

SERFF Tracking Number: STAN-127331764 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 49415
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: PME
Project Name/Number: PME/15229

Filing at a Glance

Company: Standard Insurance Company

Product Name: PME

TOI: H111 Individual Health - Disability Income

Sub-TOI: H111.004 Other

Filing Type: Form

SERFF Tr Num: STAN-127331764 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49415

Co Tr Num:

Author: Sharon Denman

Date Submitted: 07/28/2011

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 07/29/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: PME

Project Number: 15229

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Sharon Denman

Filing Description:

RE: Standard Insurance Company, NAIC No. 69019

New Submission – Replacement of previously approved endorsement

Form Filing - Individual Disability Income Insurance Endorsement – 15229(2/11)

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted filing to
Oregon, our domicile on July 27, 2011

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/29/2011

State Status Changed: 07/29/2011

Created By: Sharon Denman

Corresponding Filing Tracking Number:

Enclosed for your review and approval is revised endorsement form, 15229(2/11), for use with our individual disability income insurance policy form, B170 (7/10)AR, approved/filed by your office on October 8, 2010 . (SERFF Tracking No.: 126741941, State Tracking No.: 46888.)

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Project Name/Number: PME/15229

The previously approved policy endorsement form 15229(7/10) was designed to enable us to offer the basic coverage in policy form B170(7/10)AR to applicants who would by industry standards be considered sub-standard risks or uninsurable. To improve our offerings to this market segment we have revised this form. The changes made do not impact premium adequacy nor the actuarial memo or rates previously submitted.

This new version will replace endorsement form 15229(7/10), approved/filed by your office as noted above. Upon approval of this form, policies in force with the currently approved version will receive the newly approved version. This will return the Own Occupation definition of Total Disability and the Compassionate Disability Benefit to the base policies without any change in the policy's premium rates.

Below is a brief description of this endorsement:

Policy Modification Endorsement 15229(2/11)

The endorsement removes Automatic Increase Benefit in its entirety from the base policy form B170(7/10)AR. This endorsement will be used only with the non-GI version of the policy, form B170(7/10)AR. The attachment of this endorsement to a policy creates a counteroffer for a proposed insured whose application we would otherwise decline.

Note regarding policy endorsements: Signed acceptance by the policyowner/insured will be required on any of endorsement form that we issue with a policy if they are not elected on the application for insurance.

If you have any questions or require additional information regarding this filing, please feel free to contact me. Thank you.

Sincerely,

Sharon K. Denman | Senior Compliance Analyst
The Standard
1100 SW Sixth Avenue | P 6 D | Portland, OR 97204
Phone 971.321.6842 | Fax 971.321.7805
sharon.denman@standard.com | www.standard.com

Company and Contact

Filing Contact Information

Sharon Denman, Compliance Analyst	sdenman@standard.com
Standard Insurance Company	971-321-6842 [Phone]
900 SW Fifth Ave	971-321-6407 [FAX]

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Portland, OR 97204

Filing Company Information

Standard Insurance Company	CoCode: 69019	State of Domicile: Oregon
1100 SW 6th Avenue	Group Code: 1348	Company Type: Life Insurance
Portland, OR 97204	Group Name: SIC	State ID Number:
(971) 321-6823 ext. [Phone]	FEIN Number: 93-0242990	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: filing fee is \$50.00 per form. One form submitted.
 Oregon, our domicile, does not charge a fee.
 Arkansas fee of \$50.00 is included.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$50.00	07/28/2011	50162864

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/29/2011	07/29/2011

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Disposition

Disposition Date: 07/29/2011

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	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	EOV	Approved-Closed	Yes
Supporting Document	Redline	Approved-Closed	Yes
Form	PME	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 15229

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/29/2011	15229(2/11)	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	PME	Initial		57.000	15229_0211.pdf

STANDARD INSURANCE COMPANY
POLICY MODIFICATION ENDORSEMENT

Insured: [Name]

Policy Number: [Number]

Owner: [Owner]

Effective Date of this Endorsement: [Date]

We issue this policy on the express condition that this policy is changed as noted below.

The **Automatic Increase Benefit** provision is removed in its entirety from the ADDITIONAL BENEFITS section of the policy. Any and all references and terms applicable to the Automatic Increase Benefit in the policy are removed from the policy.

GENERAL PROVISIONS

TERMINATION OF ENDORSEMENT

This endorsement will continue as part of the policy as long as the policy stays in force. This endorsement will end on the date the policy ends for any reason.

PART OF POLICY

This endorsement is part of the policy to which it is attached. All policy terms and conditions will apply to this endorsement if they have not been changed by this endorsement and do not conflict with this endorsement.

