

SERFF Tracking Number: AEGB-127367957 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number: 49558
Company Tracking Number: LBIM1000AM.AR
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: LBIM1000AM.AR
Project Name/Number: Mini-Med - 24 Phase 3 States/H011-3

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: LBIM1000AM.AR

SERFF Tr Num: AEGB-127367957 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity

SERFF Status: Closed-Approved-
Closed State Tr Num: 49558

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: LBIM1000AM.AR

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Kimberly Taylor

Disposition Date: 08/16/2011

Date Submitted: 08/15/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Mini-Med - 24 Phase 3 States

Status of Filing in Domicile: Not Filed

Project Number: H011-3

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 08/16/2011

Deemer Date:

State Status Changed: 08/16/2011

Created By: Kimberly Taylor

Submitted By: Kimberly Taylor

Corresponding Filing Tracking Number: 40943000

Filing Description:

August 15, 2011

Commissioner Jay Bradford

Arkansas Insurance Department

1200 West Third Street

Little Rock, Arkansas 72201-1904

SERFF Tracking Number: AEGB-127367957 State: Arkansas
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RE: Form Filing - LBIM1000AM.AR & LBIM1019RM
Company Tracking Number: LBIM1000AM.AR
Monumental Life Insurance Company NAIC#: 468-66281 FEIN#: 52-0419790

Dear Commissioner Bradford:

The above forms are being submitted for your review and approval. These forms are new and do not replace any previously approved forms. These forms will be used with our Group Indemnity Insurance Policy, form LBIM1000GPM.AR, et al, which was approved by your department on August 2, 2005.

The Amendment, form LBIM1000AM.AR, revises the Schedule of Benefits, Policy Provisions and Description of Benefits in the policy and/or certificate.

The Critical Illness Expense Benefit Rider, form LBIM1019RM, provides a lump sum benefit to an Insured if they are diagnosed as having a critical illness while their coverage is in effect.

Enclosed to complete this submission is \$100.00 filing fee, a List of Forms, a Readability Certification and Explanations of Variability.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned.

Sincerely,

Kimberly Taylor, AIRC, ACS
Contract Development Analyst
(800) 233-4624, ext. 5261
(410) 209-5910 (fax)
Kimberly.Taylor@transamerica.com (e-mail)

Company and Contact

Filing Contact Information

Kimberly Taylor, kimberly.taylor@transamerica.com
520 Park Ave 410-209-5261 [Phone]
Baltimore, MD 21201

Filing Company Information

SERFF Tracking Number: AEGB-127367957 State: Arkansas
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Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa
 4333 Edgewood Road NE Group Code: 468 Company Type:
 Cedar Rapids, IA 52499 Group Name: State ID Number:
 (319) 355-7888 ext. [Phone] FEIN Number: 52-0419790

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: In Arkansas, the filing fee is \$50.00 per form. We are submitting 2 forms. Therefore, the filing fee is \$100.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$100.00	08/15/2011	50634056

SERFF Tracking Number: AEGB-127367957 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/16/2011	08/16/2011

SERFF Tracking Number: *AEGB-127367957* *State:* *Arkansas*
Filing Company: *Monumental Life Insurance Company* *State Tracking Number:* *49558*
Company Tracking Number: *LBIM1000AM.AR*
TOI: *H14G Group Health - Hospital Indemnity* *Sub-TOI:* *H14G.000 Health - Hospital Indemnity*
Product Name: *LBIM1000AM.AR*
Project Name/Number: *Mini-Med - 24 Phase 3 States/H011-3*

Disposition

Disposition Date: 08/16/2011

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	Explanation of Variability - LBIM1000AM.AR	Approved-Closed	Yes
Supporting Document	Explanation of Variability - LBIM1019RM	Approved-Closed	Yes
Supporting Document	List of Forms	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes
Form	Critical Illness Expense Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: LBIM1000AM.AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/16/2011	LBIM1000A M.AR	Policy/Cont ract/Fratern al	Amendment	Initial		40.000	LBIM1000AM. AR Amendment.p df
Approved-Closed 08/16/2011	LBIM1019R M	Policy/Cont ract/Fratern al	Critical Illness Expense Benefit Rider	Initial		40.000	LBIM1019RM - Critical Illness Benefit Rider (02- 09).pdf



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AMENDMENT

This Amendment is a part of the Policy and/or Certificate to which it is attached and amends it as follows:

The **SCHEDULE OF BENEFITS** section is deleted in its entirety and replaced with the following:

SCHEDULE OF BENEFITS

Minimum Participation Requirement: {15% - 100%} of all Eligible Persons

Eligible Persons: [An Eligible Person is an individual who] [*include when there is more than one class of Eligible Persons* - meets all of the requirements of one of the Covered Classes shown below:] [is [a [full-time] [part-time] employee of the Policyholder who works at least {5-40} hours per week.]] and is not eligible for Medicare under Title XVIII of the federal Social Security Act of 1965.

- [Class 1 All employees of the Policyholder who are officers]
- [Class 2 All employees of the Policyholder who are managers or supervisors]
- [Class 3 All [other] [active] [part-time] [full-time] employees of the Policyholder [who work at least {5 - 40} hours per week] and their eligible dependents who are under age 65 and not eligible for Medicare]

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time a [Covered][Employee][Person] must be [in a Covered Class to be] eligible for this insurance. It will be extended by the number of days the Employee is not in Active Service.

