

SERFF Tracking Number: AMGN-127361232 State: Arkansas
 Filing Company: American General Life Insurance Company of Delaware State Tracking Number: 49507
 Company Tracking Number: EBS G-DIS-41030
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Lump Sum Benefit
 Project Name/Number: /

Filing at a Glance

Company: American General Life Insurance Company of Delaware

Product Name: Lump Sum Benefit

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: AMGN-127361232 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 49507

Co Tr Num: EBS G-DIS-41030

Author: Bernadette Pham

Date Submitted: 08/09/2011

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 08/10/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Other

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type: all statutory eligible groups

Overall Rate Impact:

Filing Status Changed: 08/10/2011

State Status Changed: 08/10/2011

Deemer Date:

Submitted By: Bernadette Pham

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

American General Life Insurance Company of Delaware requests approval for the enclosed rider form. This form will be made a part of and sold in conjunction with our previously approved G-DIS-41000 and G-DIS-41001 forms (approved by AR on 08/27/04, SERT-5ZBL7Z001/00-00/00-00/00).

Created By: Bernadette Pham

Corresponding Filing Tracking Number:

This rider benefit offers a lump sum benefit which is payable in addition to the underlying monthly disability benefit. This

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form will also be used with our previously approved G-APPComb-40040F-0210 and G-APPComb-40042 by AR on 09/20/2010, AMGN-126802415).

This form is new and does not replace any previously approved forms.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions, or need additional information, please feel free to contact us at 732-922-7225. Thank you for your assistance.

We look forward to receiving your reply.

Company and Contact

Filing Contact Information

Bernadette Pham, Analyst bernadette.pham@aglife.com
 3600 Route 66 732-922-7225 [Phone]
 Neptune, NJ 07754 732-922-5593 [FAX]

Filing Company Information

American General Life Insurance Company of Delaware CoCode: 66842 State of Domicile: Delaware
 600 King Street Group Code: 12 Company Type:
 Wilmington, DE 19801 Group Name: State ID Number:
 (713) 831-3508 ext. [Phone] FEIN Number: 25-1118523

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 x 1 form = \$50
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| American General Life Insurance Company of | \$50.00 | 08/09/2011 | 50485051 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 08/10/2011 | 08/10/2011 |

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Disposition

Disposition Date: 08/10/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed by 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 | No |
| Supporting Document | Outline of Coverage | Approved-Closed | Yes |
| Supporting Document | PPACA Uniform Compliance Summary | Approved-Closed | Yes |
| Supporting Document | EOV for G-DIS-41030 | Approved-Closed | Yes |
| Form | Lump Sum Benefit Rider | Approved-Closed | Yes |

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Form Schedule

Lead Form Number: EBS G-DIS-41030

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-------------------------------|-------------|---|---------------------------|---------|----------------------|-------------|----------------------------------|
| Approved-Closed 08/10/2011 | G-DIS-41030 | Certificate Amendmen t, Insert Page, Endorseme nt or Rider | Lump Sum Benefit Rider | Initial | | 49.800 | EBS Rider FINAL 080411.pdf |

**AMERICAN GENERAL LIFE
INSURANCE COMPANY of
DELAWARE**

[405 King Street
WILMINGTON, DELAWARE 19801]

[(302) 594-2000]
(Herein called the Company)

Lump Sum Benefit Rider

This Rider is attached to and made part of the Certificate effective [Month, Day, Year]. It applies only with respect to covered losses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

The **SCHEDULE OF BENEFITS** section of the Certificate is amended to add the following:

Lump Sum Benefit Elimination Period

[the later of:]

- [30-1,825]days [or]
- [the day after your *salary continuation* or *accumulated sick leave* ends, if applicable] [or]

[the day after your short term disability benefits end, if applicable]

Lump Sum Disability Payment

[(Percentage)]

[[10-40%] of your *monthly earnings*, up to \$[500-\$500,000] [*] multiplied by [1-12]]

[*The following applies to your *benefit* in excess of \$[10,000]:

You must submit *evidence of insurability* to the *Company*. You will be insured for your *benefit* in excess of [10,000] on the later of:

- the date the *Company* approves your *evidence of insurability* form, or

the date your *monthly benefit* in excess of \$[10,000] is effective.]

