

SERFF Tracking Number: AEGB-127986356 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number:
Company Tracking Number: GSAD1000PA-TO
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: GSAD1000PA-TO
Project Name/Number: Good Sam Travel AD/H056

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: GSAD1000PA-TO

SERFF Tr Num: AEGB-127986356 State: Arkansas

TOI: H02G Group Health - Accident Only

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

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: GSAD1000PA-TO

State Status: Approved-Closed

Filing Type: Form

Author: Suzanne Cherluka

Reviewer(s): Rosalind Minor

Date Submitted: 01/13/2012

Disposition Date: 01/17/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Good Sam Travel AD

Status of Filing in Domicile: Not Filed

Project Number: H056

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 01/17/2012

State Status Changed: 01/17/2012

Deemer Date:

Created By: Suzanne Cherluka

Submitted By: Suzanne Cherluka

Corresponding Filing Tracking Number: 3Y001008

Filing Description:

The enclosed Amendments and Certificate are submitted for your review and approval. They will be used with Accidental Death Policy AD1000GPM and Certificate AD1000GCM.AR, which were Approved by your Department on 6/20/91.

The forms are needed to accommodate some accidental death coverage for Good Sam Club. The Amendments add some definitions and benefits that are not currently a part of our Accidental Death forms mentioned above. Certificate AD2200GCM is a certificate for non-contributory accidental death coverage.

Company and Contact

SERFF Tracking Number: AEGB-127986356 State: Arkansas
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Filing Contact Information

Suzanne Cherluka, suzanne.cherluka@transamerica.com
 100 Light Street, Floor B1 410-209-5259 [Phone]
 Baltimore, MD 21202

Filing Company Information

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: \$300.00
 Retaliatory? No
 Fee Explanation: \$50.00x 6 forms = \$300.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$300.00	01/13/2012	55285926

SERFF Tracking Number: AEGB-127986356 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/17/2012	01/17/2012

SERFF Tracking Number: AEGB-127986356 *State:* Arkansas
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Disposition

Disposition Date: 01/17/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-127986356 State: Arkansas
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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
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Amendment	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Amendment	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Non-Contributory Accidental Death Certificate	Approved-Closed	Yes

SERFF Tracking Number: AEGB-127986356 State: Arkansas
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 Product Name: GSAD1000PA-TO
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Form Schedule

Lead Form Number: GSAD1000PA-TO

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/17/2012	GSAD1000 PA-TO	Policy/Cont ract/Fratern al	Policy Amendment	Initial		52.800	9824 POLICY AMENDMEN T revised.pdf
Approved-Closed 01/17/2012	GSAD1000 CA-TO	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Amendment	Initial		53.000	GSAD1000C A-TO.pdf
Approved-Closed 01/17/2012	GSAD1100 PA-TO	Policy/Cont ract/Fratern al	Policy Amendment	Initial		42.000	9825 Contrib POLICY AMENDMEN T Revised.pdf
Approved-Closed 01/17/2012	GSAD1100 CA-TO	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Amendment	Initial		42.000	9825 Contrib CERT AMEND Filed Form.pdf
Approved-Closed 01/17/2012	GSAD2000	Policy/Cont ract/Fratern al	Policy Amendment	Initial		42.000	9825 Non-

<i>SERFF Tracking Number:</i>	AEGB-127986356	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Monumental Life Insurance Company	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	GSAD1000PA-TO	<i>Sub-TOI:</i>	H02G.000 Health - Accident Only
<i>TOI:</i>	H02G Group Health - Accident Only		
<i>Product Name:</i>	GSAD1000PA-TO		
<i>Project Name/Number:</i>	Good Sam Travel AD/H056		
Closed PA-TO	ract/Fratern		Contrib
01/17/2012	al		POLICY
	Certificate:		AMENDMEN
	Amendmen		T.pdf
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- AD2200GC Certificate	Non-Contributory	Initial	49.000
Closed M	Accidental Death		AD2200GCM.
01/17/2012	Certificate		pdf

POLICY AMENDMENT

This Amendment is attached to and made a part of Policy [9824-1, 2, 3, & 4] and amends it as follows:

The following definition is added to the **DEFINITIONS** provision:

PRIVATE AUTOMOBILE means a private:

- (a) passenger car;
- (b) station wagon;
- (c) pick-up truck;
- (d) van;
- (e) jeep-type automobile, which is not being used as a Common Carrier;
- (f) motor home;
- (g) camper; or
- (h) non-motorized bicycle.