[For Employees hired [{31 days} or more] before the Policy Effective Date: [No Waiting Period]]

[For Employees hired [less than {31 days} before, or] after the Policy Effective Date: [No Waiting Period] [{31 days}]]

[Policy Term][Calendar][Policy][Benefit][Year]: Begins on each [JANUARY 1ST] and continues for the next {12} consecutive months, and ends on [DECEMBER 31ST] of the [same] year.



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BENEFITS

[Lifetime Maximum Benefit]
per Covered [Person][Employee][up to] {\$10,000 - \$100,000}

[Annual Maximum Benefit]
per Covered [Person][Employee][up to] {\$10,000 - \$100,000}
[for each [policy term][calendar][policy][benefit][year]]

COVERED EXPENSE

BENEFIT AMOUNT

[In-Patient Hospital Services]

[Daily In-Hospital Benefit: Days {1-5}] {\$100 - \$2,500}

[Daily In-Hospital Benefit: Days {6-60}] {\$100 - \$2,500}

[Maximum Days per [policy term][calendar][policy][benefit][year]] {20 - 60}

[Daily ICU or CCU Benefit] {\$200 - \$2,500}

[Maximum Days per [policy term][calendar][policy][benefit][year]] {20 - 60}

[In-patient Visits
[included in the Daily In-Hospital Benefit]] >{{ \$25 - \$125 } per visit up to {5} visits}}

[Mental Conditions and Substance Abuse]

Daily Benefit {\$100 - \$2,500}

[Maximum Days per [policy term][calendar][policy][benefit][year]] {10 - 60}

[Physician Services]

[Surgery Benefit]

Refer to Appendix A for Schedule of Surgical Procedures Payment factor multiplied by the number of units below, up to a Maximum Benefit of {\$1,000 - \$12,500} per procedure

Surgical procedure unit value {7 - 40}

[Anesthesia Benefit] {20% - 25%} of the Surgery Benefit

[Out-Patient Hospital Services]

[Daily Out-Patient Treatments] {\$100 - \$1,000}

[Maximum Days per [policy term][calendar][policy][benefit][year]] {1- 20}

[MRI's] {\$75- \$500}

[CT Scans] {\$75- \$500}

[X-Rays] {\$75- \$500}



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[Annual Out-Patient Services Maximum	{\$75- \$5,000}]]
[Hospital Emergency Room Benefit	
[Emergency Room Deductible*	{\$50- \$150}}
[Benefit Amount per Visit	{\$75- \$1,000}}
[Maximum Visits per [policy term][calendar][policy][benefit][year]	{1- 5}]]
[*waived if admitted to the Hospital]	
[Physician Services	
[Surgery Benefit	
Refer to Appendix A for Schedule of Surgical Procedures	Payment factor multiplied by the number of units below, up to a Maximum Benefit of {\$1,000 - \$12,500} per procedure
Surgical procedure unit value	{7 - 40}]]
[Anesthesia Benefit	{20% - 25%} of the Surgery Benefit]
[Office Visits	{\$25 - \$150} per visit
[Maximum Visits per [policy term][calendar][policy][benefit][year]	{5 - 12}]]
[Outpatient Prescription Drug Benefit	
[Benefit per Prescription	{\$0 - \$40} for Brands {\$0 - \$40} for Generics
[Maximum Prescriptions per [policy term][calendar][policy][benefit][year]	{5-12}]]
[Hearing Exam Benefit	{\$50 - \$100} per exam
[One time per {12 - 24} consecutive month period – Employee Only]	
[One time per {12 - 24} consecutive month period – Employee & Dependent]	
[One time per {12 - 24} consecutive month period – Dependent Child]]	
[Home Health Care Benefit	
[Benefit per Visit	{\$20 - \$50}}
[Maximum Visits per [policy term][calendar][policy][benefit][year]	{40 - 60}}
[Medical Supplies, Drugs & Medications	{25% – 75%} of the Home Health Care Benefit per Home Health Care Visit]]
[Wellness Care Visits Benefit	
[Maximum Benefit per Visit	{\$25 - \$125}}
[Maximum Visits per [policy term][calendar][policy][benefit][year]	{1 - 5}]]



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[Continuous Care/Skilled Nursing Facility Benefit]	{\$50 - \$500} up to {5 - 50} days per [policy term][calendar][policy][benefit][year]]
[Supplemental Accident Benefit]	{\$100 - \$1,000}}
[Supplemental Accident Expense Benefit]	{\$100 - \$5,000}}
[Dental Expense Benefit]	
[Routine Care]	{\$20 - \$100}}
[Major Reconstruction]	{\$20 - \$100}}
[Maximum Visits per [policy term][calendar][policy][benefit][year]]	{2 - 6}]]

[Rates and Premiums]

[Premium Payable: ___ Weekly ___ Bi-Weekly ___ Monthly ___ Annually]

[Premium Amount:	{Bi-Weekly} Premiums	
	Employee Only:	\$ XXX.XX
	[Employee Plus [One][Spouse]:	\$ XXX.XX]
	[Employee Plus Children:	\$ XXX.XX]
	[Employee Plus Family:	\$XXX.XX]]

[Premium Due Dates: [Policy Effective Date and the first day of each modal period thereafter]]

[Contributions: [The cost of this insurance is paid by the Policyholder and Covered [Person] [Employee]s.]]

