type of change.
12. Are all Proposed Insureds actively at work? ___yes ___no If not, please list the following for employees not actively at work (If more space is needed, attach separate sheet):
- | NAME | DATE OF BIRTH | LAST DAY WORKED | FACE AMOUNT | REASON FOR ABSENCE |
|------|---------------|-----------------|-------------|--------------------|
| | | | | |

REMARKS (If more space is needed, attach separate sheet):

This Preliminary Application is subject to the acceptance and approval in writing by Reliance Standard Life Insurance Company at the Administrative Offices in Philadelphia, Pennsylvania; and nothing contained herein shall be binding upon said Company until this Preliminary Application is so approved. \$_____ has been paid herewith. It will be applied toward the first premium due on the policy or policies if any be issued. Such issuance is subject to the: terms; conditions; limitations; and exceptions of the policy or policies if any be issued.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Name of Agent or Broker of Record (print or type) _____	Share _____%		by _____
_____	_____%		(authorized signature)
_____	_____%		(title or position with Applicant)
Print or type name of Broker's firm, if applicable _____		Dated at _____	
_____		Date _____	
by _____	(authorized signature)	(Title)	Agency _____ Group Office _____

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	02/02/2011
Bypass Reason:	Not Applicable		
Comments:			
Satisfied - Item:	Application	Approved-Closed	02/02/2011
Comments:	LRS-8209-1088-AR		
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	02/02/2011
Bypass Reason:	Not Applicable		
Comments:			
Bypassed - Item:	Outline of Coverage	Approved-Closed	02/02/2011
Bypass Reason:	Not Applicable		
Comments:			
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	02/02/2011
Bypass Reason:	Not Applicable		
Comments:			