For [9824-1, 3, & 4] the definition of **INJURY** is deleted and replaced with:

INJURY means bodily injury caused by an accident while a licensed driver or passenger of a Private Automobile. The accident must occur while the Covered Person's insurance is in force under this Policy. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused or contributed to by Sickness.

For [9824-2] the definition of **INJURY** is deleted and replaced with:

INJURY means bodily injury caused by an accident while a licensed driver or passenger of a camper, motorhome, or fifth-wheel. The accident must occur while the Covered Person's insurance is in force under this Policy. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused or contributed to by Sickness.

The following benefits are added for [9824- 1, 2, 3 & 4]:

COMMON CARRIER ACCIDENTAL DEATH BENEFIT

When we receive due proof that a Covered Person dies, we will pay the benefit shown on the Schedule to his named beneficiary. The benefit payable is subject to the following conditions:

- (1) a death benefit must be payable under the terms of this Policy; and
- (2) the accident causing the Injury must occur while:

- (a) riding as a fare paying passenger in a Common Carrier;
- (b) a passenger on a Military Transport Aircraft (MAC);
- (c) in or on any airport, rail station, or bus station; or
- (d) as a pedestrian who is struck or comes in contact with any Common Carrier.

For the purposes of this benefit, **INJURY** means the following:

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under this Policy. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused or contributed to by Sickness.

ACCIDENT HOSPITAL INDEMNITY BENEFIT

When we receive due proof that a Covered Person is Confined as a result of an Injury which occurs while insurance is in force, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions: the Confinement must begin within 90 days of the accident causing the Injury and while insurance is in force for the Covered Person.

Benefits begin on the first day of Confinement.

The Covered Person will receive benefits as long as he is Confined up to the Maximum Benefit Period specified on the Schedule for each period of Confinement.

Successive periods of Confinement will be considered as separate periods of Confinement; unless:

- (1) the new period of Confinement is due to the same cause or causes as the prior one; and
- (2) the new period of Confinement starts less than 90 days after the prior one stopped.

COMMON CARRIER ACCIDENT HOSPITAL INDEMNITY BENEFIT

When we receive due proof that a Covered Person is Confined as a result of an Injury which occurs while insurance is in force, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions:

- (1) the Confinement must begin within 90 days of the accident causing the Injury and while insurance is in force for the Covered Person; and
- (2) the accident causing the Confinement must occur while:
 - (a) riding as a fare paying passenger in a Common Carrier;
 - (b) a passenger on a Military Transport Aircraft (MAC);
 - (c) in or on any airport, rail station, or bus station; or
 - (d) as a pedestrian who is struck or comes in contact with any Common Carrier.

Benefits begin on the first day of Confinement.

The Covered Person will receive benefits as long as he is Confined up to the Maximum Benefit Period specified on the Schedule for each period of Confinement.

Successive periods of Confinement will be considered as separate periods of Confinement; unless:

- (1) the new period of Confinement is due to the same cause or causes as the prior one; and
- (2) the new period of Confinement starts less than 90 days after the prior one stopped.

For the purposes of this benefit, **INJURY** means the following:

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under this Policy. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused or contributed to by Sickness.

The following benefit is added for [9824- 1, 2, & 3]:

EMERGENCY ROOM TREATMENT AND AMBULANCE BENEFIT

When we receive due proof that a Covered Person incurred expenses for medical treatment received in a Hospital emergency room as a result of an Injury, we will pay the actual expenses incurred up to the Maximum Benefit shown on the Schedule. The treatment must be received within 48 hours of the accident causing the Injury.