The term “Covered Person” used in the Policy and/or Certificate is replaced with “Covered [Person] [Employee]”.

The definition of “Eligible Dependent” is deleted in its entirety from the **DEFINITIONS** section of the Policy and/or Certificate and replaced with the following:

Eligible Dependent means the Covered Employee’s:

1. lawful spouse; and
2. natural or step child, unless such child is eligible for medical coverage as a Covered Employee under this Policy and who:
 - a. is less than {26} years old; or



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- b. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age {26};
 - c. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered Employee; or
 - d. is required to be provided coverage by the Insured or his spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]); and
3. child of the Covered Employee's child, unless such child is eligible for medical coverage as a Covered Employee under this Policy and who:
- a. is less than {26} years old; and
 - b. is a dependent of the Covered Employee, at the time application for the child's coverage is made, for federal income tax purposes.

The **Effective Date for Newly-Acquired Affiliates** provision is deleted in its entirety and replaced with the following:

[Effective Date for Newly-Acquired Affiliates

Insurance becomes effective for any newly-acquired affiliate of the Policyholder on first of the month following the date it is acquired if We have been notified in writing within the time period specified in the *Schedule of Affiliates*, have agreed to provide insurance, and have received any additional premium due. If We are not so notified, insurance for the affiliate will be come effective on first of the month following the date We agree in writing to insure it and receive any additional premium due. Individuals who are employees of an affiliate on its effective date of insurance under this Policy will be eligible for insurance on that date.]

The first paragraph of the **Eligibility** provision is deleted in its entirety and replaced with the following:

Eligibility

An employee becomes eligible for insurance under this Policy on first of the month following the date he meets all of the requirements [of one of the Covered Classes] [of an Eligible Person] and completes any Eligibility Waiting Period, as defined in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Policy on the later of first of the month following the date the employee becomes eligible and first of the



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month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Policy. No person may be eligible for insurance under this Policy as both an employee and a spouse or dependent child at the same time.

The first paragraph of the **Deferred Effective Date** provision is deleted in its entirety and replaced with the following:

Deferred Effective Date

[The effective date of insurance will be deferred for any employee who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person. Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.]

The **Effective Date of Changes** provision is deleted in its entirety and replaced with the following:

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered [Person][Employee] resulting from a change in benefits provided by this Policy or a change in the employee's [Covered Class][eligibility] will take effect on first of the month following the date of such change. Increases will take effect subject to any Active Service requirement.

The **Termination of Insurance** provision is deleted in its entirety and replaced with the following:

Termination of Insurance

The insurance on a Covered [Person] [Employee] will end on the earliest date below:

1. first of the month following the date this Policy or insurance for a Covered [Class][Person] is terminated;
2. the next premium due date after the first of the month following the date the Covered [Person] [Employee] [is] no longer [in a Covered Class] [or] [satisfies eligibility requirements] under this Policy;
3. [the next premium due date after the first of the month following the date the Covered [Person][Employee] attains age 70;]
4. the last day of the last period for which premium is paid;
5. [the end of any period of continuation, as provided in the *Continuation Provisions;*] and



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6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered Employee or first of the month following the date of divorce from the Covered Employee.

Termination will not affect a claim for Covered Expenses Incurred while coverage was in effect.

The **Emergency Room Treatment** benefit in the **DESCRIPTION OF BENEFITS** section of the Policy and/or Certificate is deleted in its entirety and replaced with the following:

Emergency Room Treatment

We will pay a Hospital Emergency Room Benefit for Appropriate Treatment provided in an outpatient emergency room of a Hospital, for the maximum number of visits annually, as shown in the *Schedule of Benefits* [,subject to the Deductible].

[“**Deductible**” means the amount of eligible Medical Expenses which must be satisfied for each covered loss before benefits are payable under this policy.]

The following benefits are added to the **DESCRIPTION OF BENEFITS** section of the Policy and/or Certificate:

[Hearing Exam Benefit

We will pay the applicable benefit amount shown on the **SCHEDULE OF BENEFITS** when a Covered [Person] [Employee] receives a routine hearing examination.]

[Wellness Care Visits Benefit

We will pay the applicable benefit amount shown on the **SCHEDULE OF BENEFITS** when a Covered [Person] [Employee] visits a Doctor for wellness care if the visit is:

- a) made while the Covered [Person][Employee] is not an Inpatient in a Hospital; and
- b) made while such person is covered under the policy.

[We will not pay benefits for more than one wellness care visit per day for each Covered [Person] [Employee].] Benefits for wellness care visits will be paid up to the maximum benefit, as shown on the **SCHEDULE OF BENEFITS**.

Additional Definitions - Wherever used in this benefit:



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"Wellness care" means medical examinations and procedures that are preventative in nature and not for the treatment of an Injury or Sickness.]

The **Excluded Expenses** under the **DESCRIPTION OF BENEFITS** section of the Policy and/or Certificate are deleted in their entirety:

Excluded Expenses

The following will not be Covered Expenses under this Benefit unless specifically provided:

1. rest care or rehabilitative care and treatment, custodial care, and transportation;
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication there from.

