

SERFF Tracking Number: AEGX-G127227261 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number: 49050
 Company Tracking Number: AR004735500004
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Supplemental Medical Insurance
 Project Name/Number: Supplemental Medical Insurance/AR004735500004

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Supplemental Medical Insurance SERFF Tr Num: AEGX-G127227261 State: Arkansas
 TOI: H21 Health - Other SERFF Status: Closed-Approved-Closed State Tr Num: 49050

Sub-TOI: H21.000 Health - Other Co Tr Num: AR004735500004 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor
 Author: SPI ADMSLH Disposition Date: 06/24/2011
 Date Submitted: 06/14/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Supplemental Medical Insurance
 Project Number: AR004735500004
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Group Market Type: Employer
 Filing Status Changed: 06/24/2011
 State Status Changed: 06/24/2011
 Created By: SPI ADMSLH
 Corresponding Filing Tracking Number:
 PPACA: Not PPACA-Related
 PPACA Notes: null

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

Filing Description:
 Re: MLSM2000GPA.AR Rev. 6-11 - Policy Amendment
 MLSM2000GCA.AR Rev. 6-11 - Certificate Amendment

The referenced forms are attached for your consideration and approval. These are revised versions of MLSM2000GPA.AR Rev. 5-11 and MLSM2000GCA.AR Rev. 5-11, which were approved by your Department on 5-12-11 under SERFF Filing # AEGX-G127162176. They will be used with Group Supplemental Medical Expense Insurance

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Policy 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 per form X 2 forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$100.00	06/14/2011	48677772

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/24/2011	06/24/2011

SERFF Tracking Number: AEGX-G127227261 *State:* Arkansas
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Disposition

Disposition Date: 06/24/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Group Policy Amendment	Approved-Closed	Yes
Form	Certificate Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 06/24/2011	MLSM2000 GPA.AR Rev. 6-11	Certificate	Group Policy Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	MLSM2000G PA_AR Rev.PDF
Approved- Closed 06/24/2011	MLSM2000 GCA.AR Rev. 6-11	Certificate	Certificate 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 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).
4. child for whom legal guardianship can be shown.

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. The Insured must enroll his adopted child within two (2) months of the date of adoption or date of placement, whichever is earlier.
4. child for whom legal guardianship can be shown.

The term child does not include grandchildren, nieces, nephews, or any other children related by blood or marriage unless legally adopted or for whom legal guardianship can be shown, with such documentation as is acceptable to the Plan Administrator.

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

MLSM2000GPA.AR Rev. 6-11



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 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).
4. child for whom legal guardianship can be shown.

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. You must enroll your adopted child within two (2) months of the date of adoption or date of placement, whichever is earlier.
4. child for whom legal guardianship can be shown.

The term child does not include grandchildren, nieces, nephews, or any other children related by blood or marriage unless legally adopted or for whom legal guardianship can be shown, with such documentation as is acceptable to the Plan Administrator.

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

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/24/2011
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	06/24/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	06/24/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	06/24/2011
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	06/24/2011
Bypass Reason: N/A		
Comments:		

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.

Form Number	Score
MLSM2000GPA.AR Rev. 6-11	49.4
MLSM2000GCA.AR Rev. 6-11	47.6

Signed: *Cheryl Bock*
Name: Cheryl Bock
Title: Assistant Vice President
Date: 6-14-11