Signature of Proposed Insured

Signed at _____ on _____
City State Date

Signature of Owner (If Other than Proposed Insured)

Signed at _____ on _____
City State Date

Sign in duplicate. SIGN ORIGINAL IN THE POLICY. Return signed copy to:

Individual Policy Issue Department
1100 S.W. Sixth Avenue Portland, Oregon 97204
(800) 247-6888

STANDARD INSURANCE COMPANY

By



J. Greg Ness
President



Holley Y. Franklin
Corporate Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: certificate of readability.pdf certificate of compliance.pdf	Approved-Closed	07/29/2011
Bypassed - Item: Application Bypass Reason: PME form is not a policy. N/A Comments:	Approved-Closed	07/29/2011
Bypassed - Item: Health - Actuarial Justification Bypass Reason: PME form has no impact on rates. N/A Comments:	Approved-Closed	07/29/2011
Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments:	Approved-Closed	07/29/2011
Satisfied - Item: EOV Comments: Attachment: EOV_15229.pdf	Approved-Closed	07/29/2011

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	Item Status:	Status
Satisfied - Item: Redline	Approved-Closed	07/29/2011
Comments:		
Attachment:		
15229_redline.pdf		

STANDARD INSURANCE COMPANY
Portland, Oregon

CERTIFICATE OF READABILITY

I certify that Standard's form numbers listed below meet the minimum required reading ease score as required by the Arkansas Life and Health Policy Language Simplification Act.

Form Number
15229(2/11)

Flesch Score
57

7/28/11
Date

Dawn McMaster
Dawn McMaster
Assistant Vice President, Individual Disability Insurance

STANDARD INSURANCE COMPANY
Portland, Oregon

CERTIFICATION OF COMPLIANCE

I certify that this filing complies with Arkansas Rules, as noted below:

Rule 19, Unfair Sex Discrimination in the Sale of Insurance: Standard Insurance Company does not unfairly discriminate among insureds on the basis of sex. Our gender distinct premium rates are supported by morbidity data for males and females, provided in the Actuarial Memorandum attached to this filing.

Rule 49, Life and Health Insurance Guaranty Association Members: We provide "Appendix A" to every policyowner at the time the policy is delivered.

Flesch Certification: A certification of Flesch Reading Ease Scores for the forms in this submission is attached to this filing.

ACA 23-79-138 and Bulletin 11-88 (Act 197 of 1987 and Bulletin 15-2009): The required contact information is printed on the face page of every individual disability policy issued in Arkansas.

7/28/11
Date

Dawn McMaster
Dawn McMaster
Assistant Vice President, Individual Disability Insurance

Explanation of Variables

POLICY MODIFICATION ENDORSEMENT 15229(2/11)

BRACKETS: Hard Brackets [] – Denote that provision or text is variable.

- Insured – Will insert name of Insured
- Policy Number – Will insert policy number of policy to which the endorsement is attached.
- Owner – Will insert name of Owner, if other than the Insured.
- Effective Date of Endorsement – Will insert effective date.
- Signature Lines – Will appear each time endorsement is issued. Will operate as written acceptance of the endorsement.
- Company Officers – Will insert signatures, names and titles of current officers.

STANDARD INSURANCE COMPANY
POLICY MODIFICATION ENDORSEMENT

Insured: [Name]

Policy Number: [Number]

Owner: [Owner]

Effective Date of this Endorsement: [Date]

~~This endorsement changes the policy's definition of Total Disability/Totally Disabled; and it removes the policy's Automatic Increase Benefit and Compassionate Disability Benefit.~~

We issue this policy on the express condition that this policy is changed as noted below.

~~(1) The definition of Total Disability/Totally Disabled in the policy's BENEFIT FOR TOTAL DISABILITY section is changed to read as follows:~~

~~—Total Disability/Totally Disabled means that due to your Injury or Sickness:~~

- ~~• you are unable to perform the Substantial And Material Duties of your Own Occupation; and~~
- ~~• you are not engaged in any other gainful occupation; and~~
- ~~• you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.~~

~~(2) The **Compassionate Disability Benefit** and the **Automatic Increase Benefit** provisions are provision is removed in theirs entirety from the ADDITIONAL BENEFITS section of the policy. Any and all references and terms applicable to the **Compassionate Disability Benefit** and the Automatic Increase Benefit in the policy are removed from the policy.~~

GENERAL PROVISIONS

TERMINATION OF ENDORSEMENT

This endorsement will continue as part of the policy as long as the policy stays in force. This endorsement will end on the date the policy ends for any reason.