This exclusion does not apply to:

- a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
- b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness or from trauma, infection or other diseases of the involved part;
- c. correction of a congenital defect or anomaly that results in a functional defect of a covered Dependent child;
- d. with respect to a mastectomy:
 - (1) all stages of reconstruction of the breast on which the mastectomy has been performed;
 - (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - (3) treatment of physical complications for all stages of the mastectomy, including lymphedema;
3. immunization shots and routine examinations such as routine physical examinations;
4. pre-marital examinations;
5. examinations needed for employment, obtaining insurance, team sports, travel, school or camp;
6. routine newborn care, including routine nursery charges, beyond the earlier of: (1) the day the mother is discharged after giving birth; or (2) the fifth day of such care;
7. voluntary abortion, unless
 - a. the life of Covered Employee or his spouse would be endangered if the fetus were carried to term; or
 - b. medical complications have arisen from an abortion;
8. sex change procedures;
9. experimental health care services unless such services are:
 - a. prescribed or recommended as Appropriate Treatment by the Covered Person's Physician; and
 - b. approved, on a basis other than limited or experimental, by the American Medical Association or the appropriate medical specialty society for such treatment;



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10. diagnosis and treatment of infertility in connection with the reversal of elective sterilizations;
11. diagnosis and treatment of infertility in connection with: in vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers; cloning; or medical or surgical services deemed to be experimental;
12. treatment of exogenous obesity, gastric bypass surgery or weight control;
13. air ambulance service;
14. Confinement, or services or treatment received on Friday and/or Saturday in the case of a non-emergency Hospital admission, unless a surgical procedure is performed within 24 hours of admission;
15. routine eye examinations or fitting of glasses or contact lenses;
16. hearing examinations or fitting of hearing aids; or
17. dental examinations or dental care other than expenses resulting from a Covered Accident.

Other Exclusions that apply to this Benefit are specified in the *General Exclusions* section of this Policy.

The **GENERAL EXCLUSIONS** section of the Policy and/or Certificate is deleted in its entirety and replaced with the following:

GENERAL EXCLUSIONS

Benefits will not be paid, in addition to any benefit-specific exclusions, for any Covered Accident or Covered Sickness which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* section of this Policy:

1. suicide or any attempt thereat, while sane or insane, or any intentionally self-inflicted injury or Sickness, unless as a result of a medical condition or an act of domestic violence;
2. participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
3. committing, attempting to commit, or taking part in a felony or assault;
4. participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, or hang gliding;
5. air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
 - b. on a charter flight operated by a scheduled airline; or
 - c. as a passenger for transportation only and not as a pilot or crew member;
6. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which a Covered Accident occurred;
7. an act of war, whether declared or undeclared, or while performing police duty as member of any military or naval organization. This exclusion includes a Covered Accident occurring



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- or Sickness contracted while in the service of any military, naval or air force of any country engaged in war; (The Company will refund the pro rata unearned premium for any such period the Covered Person is not covered.);
8. an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
 9. any treatment received or expenses incurred during a period of time that insurance for a Covered Person is not in force;
 10. any service, supply or treatment that is not provided by or at the direction of a Physician, or is inconsistent with standards of medical practice for the applicable condition;
 11. treatment of any accident occurring or sickness contracted outside the United States, its possessions or the countries of Canada or Mexico.

[In addition to the General Exclusions, the following will not be Covered Expenses unless specifically provided:

1. rest care or rehabilitative care and treatment, custodial care, and transportation;
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication therefrom.
This exclusion does not apply to:
 - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
 - b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness or from trauma, infection or other diseases of the involved part;
 - c. correction of a congenital defect or anomaly that results in a functional defect of a covered Dependent child;
 - d. with respect to a mastectomy:
 - (1) all stages of reconstruction of the breast on which the mastectomy has been performed;
 - (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - (3) treatment of physical complications for all stages of the mastectomy, including lymphedema;
3. immunization shots and routine examinations such as routine physical examinations;
4. pre-marital examinations;
5. examinations needed for employment, obtaining insurance, team sports, travel, school or camp;
6. routine newborn care, including routine nursery charges, beyond the earlier of: (1) the day the mother is discharged after giving birth; or (2) the fifth day of such care;
7. voluntary abortion, unless
 - a. the life of Covered Employee or his spouse would be endangered if the fetus were carried to term; or
 - b. medical complications have arisen from an abortion;



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8. sex change procedures;
9. experimental health care services unless such services are:
 - a. prescribed or recommended as Appropriate Treatment by the Covered Person's Physician; and
 - b. approved, on a basis other than limited or experimental, by the American Medical Association or the appropriate medical specialty society for such treatment;
10. diagnosis and treatment of infertility in connection with the reversal of elective sterilizations;
11. diagnosis and treatment of infertility in connection with: in vitro fertilization, gamete intrafallopian tube transfers or zygote intrafallopian tube transfers; cloning; or medical or surgical services deemed to be experimental;
12. treatment of exogenous obesity, gastric bypass surgery or weight control;
13. air ambulance service;
14. Confinement, or services or treatment received on Friday and/or Saturday in the case of a non-emergency Hospital admission, unless a surgical procedure is performed within 24 hours of admission;
15. routine eye examinations or fitting of glasses or contact lenses;
16. hearing examinations or fitting of hearing aids; or
17. dental examinations or dental care other than expenses resulting from a Covered Accident.

