

SERFF Tracking Number: AEGX-G127162176 State: Arkansas  
Filing Company: Monumental Life Insurance Company State Tracking Number: 48734  
Company Tracking Number: AR004735500003  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Supplemental Medical Insurance  
Project Name/Number: Supplemental Medical Insurance/AR004735500003

## Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Supplemental Medical Insurance

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: AEGX-G127162176

SERFF Status: Closed-Approved-Closed

Co Tr Num: AR004735500003

Author: SPI ADMSLH

Date Submitted: 05/10/2011

State: Arkansas

State Tr Num: 48734

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 05/12/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Supplemental Medical Insurance

Project Number: AR004735500003

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 05/12/2011

State Status Changed: 05/12/2011

Created By: SPI ADMSLH

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Re: MLSM2000GPA.AR Rev. 5-11 - Policy Amendment

MLSM2000GCA.AR Rev. 5-11 - Certificate Amendment

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: SPI ADMSLH

The referenced forms are attached for your consideration and approval. These are revised versions of MLSM2000GPA.AR and MLSM2000GCA.AR, which were approved by your Department on 4-19-11 under SERFF Filing # AEGX-G127127474. They will be used with Group Supplemental Medical Expense Insurance Policy

SERFF Tracking Number: AEGX-G127162176 State: Arkansas  
 Filing Company: Monumental Life Insurance Company State Tracking Number: 48734  
 Company Tracking Number: AR004735500003  
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
 Product Name: Supplemental Medical Insurance  
 Project Name/Number: Supplemental Medical Insurance/AR004735500003

MLSM2000GP.AR and Certificate MLSM2000GC.AR, which were approved by your Department on 3-17-09 under SERFF Tracking No. AEGX-126073726.

We are changing the definition of Base Health Plan and increasing the Dependent child age to 26 if the child is not eligible for other employer-sponsored coverage.

## Company and Contact

### Filing Contact Information

Suzanne Cherluka, Senior Product Filing & Compliance Analyst  
 520 Park Avenue  
 Baltimore, MD 21201  
 Suzanne.Cherluka@transamerica.com  
 410-209-5259 [Phone]  
 410-209-5510 [FAX]

### Filing Company Information

Monumental Life Insurance Company  
 4333 Edgewood Road, N.E.  
 Cedar Rapids, IA 52499  
 (800) 553-5957 ext. [Phone]  
 CoCode: 66281  
 Group Code: 468  
 Group Name:  
 FEIN Number: 52-0419790  
 State of Domicile: Iowa  
 Company Type: Life and Health  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form X 2 forms.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$100.00	05/10/2011	47428914

SERFF Tracking Number: AEGX-G127162176 State: Arkansas  
Filing Company: Monumental Life Insurance Company State Tracking Number: 48734  
Company Tracking Number: AR004735500003  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Supplemental Medical Insurance  
Project Name/Number: Supplemental Medical Insurance/AR004735500003

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/12/2011	05/12/2011

*SERFF Tracking Number:* AEGX-G127162176      *State:* Arkansas  
*Filing Company:* Monumental Life Insurance Company      *State Tracking Number:* 48734  
*Company Tracking Number:* AR004735500003  
*TOI:* H21 Health - Other      *Sub-TOI:* H21.000 Health - Other  
*Product Name:* Supplemental Medical Insurance  
*Project Name/Number:* Supplemental Medical Insurance/AR004735500003

## **Disposition**

Disposition Date: 05/12/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* AEGX-G127162176      *State:* Arkansas  
*Filing Company:* Monumental Life Insurance Company      *State Tracking Number:* 48734  
*Company Tracking Number:* AR004735500003  
*TOI:* H21 Health - Other      *Sub-TOI:* H21.000 Health - Other  
*Product Name:* Supplemental Medical Insurance  
*Project Name/Number:* Supplemental Medical Insurance/AR004735500003

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Group Policy Amendment	Approved-Closed	Yes
<b>Form</b>	Certificate Amendment	Approved-Closed	Yes

SERFF Tracking Number: AEGX-G127162176 State: Arkansas  
 Filing Company: Monumental Life Insurance Company State Tracking Number: 48734  
 Company Tracking Number: AR004735500003  
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
 Product Name: Supplemental Medical Insurance  
 Project Name/Number: Supplemental Medical Insurance/AR004735500003

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 05/12/2011	MLSM2000 GPA.AR Rev. 5-11	Certificate	Group Policy Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	MLSM2000G PA_AR Rev.PDF
Approved- Closed 05/12/2011	MLSM2000 GCA.AR Rev. 5-11	Certificate	Certifcate Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	MLSM2000G CA_AR Rev.PDF

## GROUP POLICY AMENDMENT

Policyholder: Tyson Foods, Inc.  
Policy Number: MZ0924947H0000A

Group Policy Amendment Effective Date: [January 1, 2012]

This Group Policy Amendment amends the Group Policy to which it is attached as follows:

1. The **Eligible Class 3** under plans A, B, C & D, in the **DESCRIPTION OF ELIGIBLE CLASSES** is deleted in its entirety and replaced with the following:

**Eligible Class 3:** Dependents of an eligible member of Eligible Class 1 or 2 who are covered under the Base Health Plan.

