Filing at a Glance

Company: Companion Life Insurance Company

Product Name: LIAS03GR11	SERFF Tr Num: CMLX-G127328093	State: Arkansas
TOI: L04G Group Life - Term	SERFF Status: Closed-Approved-Closed	State Tr Num: 49342
Sub-TOI: L04G.500 Other	Co Tr Num: AR001730100004	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: SPI CompanionLife	Disposition Date: 07/21/2011
	Date Submitted: 07/19/2011	Disposition Status: Approved-Closed
Implementation Date Requested: 07/19/2011		Implementation Date:

State Filing Description:

General Information

Project Name: LIAS03GR11
Project Number: AR001730100004
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Association
Filing Status Changed: 07/21/2011
State Status Changed: 07/21/2011
Created By: SPI CompanionLife
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 06/28/2011
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Overall Rate Impact:

Deemer Date:
Submitted By: SPI CompanionLife

Filing Description:

Enclosed herewith for your consideration is a Member Accidental Death Insurance Rider which will be used with Companion Life Insurance Company's Association Group Term Life Insurance forms recently approved in your state (SERFF ID# CMLX-G127120451).

The Association Group Term Life Insurance Policy will be issued to associations located outside your state. This rider provides an additional accidental death benefit. Once this form is approved, the associations will use it as part of their benefit package.

The form is new and will not replace any form that has been previously approved in your state. It will be used to market group term life insurance coverage to association members and will be marketed through a network of independent licensed agents. This form will be effective upon your approval.

This form was submitted to our domiciliary state, South Carolina, on June 9, 2011.

Company and Contact

Filing Contact Information

Vivian Frederic, Contracts Compliance Specialist
vivian.frederic@companiongroup.com
7909 Parklane Rd
Columbia, SC 29223-5666
803-735-1251 [Phone] 46777 [Ext]
800-836-5433 [FAX]

Filing Company Information

Companion Life Insurance Company	CoCode: 77828	State of Domicile: South Carolina
7909 Parklane Rd, Suite 200	Group Code: 661	Company Type:
Columbia, SC 29223-5666	Group Name: Companion Life Insurance Company	State ID Number:
(803) 735-1251 ext. [Phone]	FEIN Number: 57-0523959	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Life Insurance Company	$50.00	07/19/2011	49897414

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/21/2011	07/21/2011

Disposition

Disposition Date: 07/21/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*CMLX-G127328093*	*State:*	*Arkansas*
Filing Company:	*Companion Life Insurance Company*	*State Tracking Number:*	*49342*
Company Tracking Number:	*AR001730100004*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.500 Other*
Product Name:	*LIAS03GR11*		
Project Name/Number:	*LIAS03GR11/AR001730100004*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Accidental Death Insurance Rider		Yes

Form Schedule

Lead Form Number: GTL-633ACC-ASSN-RIDER

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GTL-633ACC-ASSN-RIDER	Certificate Amendment, Insert Page, Endorsement or Rider	Accidental Death Insurance Rider	Initial		52.800	GTL-633ACC-ASSN-RIDER - Accidental Death Rider.PDF

COMPANION LIFE INSURANCE COMPANY
7909 PARKLANE ROAD, SUITE 200, COLUMBIA, SC 29223-5666
PO Box 100102, Columbia, SC 29202-3102
(803) 735-1251

MEMBER ACCIDENTAL DEATH INSURANCE RIDER

THIS RIDER IS PART OF THE GROUP POLICY AND CERTIFICATE TO WHICH IT IS ATTACHED.

This Rider only applies if it is elected and the required premiums are paid as shown on the base policy.

Group Policy Number: [000-199-00]
Policyholder: [Employer's Name]
Rider Number: [LL-633]

Accidental Death Insurance

Member: Principal Sum of the Base Policy.

Benefit

Companion Life Insurance Company will pay the Member principal sum of the Base Policy if a Member suffers loss of life provided such loss:

1. results from Injury and independently of all other causes, which injury is caused by an accident that occurs while this benefit is in force as to the Member; and

2. occurs within 90 days of that accident. The Principal Sum is shown in the Schedule of Benefits of the Group Policy and Certificate to which this Rider is attached.

Accidental Death Benefit Exclusions

This Rider does not provide benefits for any loss caused by, contributed to, or resulting from an illness, accident, treatment or medical condition arising out of:

1. War or act of war (whether declared or undeclared);

2. Service in the Armed Forces or units auxiliary thereto;

3. Suicide, attempted suicide or intentionally self-inflicted injury;

4. Aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;

5. Participation in a felony, riot or insurrection;

6. Sickness or disease, ptomaine or bacterial infection (except infections occurring through an accidental cut or wound); and

7. The Member's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

[The Accidental Death Benefit is not available to Dependents of a Member.]

GENERAL PROVISIONS

Notice of Claim

Written notice of claim must be given to us within 20 days after the accident causing the death or dismemberment.

Notice must be given to us at our Home Office, or to one of our agents. Notice should include the Policyholder's name, Member's name, and policy number. If it will not be reasonably possible to give written notice within the 20 day period stated above, we will not reduce or deny a claim for this reason if notice is filed as soon as is reasonably possible.

Claim Forms

When we receive the notice of claim, we will send the claimant forms for filing proof of loss. If these forms are not furnished within 15 days after the giving of such notice, the claimant will meet our proof of loss requirements by giving us a written statement covering the occurrence, character and extent of loss within the time limit for filing proofs of loss.

Proof of Loss

Written proof of loss must be given to us within 120 days after the accident causing the death. If it was not reasonably possible to give written proof within the 120 day period, we will not reduce or deny a claim for this reason if the proof is filed as soon as is reasonably possible.

Autopsy

Companion Life Insurance Company at its own expense may have an autopsy made during the period of contestability, unless prohibited by law.

Time of Payment

We will pay all benefits within 60 days after receipt of due proof. If we fail to pay benefits within this 60 day period, the Insured is entitled to interest at the rate of 6 percent per year from the 90th day after receipt of due proof to the date of late payment.

Payment of Benefits

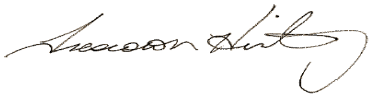
Upon receipt of due proof of loss, the benefits payable under this Rider will be paid to the beneficiary. If a beneficiary is not designated, then the benefits shall be payable to the estate of the Member.

Legal Proceedings

No legal action can be brought against us before the expiration of 60 days after written proof of loss has been filed. No such legal action may be brought unless brought within three years (five years in Kansas, six years in South Carolina and the applicable statute of limitations in Florida) from the time written proof of loss is required to be furnished.

This Rider will terminate on the same date as the Policy/Certificate to which it is attached.

Effective Date: _____
(if different from Certificate)



_____
President

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR - READABILITY CERTIFICATION.PDF

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: Not applicable

Comments:

STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: **Companion 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
GTL-633ACC-ASSN-RIDER	52.8

Signed: _____

Name: Karl Kemmerlin

Title: Vice President and CFO

Date: July 19, 2011