We will not pay benefits for services or treatment rendered by any person who is:

1. employed or retained by the Policyholder;
2. living in the Covered Person's household;
3. a parent, sibling, spouse or child of a Covered Employee or a parent, sibling or child of the Covered Employee's spouse; or
4. a Covered Person treating himself.

Benefits are subject to all terms and conditions of the Policy. This Amendment does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

IN WITNESS WHEREOF Monumental Life Insurance Company has caused this Amendment to be executed on the Date of Issue to take effect on the Effective Date.

A handwritten signature in black ink that reads 'Stacy Boyer'.

Secretary

A handwritten signature in black ink that reads 'Brenda Clancy'.

President

MONUMENTAL LIFE INSURANCE COMPANY

Cedar Rapids, Iowa

CRITICAL ILLNESS EXPENSE BENEFIT RIDER

[POLICYHOLDER:	[Policyholder Name]
GROUP POLICY NUMBER:	[1234567890]
GROUP POLICY EFFECTIVE DATE:	[MM/DD/YY]
GROUP POLICY ISSUE DATE:	[MM/DD/YY]
GROUP POLICY ANNIVERSARY DATE:	[MM/DD]
[PARTICIPATING GROUP:	[Participating Group Name]]
[PARTICIPATING GROUP NUMBER:	[A1234567890]]
STATE OF ISSUE:	[North Carolina]

This Critical Illness Expense Benefit Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

SCHEDULE OF BENEFITS

Critical Illness Expense Benefit:

[\$500-\$50,000] Lump sum when First Occurs [{6-12}] months or more] after the Certificate Effective Date, [subject to the Waiting and Survival Periods]]

[\$2,000 or 4%] of the lump sum Critical Illness Expense Benefit] if First Occurs within [{6-12}] months of the Certificate Effective Date]

[\$25,000 or 50%] of the lump sum Critical Illness Expense Benefit] if First Occurs after [{6-12}] months but before [{6-12}] months from the Certificate Effective Date]]

[plus an additional]

[\$500 or 1%] of the Critical Illness Expense Benefit] for [{6-12}] months if First Occurs [{6-12}] months or more from the] [after the] Certificate Effective Date, subject to the [Waiting and Survival Periods]]

[\$250 or 0.5%]] of the lump sum Critical Illness Expense Benefit] for [{6-12}] months if First Occurs after [{6-12}] months but before [6-12] months from the Certificate Effective Date]

[Dependent Child's Critical Illness Expense Benefit (per Child): [\$500-\$5,000]]

ADDITIONAL BENEFITS:

[Heart Procedure Benefit:

[Coronary Angioplasty	[\$same as critical Illness Expense Benefit outlined above]
[Coronary Artery Bypass Surgery	[\$same as critical Illness Expense Benefit outlined above]]]

[Waiting Period:] [[(60-90 days)] for Life Threatening Cancer] [[(30-60) days] for all other covered Critical Illnesses [and Heart Procedure Benefits]]

[Survival Period:] [[(30-60 days)]], unless otherwise specified in the Definitions section][[(90-180 days)] for Paralysis]

[All benefits will be reduced by 50% at age 65]

CRITICAL ILLNESS EXPENSE BENEFIT

CRITICAL ILLNESS EXPENSE BENEFIT: We pay this benefit if an Insured is diagnosed as having a Critical Illness while his coverage under this Certificate is in effect. [We pay the benefit if: [(1) the Critical Illness First Occurs after the Waiting Period; and] [(2) the Insured lives until the end of the Survival Period.]]

[We pay the Critical Illness Expense Benefit only once.] [It][The Critical Illness Expense Benefit] is paid in [a lump sum benefit] [and in] [installments as indicated in the Certificate Schedule]. The benefit is paid as follows:

[If an Insured is under age 65 on the date his Critical Illness First Occurs, we pay the Critical Illness Expense Benefit shown on the Certificate Schedule [, less any amount paid under the Heart Procedure Benefit].]

[If an Insured is age 65 or older on the date his Critical Illness First Occurs, we pay 50% of the Critical Illness Expense Benefit] shown on the Certificate Schedule [, less any amount paid under the Heart Procedure Benefit].]

[RETURN OF PREMIUM: If an Insured's claim is denied because: (1) a Loss First Occurs during the Waiting Period; or (2) he dies prior to the end of the Survival Period, we refund all premiums paid for that Insured's coverage under this Certificate.]

[FINAL PAYMENT: We will pay a one time lump sum benefit, as shown on the Certificate Schedule, at the earlier of the Insured's death if caused by a covered Loss during the Waiting Period or within the Survival Period.]

[HEART PROCEDURE BENEFIT: We will pay a benefit, as shown on the Certificate Schedule, for [Coronary Angioplasty] [or] [Coronary Artery Bypass Surgery]. If a Critical Illness (other than Heart Attack) First Occurs after a Heart Procedure Benefit has been paid, the Critical Illness Expense Benefit will be reduced by the amount paid under the Heart Procedure Benefit. Only one Heart Procedure Benefit will be paid to an Insured. **Please Note: Coverage for Critical Illness Heart Attack terminates when a Heart Procedure Benefit is paid.]**

[If an Insured is under age 65 on the date of his heart procedure, we pay the Heart Procedure Benefit shown on the Certificate Schedule.]