The **DEFINITIONS** section of the Certificate is amended to add the following:

[FINANCIAL COUNSELING SERVICES means:

- any related service which the *Company* provides to you as a supporting resource for managing your lump sum payment.]

LUMP SUM DISABILITY PAYMENT means:

- the lump sum benefit amount payable.

The **DATE EMPLOYEES' INSURANCE ENDS** section of the Certificate is amended to add the following:

[For the Lump Sum Benefit Rider:

[7]. the earlier of the date you are eligible for a *lump sum disability payment* and the date you have received a *lump sum disability payment*]

The **BENEFITS** section of the Certificate is amended to add the following:

LUMP SUM DISABILITY PAYMENT

If, while insured, you become *disabled* and continue to be *disabled* past the lump sum *elimination period*, the *Company* will pay to you the benefit described below.

The lump sum *elimination period* is shown in the Lump Sum Rider Schedule of Benefits.

You will receive a *lump sum disability payment* when the *Company* approves your claim, providing the lump sum *elimination period* has been satisfied [and provided you have agreed to accept *financial counseling services*, at no cost to you].

IF YOU ARE DISABLED AND NOT WORKING

The *Company* will calculate your *Lump Sum disability payment* based on the information included in the Lump Sum Rider Schedule of Benefits.

[IF YOU ARE DISABLED AND WORKING

The *Company* will send you the *Lump Sum disability payment* based on the information included in the Lump Sum Rider Schedule of Benefits, if you are *disabled* and your monthly *disability earnings* are less than 20% of your *indexed monthly earnings*.

Your loss of earnings must be a result of, or due to, the same *sickness* or *injury* for which you are *disabled*.

The *Company* will send you the *Lump Sum disability payment* if you are *disabled* and your monthly *Disability earnings* are between 20% and 80% of your *monthly earnings*. The *Company* will calculate your payment as follows:

1. Divide your monthly *disability earnings* by your *monthly earnings*.
2. Subtract the answer in 1, above from the number 1.
3. Multiply the answer in 2, above by the lump sum benefit based on the information included in the Lump Sum Rider Schedule of Benefits.
4. Multiply the answer in 3, above, by [12].

5. The answer in 4, above is your lump sum payment.]

DURATION OF BENEFITS

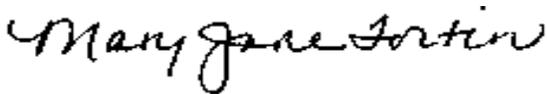
One lump sum benefit is payable in accordance with the Lump Sum Rider Schedule of Benefits. After payment of this lump sum has been made, your claim will end.

The **Exclusions** section of the Certificate is amended to add the following:

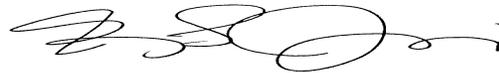
[[1] The Lump Sum Rider is not payable in conjunction with any *Recurrent Disability* that may be applicable to the group policy or monthly LTD benefit certificate coverage.