2. The definition of Base Health Plan in the **DEFINITIONS** section is deleted in its entirety and replaced with the following:

**Base Health Plan:** The Policyholder's Sponsored Health Plan made available to Covered Persons or at a minimum a substantially similar Employer Sponsored, Health Plan or Major Medical Plan for Dependents who have waived coverage under the Policyholder's Sponsored Health Plan. The Base Health Plan includes Medicare or other governmental programs for those Covered Persons not covered under the Policyholder's Sponsored Health Plan but eligible for this coverage. The Health Plan must remain in effect throughout the period this Group Policy is in effect and must cover each Covered Person under this Group Policy.

3. The definition of **Dependent** in the **DEFINITIONS** section is deleted in its entirety and replaced with the following:

**Dependent:** A person who resides with the Insured, is covered under the Base Health Plan, has been named as eligible for coverage by the Policyholder, and is the Insured's:

1. legally married spouse.
2. child under 19 years of age (under age 26 if not eligible for other employer-sponsored coverage).
3. unmarried child who is physically or mentally incapable of self-support and who was the Insured's covered dependent prior to reaching age 19 (26, if not eligible for other employer-sponsored coverage at the time he or she became incapacitated).

The term child refers to the Insured's unmarried:

1. Natural child.
2. Stepchild; A stepchild is a Dependent on the date the Insured marries the child's parent.
3. Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

In the event both parents of a Dependent are insured persons, such child is considered as a Dependent of either parent. The child may not be considered a Dependent of both parents.

This Group Policy Amendment does not waive, alter, or extend any conditions or provisions of the Group Policy except to the extent shown above. It is subject to all the terms and limitations of the Group Policy. This Group Policy Amendment takes effect [on the date above] and expires concurrently with the Group Policy to which it is attached.

**MONUMENTAL LIFE INSURANCE COMPANY**  
Cedar Rapids, Iowa

  
**Secretary**

  
**President**

## CERTIFICATE AMENDMENT

Policyholder: Tyson Foods, Inc.  
Policy Number: MZ0924947H0000A  
[Plan Number: 123]

Certificate Amendment Effective Date: [January 1, 2012]

This Certificate Amendment amends the Certificate to which it is attached as follows:

1. The definition of Base Health Plan in the **DEFINITIONS** section is deleted in its entirety and replaced with the following:

**Base Health Plan:** The Policyholder's Sponsored Health Plan made available to Covered Persons or at a minimum a substantially similar Employer Sponsored, Health Plan or Major Medical Plan for Dependents who have waived coverage under the Policyholder's Sponsored Health Plan. The Base Health Plan includes Medicare or other governmental programs for those Covered Persons not covered under the Policyholder's Sponsored Health Plan but eligible for this coverage. The Health Plan must remain in effect throughout the period the Group Policy is in effect and must cover each Covered Person under the Group Policy.

2. The definition of **Dependent** in the **DEFINITIONS** section is deleted in its entirety and replaced with the following:

**Dependent:** A person who resides with the Insured, is covered under the Base Health Plan, has been named as eligible for coverage by the Policyholder, and is the Insured's:

1. legally married spouse.
2. child under 19 years of age (under age 26 if not eligible for other employer-sponsored coverage).
3. unmarried child who is physically or mentally incapable of self-support and who was the Insured's covered dependent prior to reaching age 19 (26, if not eligible for other employer-sponsored coverage at the time he or she became incapacitated).

The term child refers to the Insured's unmarried:

1. Natural child.
2. Stepchild; A stepchild is a Dependent on the date the Insured marries the child's parent.
3. Adopted child, including a child placed with the Insured for the purpose of adoption, from the moment of placement as certified by the agency making the placement.

In the event both parents of a Dependent are insured persons, such child is considered as a Dependent of either parent. The child may not be considered a Dependent of both parents.

This Certificate Amendment does not waive, alter, or extend any conditions or provisions of the Certificate except to the extent shown above. It is subject to all the terms and limitations of the Group Policy. This Certificate Amendment takes effect [on the date above] and expires concurrently with the Certificate to which it is attached.

**MONUMENTAL LIFE INSURANCE COMPANY**  
Cedar Rapids, Iowa

  
**Secretary**

  
**President**

SERFF Tracking Number: AEGX-G127162176 State: Arkansas  
 Filing Company: Monumental Life Insurance Company State Tracking Number: 48734  
 Company Tracking Number: AR004735500003  
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
 Product Name: Supplemental Medical Insurance  
 Project Name/Number: Supplemental Medical Insurance/AR004735500003

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	05/12/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AR - READABILITY CERTIFICATION.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	05/12/2011
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	05/12/2011
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	05/12/2011
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	05/12/2011
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME: Monumental Life Insurance Company**

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.

<b>Form Number</b>	<b>Score</b>
MLSM2000GPA.AR Rev. 5-11	49.4
MLSM2000GCA.AR Rev. 5-11	47.6

Signed: Cheryl Bock  
Name: Cheryl Bock  
Title: Assistant Vice President  
Date: 5-10-11