[If an Insured is age 65 or older on the date of his heart procedure, we pay 50% of the Heart Procedure Benefit shown on the Certificate Schedule.]

EXCLUSIONS

No benefits are paid:

1. [for a Loss that First Occurs during the Waiting Period [(see the Return of Premium [and/or Final Payment] provision);]
2. [if the Insured dies prior to the end of the Survival Period [(see the Return of Premium [and/or Final Payment] provision)];]
3. for any other disease, sickness or incapacity, other than a Critical Illness [or Heart Procedure] even if such other disease or incapacity was complicated or directly or indirectly affected or caused by such Critical Illness [or Heart Procedure] or as a result of treatment of such Critical Illness [or Heart Procedure];
4. for any condition that is not defined as a Loss;
5. [for self-inflicted injury or sickness, or attempted suicide, whether sane or insane (while sane in Missouri and Colorado);]
6. [for the diagnosis of, or any symptom or medical problem, which initiated any investigation leading to a diagnosis of a covered condition, when the condition commenced prior to the Effective Date;]
7. [for a Loss caused or contributed to by the use of drugs, poisonous substance, intoxicant or narcotic other than as prescribed and administered by or in accordance with a Physician;]
8. [for organ failure caused or contributed to by the misuse of alcohol;]
9. [when committing or attempting to commit a criminal offense;]
10. [for a Loss caused by or contributed to by war, whether declared or not, or hostile action, insurrection, civil commotion, whether or not insured is actually a participant;]
11. [non-therapeutic release of radiation;]
12. [for a Loss caused by or contributed to by the operating of a vehicle (land, water or air) while blood alcohol concentration is in excess of .08 (i.e. 8 ml of alcohol per 100 ml of blood);]
13. [for a Loss caused by or contributed to by participation in a hazardous activity, including but not limited to skydiving, land or water racing, bungee jumping, scuba diving, amateur or interscholastic athletics, sports competition or events, hang gliding, ballooning, parasailing, mountain climbing or hunting;] [or]
14. [for congenital defects or conditions].

[PRE-EXISTING CONDITIONS LIMITATION

A Pre-Existing Condition (prior health condition) means an illness or condition for which you received medical treatment, advice or diagnostic procedure by a Physician prior to your Certificate Effective Date. We do not pay benefits for any Loss caused by or resulting from a Pre-Existing Condition unless the Loss First Occurs after two years from your Certificate Effective Date.]

DEFINITIONS

Additional Definitions - Wherever used in this Benefit Rider:

CRITICAL ILLNESS means one of the diseases or conditions listed below for which positive diagnosis is made by a Physician based on diagnostic criteria generally accepted by the medical profession, as explained below:

- [1. **LIFE-THREATENING CANCER** means a disease manifested by the presence of a malignant tumor that is characterized by the uncontrolled growth and spread of malignant cells that invade tissue, blood or the lymphatic system. This includes leukemia and Hodgkin's disease. Life-Threatening Cancer does not include: any pre-malignant tumors or polyps; cancer in situ; intraductal non-invasive carcinoma of the breast; carcinoid of the appendix; Kaposi's sarcoma; Stage 1 transitional cell carcinoma of the urinary bladder; any non-invasive skin cancers other than melanomas; any cancer that is classified as Stage 0, Stage 1, or Stage A, or other such initial staging classifications (sub-stage classifications are not considered, i.e., Stage 1A and Stage 1B shall both be considered Stage 1).

Diagnosis of Life-Threatening Cancer must be:

- (a) by a Physician certified by the American Board of Pathology or the Osteopathic Board of Pathology to practice Pathologic Anatomy; and
- (b) based on the study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen.]

- [2. **HEART ATTACK** means an acute myocardial infarction (the damage or death of a portion of the heart muscle resulting from a reduced blood supply to that area caused by a blockage of one or more of the coronary arteries).

Diagnosis of a Heart Attack must be based on an event that consists of [all 3] [2 out of 3] of the following:

- (1) significant electrocardiographic (EKG) findings consistent with myocardial infarction;
- (2) the sudden onset of symptoms consistent with a heart attack; and
- (3) elevation of cardiac enzymes above standard laboratory levels of normal (in the case of creatine phosphokinase (CPK), a CPK-MB measurement must be used).]

- [3. **STROKE** means a sudden neurological impairment of sensory and motor functions due to aneurysm rupture, acute cerebral occlusion, or acute cerebral hemorrhage of a cerebral artery. It must result in permanent damage to the nervous system; deficit persisting for at least 30 days following the occurrence of the stroke. Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.]

- [4. **KIDNEY FAILURE** means the chronic irreversible failure of both kidneys (end stage renal disease) to function. It must make regular renal dialysis or kidney transplantation necessary.]

- [5. **MAJOR ORGAN TRANSPLANT** means the Insured is the recipient of a surgically transplanted [heart,] [lung or lungs,] [liver,] or [kidney]. It does not include any other organ transplants. [It does not include the act of donating a kidney to another individual.]]