The President and Secretary of American General Life Insurance Company of Delaware witness this Rider:

[



President



Secretary

]

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Supporting Document Schedules

| | | Item Status: | Status Date: |
|--------------------------|-------------------------------------|---------------------|---------------------|
| Satisfied - Item: | Flesch Certification | Approved-Closed | 08/10/2011 |
| Comments: | | | |
| Attachment: | Final Readability Certification.pdf | | |

| | | Item Status: | Status Date: |
|-------------------------|--|---------------------|---------------------|
| Bypassed - Item: | Application | Approved-Closed | 08/10/2011 |
| Bypass Reason: | This rider benefit offers a lump sum benefit which is payable in addition to the underlying monthly disability benefit. This form will also be used with our previously approved G-APPComb-40040F-0210 and G-APPComb-40042 by AR on 09/20/2010, AMGN-126802415). | | |

Comments:

| | | Item Status: | Status Date: |
|-------------------------|-------------------------------------|---------------------|---------------------|
| Bypassed - Item: | Health - Actuarial Justification | Approved-Closed | 08/10/2011 |
| Bypass Reason: | N/A to our group filing submission. | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|-------------------------------------|---------------------|---------------------|
| Bypassed - Item: | Outline of Coverage | Approved-Closed | 08/10/2011 |
| Bypass Reason: | N/A to our group filing submission. | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|--------------------------|---------------------|---------------------|
| Bypassed - Item: | PPACA Uniform Compliance | Approved-Closed | 08/10/2011 |

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Summary
Bypass Reason: N/A to our group filing submission.

Comments:

| | Item Status: | Status Date: |
|--|---------------------|---------------------|
| Satisfied - Item: EOV for G-DIS-41030 | Approved-Closed | 08/10/2011 |
| Comments: | | |
| Attachment: | | |
| EOV For Rider product FINAL 080411.pdf | | |

READABILITY CERTIFICATION

I, Keith Coleman, Compliance Officer & Assistant Secretary, do hereby certify that the enclosed form has been tested and meets the minimum reading score.

The Flesch Score is as follows:

Lump Sum Benefit Rider

G-DIS-41030

49.8

August 9, 2011

Date:



Keith Coleman
Compliance Officer &
Assistant Secretary

EXPLANATION OF VARIABLE AREAS

RIDER FORM G-DIS-41030

GENERAL COMMENTS

The nature and structure of a group may require that we change certain terms whenever they appear to fit the situation. Such terms may include: “employee” / “employment” may vary to read: “member”/ “membership”.

The rider format may vary. The rider may be customized on a class basis or may be individualized.

Brackets around numbers or alphas in a listing and punctuation or words such as, “and”/”or” in a listing will be included or deleted as needed in order to make the statement read correctly.

Numeric variables within the certificate will always comply with the minimum statutory requirements of the state in which the policy is delivered.

“Policyholder” may be changed to “Participating Employer”, “Participating Association” or “Participating Entity”. The Policyholder name and Policyholder number will vary on a case-by-case basis.

Throughout the rider references to the date on which changes will occur under the policy (e.g. eligibility, effective dates), may occur either immediately or on the stated date following the date of change/event, as elected by the Employer.

“Calendar year” may be replaced by references to some other 12-month period.

Please note: The above variables will not be explained everywhere they appear. Items which are considered illustrative are not explained.

Bracketed items will vary on a case-by-case basis. The issue format type, the class of employees, members or retirees and the nature and structure of the group may require that certain terms be changed or omitted.

Schedule of Benefits

The schedule shown is a representation of our product design.

Bracketed items will be omitted or included depending on the plan design or at the Policyholder’s request.

Definitions

This language modifies this section of the certificate to add variable definitions.

Bracketed items will be omitted or may vary.

DATE EMPLOYEES’ INSURANCE ENDS

This language modifies this section of the certificate to add a variable scenario in which coverage under the Lump Sum Rider ends.

Lump Sum Benefits

An insured will receive a lump sum benefit when a claim is approved once the elimination period has been satisfied.

Other scenarios are bracketed for inclusion or removal based on the request of the Policyholder in terms of plan design, such as:

EXPLANATION OF VARIABLE AREAS

Duration of Benefits

This language modifies this section of the certificate to indicate that a claim ends after a lump sum benefit has been paid.

Exclusions

This language modifies this section of the certificate to indicate that the Lump Sum Rider is not payable in conjunction with any Recurrence Periods included in the certificate plan provisions.