

SERFF Tracking Number: LSVX-G127109450 State: Arkansas
Filing Company: USAbLe Life State Tracking Number: 48403
Company Tracking Number: AR001390100003
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Group Dependent Age Endorsement & Enrollment Form
Project Name/Number: GRP- Group/AR001390100003

Filing at a Glance

Company: USAbLe Life

Product Name: Group Dependent Age
Endorsement & Enrollment Form

TOI: L04G Group Life - Term

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

Filing Type: Form

SERFF Tr Num: LSVX-
G127109450

SERFF Status: Closed-Approved-
Closed

Co Tr Num: AR001390100003

Author: SPI Life and Specialty
Ventures

Date Submitted: 04/04/2011

State: Arkansas

State Tr Num: 48403

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/12/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 05/01/2011

State Filing Description:

General Information

Project Name: GRP- Group

Project Number: AR001390100003

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 04/12/2011

State Status Changed: 04/12/2011

Created By: SPI Life and Specialty Ventures

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval is an endorsement to our group life and AD&D policies. The purpose of this endorsement is to bring the policy into compliance with legislative changes regarding dependent age coverage to age 26.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: SPI Life and Specialty Ventures

We have also enclosed an enrollment form that will be used to enroll adult children in dependent life, voluntary

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dependent life and voluntary accidental death & dismemberment coverage.

These forms can be used with the following previously approved policies and certificates:

GRP-P (5-09) - Group Policy - Approved 2/18/2009

GRP-C (5-09) - Group Certificate - Approved 2/18/2009

GPOL (11-99) - Group Policy - Approved 11/19/1999

GCRT (11-99) - Group Certificate - Approved 11/19/1999

GPOL-VGL (11-99) - Voluntary Group Life Policy - Approved 2/25/2000

GCRT-VGL (11-99) - Voluntary Group Life Certificate - Approved 2/25/2000

VGTL2-P (3-06) - Voluntary Group Term Life Policy - Approved 3/20/2006

VGTL2-C (3-06) - Voluntary Group Term Life Certificate - Approved 3/20/2006

GPOL-VADD (11-99) - Voluntary Accidental Death & Dismemberment Policy - Approved 3/20/2000

GCRT-VADD (11-99) - Voluntary Accidental Death & Dismemberment Certificate - Approved 3/20/2000

VADD2-P (3-06) - Voluntary Accidental Death & Dismemberment Policy - Approved 5/3/2006

VADD2-C (3-06) - Voluntary Accidental Death & Dismemberment Certificate - Approved 5/3/2006

GPOL-BC (11-99) - Group Policy - Approved 8/1/2005

GCRT-BC (11-99) - Group Certificate - Approved 8/1/2005

GPOL-VADD-BC (11-99) - Voluntary Accidental Death & Dismemberment Policy - Approved 8/2/2005

GCRT-VADD-BC (11-99) - Voluntary Accidental Death & Dismemberment Certificate - Approved 8/2/2005

GPOL-APSG (10-05) - Group Policy - Approved 8/25/2005

GCRT-APSG (10-05) - Group Certificate - Approved 8/25/2005

GLP-ARST (1-93) - Group Policy - Approved 12/17/1992

GLC-ARST (8-05) - Group Certificate - Approved 8/9/2005

Company and Contact

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Filing Contact Information

Rob Wittenburg, Regulatory Resource Analyst rwittenburg@usablelife.com
 PO Box 1650 501-212-8877 [Phone] 8877 [Ext]
 Little Rock, AR 72203-1650 501-235-8484 [FAX]

Filing Company Information

USAbLe Life CoCode: 94358 State of Domicile: Arkansas
 PO Box 1650 Group Code: 876 Company Type: Life & Health
 Little Rock, AR 72203-1650 Group Name: Life and Speciality State ID Number:
 Ventures (LSV)
 (501) 375-7200 ext. [Phone] FEIN Number: 71-0505232

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50 per form; 2 forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAbLe Life	\$100.00	04/04/2011	46221017

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/12/2011	04/12/2011

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Disposition

Disposition Date: 04/12/2011

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	Application		No
Supporting Document	Flesch Certification		Yes
Supporting Document	Statement of Variability		Yes
Form	Endorsement		Yes
Form	Group Enrollment Form to Enroll Adult Children (Under Age 26)		Yes

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Form Schedule

Lead Form Number: END-AGE (2-11)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	END-AGE (2-11)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Endorsement	Initial		50.000	END-AGE (2-11).PDF
	EnrAdultCh ildren (2- 11)	Application/Group Enrollment Form to Enroll Adult Children (Under Age 26)		Initial		50.500	EnrAdultChild ren (2- 11).PDF



P.O. Box 1650 · Little Rock, AR 72203-1650

ENDORSEMENT

The following changes are hereby made to this Policy and Certificate:

- (1) Any reference to the eligibility age of dependent is hereby changed to “under the age of [26].”
- (2) Any reference to the termination age of dependent children is hereby changed to “his [26th] birthday.”
- (3) Any reference to a requirement for dependent children to be unmarried is hereby removed.
- (4) Any reference to a full-time student requirement for dependent children is hereby removed, except as described in the Continuation of Insurance for a Handicapped Dependent Child provision.
- (5) Any reference to a full-time employment prohibition for dependent children is hereby removed, except as described in the Continuation of Insurance for a Handicapped Dependent Child provision.
- (6) Any reference to a support requirement for dependent children is hereby removed, except as described in the Continuation of Insurance for a Handicapped Dependent Child provision.
- (7) [Any reference to “Dependent” shall also mean [your] domestic partner, if domestic partners are covered under this policy.]

Signed for us at our Home Office on January 1, 2011.

US Able Life

A handwritten signature in black ink, appearing to read 'Jason Shaw', is written over a light blue background.

President



P.O. Box 1650
 Little Rock, Arkansas 72203
 [(800) 370-5856]

Group Enrollment Form to Enroll Adult Children (Under Age 26)

(Please print or type in Black ink.)

Group # _____
Class _____
Dept/Location _____
Eff Date _____

SECTION 1 - APPLICANT INFORMATION

Employee Legal Name (First, M.I., Last)			Social Security #	
Home Address	City	State	Zip	Telephone No.
Employer's Name				

SECTION 2 – Adult Child Information

Coverage: Dependent Life Voluntary Dependent Life Voluntary Accidental Death and Dismemberment

Adult Children to be Covered	Relationship	Birthdate	SSN

I represent that the information provided above is true and correct. I understand that if I am not actively at work on the effective date of my coverage, my insurance will not begin until the day I return to work. I further understand the effective date will be delayed if the dependent is hospitalized. For those coverages I have declined, I understand that if I choose to enroll at a later date, Evidence of Insurability may be required. If the Plan provides that any contributions be made by me, I authorize my employer to deduct them from my pay.

Warning - It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines, and a denial of insurance benefits in accordance with applicable state law.

 Date Signature of Employee

Date Received - Home Office

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: END-AGE Variables.PDF		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: USAble Life

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
END-AGE (2-11)	50 (scored with policy)
EnrAdultChildren (2-11)	50.5

Signed: 
Name: Connie Phillips
Title: Assistant General Counsel & Assistant Secretary
Date: 4/4/2011

**STATEMENT OF VARIABILITY
ENDORSEMENT, END-AGE**

1. Items 1 and 2: the age limits for dependent children may be varied according to the policyholder's plan. The range is a minimum of 26 years to a maximum of 30 years; but will never be less than as required by law.
2. Item 7: this item may be removed for employer groups that don't select domestic partner coverage or states that won't allow domestic partner coverage. If item 7 is included, the reference to "your" can be changed to "his/her."