- [6. **MULTIPLE SCLEROSIS** means the unequivocal diagnosis of Multiple Sclerosis by a Neurologist. The diagnosis must be: (1) based on at least two episodes of well defined neurological abnormalities, with objective evidence of lesions at more than one site within your central nervous system; and (2) be supported by accepted investigative techniques.]

- [7. **PARALYSIS** means the total and permanent loss of use of two or more of the Insured's limbs as a result of physical paralysis. The diagnosis must be supported by medical evidence that such Paralysis has persisted for 180 consecutive days. [The Survival Period for this Critical Illness is [90-180 days]].]

- [8. **LOSS OF HEARING** means the diagnosis by a certified Audiologist of the permanent loss of hearing in both ears, with an auditory threshold of more than 90 decibels in each ear.]
- [9. **LOSS OF SIGHT** means the diagnosis by a certified Ophthalmologist of the permanent and uncorrectable loss of sight in each eye. The Insured's visual acuity must be lower than 20/20 in both eyes, and the field of vision must be less than 20 degrees in both eyes.]
- [10. **LOSS OF SPEECH** means the diagnosis by a Physician who is certified in a medically appropriate specialty for this Critical Illness, of the total, permanent and irreversible loss of the Insured's ability to speak. Loss of Speech must be the result of physical injury or physical disease.]
- [11. **ALZHEIMER'S DISEASE** means the clinically established diagnosis of Alzheimer's disease (pre-senile dementia), resulting in the inability to perform independently three or more of the following activities of daily living: bathing, dressing, toileting, transferring (moving in and out of bed), eating, and taking medication.]
- [12. **PARKINSON'S DISEASE** means the diagnosis by a Neurologist that the Insured has primary idiopathic Parkinson's disease which is characterized by two or more of the following clinical manifestations: (a) tremor; (b) muscle rigidity; (c) akinesia. All other types of Parkinsonism are excluded from this Critical Illness definition.]
- [13. **SEVERE BURNS** means the diagnosis by a certified Plastic Surgeon that the Insured has sustained third degree burns covering at least 20% of the surface area of the Insured's body.]
- [14. **COMA** means the diagnosis by a certified Neurologist that the Insured is in a state of unconsciousness from which he cannot be aroused and in which external stimulation will produce no more than primitive avoidance reflexes. To qualify, the diagnosis must also be supported by medical evidence that the state of unconsciousness has persisted continuously for a period of at least 96 hours.]

FIRST OCCURS means the date an Insured is positively diagnosed by a Physician as having a Critical Illness [or a Physician recommends a Heart Procedure] for the first time [except as limited by the Pre-existing Conditions Limitation].

[HEART PROCEDURE means one of the medical procedures described below when recommended by a Physician:

- [1. **CORONARY ANGIOPLASTY** means the undergoing of balloon angioplasty or other forms of catheter based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more arteries.]
- [2. **CORONARY ARTERY BYPASS SURGERY** means the undergoing of open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. It does not include balloon angioplasty, laser relief or any other procedures. It is subject to angiographic evidence of the underlying disease.]]

LOSS means a covered Critical Illness [or Heart Procedure].

[SURVIVAL PERIOD means the number of days the Insured must live after his Loss First Occurs. The Survival Period is shown on the Certificate Schedule.]

[WAITING PERIOD means the consecutive period of time that an Insured must be insured under this Certificate before a Loss First Occurs. The Waiting Period is shown on the Certificate Schedule.]

INDIVIDUAL TERMINATION OF INSURANCE

In addition to any Termination of Insurance Provision in the [[Policy] [Certificate]], coverage under this Rider automatically terminates on the first of the following dates:

1. The date the Critical Illness Expense Benefit is paid;
2. The date the Critical Illness First Occurs if during the Waiting Period;
3. The premium due date next following your 85th birth date.

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

IN WITNESS WHEREOF Monumental Life Insurance Company has caused this Rider to be executed on the Date of Issue to take effect on the Effective Date.



Secretary



President

SERFF Tracking Number: AEGB-127367957 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number: 49558
 Company Tracking Number: LBIM1000AM.AR
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: LBIM1000AM.AR
 Project Name/Number: Mini-Med - 24 Phase 3 States/H011-3

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/16/2011
Comments:		
Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	08/16/2011
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variability - LBIM1000AM.AR	Approved-Closed	08/16/2011
Comments:		
Attachment: EOV - LBIM1000AM.AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variability - LBIM1019RM	Approved-Closed	08/16/2011
Comments:		
Attachment: EOV - LBIM1019RM.pdf		

	Item Status:	Status Date:
Satisfied - Item: List of Forms	Approved-Closed	08/16/2011

SERFF Tracking Number: *AEGB-127367957* *State:* *Arkansas*
Filing Company: *Monumental Life Insurance Company* *State Tracking Number:* *49558*
Company Tracking Number: *LBIM1000AM.AR*
TOI: *H14G Group Health - Hospital Indemnity* *Sub-TOI:* *H14G.000 Health - Hospital Indemnity*
Product Name: *LBIM1000AM.AR*
Project Name/Number: *Mini-Med - 24 Phase 3 States/H011-3*

Comments:

Attachment:

LIST OF FORMS.pdf

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. Ins. Code 23-80-206, cited as Form and Readability Requirements; Flesch Reading Ease Test.

FORM NUMBER	SCORE
LBIM1000AM.AR	40
LBIM1019RM	40

Cheryl Bock

Signed: _____

Name: Cheryl Bock
Title: Assistant Vice President

Date: August 15, 2011

EXPLANATION OF VARIABILITY

AMENDMENT - LBIM1000AM.AR

Page 1	Schedule of Benefits - <i>Minimum Participation Requirement</i> range shown in curly brackets.
Page 1	Schedule of Benefits - <i>Eligible Persons</i> - information in box brackets is either in or out. Typically, only one class of employees will be described however, the Policyholder has the ability to describe more than one class of eligible employees. Information in curly brackets shows the minimum and maximum number that will be used.
Page 1	Schedule of Benefits - <i>Eligibility Waiting Period</i> - information in box brackets is either in or out. The maximum number of days is shown.
Page 1	Schedule of Benefits – Either Policy Term, Calendar Year, Policy Year or Benefit Year will be used.
Pages 2, 3 and 4	<p>Schedule of Benefits</p> <ul style="list-style-type: none"> • <i>Lifetime and Annual Maximum Benefit</i> - information in box brackets is either in or out. Information in curly brackets shows the minimum and maximum number that will be used. • <i>Covered Expense</i> - information in box brackets will either be in or out. If the <i>Benefit</i> is included, the <i>Benefit Amount</i> in curly brackets shows the minimum and maximum number that will be used.
Page 4	Rates and Premiums shown here. Information in box brackets is either in or out. Information in curly brackets will vary on a case by case basis.
Page 4	The term “Covered Person” will be replaced with either “Covered Person” or “Covered Employee” throughout the Policy and/or Certificate.
Page 5	The “ Effective Date for Newly-Acquired Affiliates ” provision will be included if the “ Schedule of Affiliates ” is included.
Pages 5 and 6	Eligibility, Deferred Effective Date, Effective Date of Changes and Termination of Insurance Provisions - information in box brackets will either be in or out.
Page 7	Description of Benefits – <i>Emergency Room Treatment, Hearing Exam Benefit, Wellness Care Visits Benefit</i> - information in box brackets will either be in or out. Reference will be made to either “Covered Person” or “Covered Employee”.

EXPLANATION OF VARIABLES
Monumental Life Insurance Company
Critical Illness Benefit Rider LBIM1019RM

Benefits and provisions enclosed in square brackets [] are optional. Unless a bracketed benefit and/or provision is addressed in this Explanation of Variability, it will be included or excluded as desired by the Policyholder. Where a bracketed benefit and/or provision is addressed on this Explanation of Variability, the conditions under which it will be included or excluded are described herein.

Benefits and provisions enclosed in parentheses { } are variable. These benefits and/or provisions will always be included, and the information contained within the parentheses defines the range of variability that is permitted under the policy. Where no range is set forth (e.g., phone numbers), up-to-date information will be included.

The following sections will all vary on a case by case basis:

Policyholder Name
Group Policy Number
Group Policy Effective Date
Group Policy Issue Date
Group Policy Anniversary Date
Participating Group
Participating Group Number

Schedule of Benefits

Critical Illness Expense Benefit: Each benefit will be included or excluded and the benefit amounts and coverage periods will vary on a case by case basis as determined by the policyholder. Where there is a single dollar amount shown – that amount represents the maximum amount payable. Where there is a range shown, the amounts represent the minimum through the maximum amount.

- The Dependent Child Critical Illness Expense Benefit will be included or excluded on a case by case basis and the benefit amount will vary as determined by the policyholder.

Additional Benefit: Each additional benefit will be included or excluded and may vary on a case by case basis as determined by the policyholder. The benefit amounts and coverage periods will be the same as outlined by the Critical Illness Expense Benefit and will vary on a case by case basis as determined by the policyholder.

- The Waiting period and Survival period will be included or excluded based in the inclusion or exclusion of the Additional Benefits. The coverage period and benefits will vary on a case by case basis as determined by the policy holder.
- The reduction of benefits clause will be included or excluded on a case by case basis as determined by the policy holder.

Critical Illness Expense Benefit Description

Critical Illness Expense Benefit: The variable clauses regarding benefit payment will be included or excluded and may vary on a case by case basis as determined by the policyholder.

- The variable clauses regarding payment for an insured under or of age 65 will be included or excluded on a case by case basis as determined by the policyholder.

The Return of Premium benefit will be included or excluded on a case by case basis as determined by the policyholder.

The Final Payment clause will be included or excluded on a case by case basis as determined by the policyholder.

The Heart Procedure Benefit and accompanying variable information will be included or excluded on a case basis as determined by the policyholder.

- The variable clauses regarding payment for an insured under or of age 65 will be included or excluded on a case by case basis as determined by the policyholder.

Exclusions

The bracketed exclusions will be included or excluded, as determined by the Policyholder, on a case by base basis.

Pre-Existing Conditions Limitation

The Pre-Existing Conditions provision will be included or excluded in its entirety, as determined by the Policyholder, on a case by base basis.

Definitions

The additional definitions will be included or excluded based on the inclusion or exclusion of the benefit that it defines within the policy. The individual variables within the definitions may vary and can be included or excluded on a case by case basis as determined by the policy holder.

LIST OF FORMS

LBIM1000AM.AR – Amendment

LBIM1019RM – Critical Illness Expense Benefit Rider