When we receive due proof that a Covered Person incurred expenses for ambulance transportation to a Hospital as a result of an Injury, we will pay the actual expenses incurred up to the Maximum Benefit on the Schedule.

The first paragraph of the **PREMIUMS** provision is deleted and replaced by the following:

We provide insurance coverage in return for premium payment. Premiums are payable by the insured Member. The Member's first premium is due on his Effective Date. Premiums are paid to us on or before the due date. The initial premium rates and Administrative Fee are shown on the Table of Premiums.

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

This Amendment takes effect and expires concurrently with the Policy to which it is attached.

MONUMENTAL LIFE INSURANCE COMPANY

Stacey Boyer

Secretary

Linda Clary

President

CERTIFICATE AMENDMENT

This Amendment is attached to and made a part of Certificate [9824-1, 2, 3, & 4] and amends it as follows:

The following definition is added to the **DEFINITIONS** provision:

PRIVATE AUTOMOBILE means a private:

- (a) passenger car;
- (b) station wagon;
- (c) pick-up truck;
- (d) van;
- (e) jeep-type automobile, which is not being used as a Common Carrier;
- (f) motor home;
- (g) camper; or
- (h) non-motorized bicycle.

For 9824-1, 3, & 4 the definition of **INJURY** is deleted and replaced with:

INJURY means bodily injury caused by an accident while a licensed driver or passenger of a Private Automobile. The accident must occur while the Covered Person's insurance is in force under the Group Policy. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused or contributed to by Sickness.

For 9824-2 the definition of **INJURY** is deleted and replaced with:

INJURY means bodily injury caused by an accident while a licensed driver or passenger of a camper, motorhome, or fifth-wheel. The accident must occur while the Covered Person's insurance is in force under the Group Policy. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused or contributed to by Sickness.

The following benefits are added:

COMMON CARRIER ACCIDENTAL DEATH BENEFIT

When we receive due proof that a Covered Person dies, we will pay the benefit shown on the Schedule to his named beneficiary. The benefit payable is subject to the following conditions:

- (1) a death benefit must be payable under the terms of the Policy; and
- (2) the accident causing the Injury must occur while:
 - (a) riding as a fare paying passenger in a Common Carrier;
 - (b) a passenger on a Military Transport Aircraft (MAC);
 - (c) in or on any airport, rail station, or bus station; or
 - (d) as a pedestrian who is struck or comes in contact with any Common Carrier.

For the purposes of this benefit, **INJURY** means the following:

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under the Group Policy. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused or contributed to by Sickness.

ACCIDENT HOSPITAL INDEMNITY BENEFIT

When we receive due proof that a Covered Person is Confined as a result of an Injury which occurs while insurance is in force, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions: the Confinement must begin within 90 days of the accident causing the Injury and while insurance is in force for the Covered Person.

Benefits begin on the first day of Confinement.

The Covered Person will receive benefits as long as he is Confined up to the Maximum Benefit Period specified on the Schedule for each period of Confinement.

Successive periods of Confinement will be considered as separate periods of Confinement; unless:

- (1) the new period of Confinement is due to the same cause or causes as the prior one; and
- (2) the new period of Confinement starts less than 90 days after the prior one stopped.

COMMON CARRIER ACCIDENT HOSPITAL INDEMNITY BENEFIT

When we receive due proof that a Covered Person is Confined as a result of an Injury which occurs while insurance is in force, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions:

- (1) the Confinement must begin within 90 days of the accident causing the Injury and while insurance is in force for the Covered Person; and
- (2) the accident causing the Confinement must occur while:
 - (a) riding as a fare paying passenger in a Common Carrier;
 - (b) a passenger on a Military Transport Aircraft (MAC);
 - (c) in or on any airport, rail station, or bus station; or
 - (d) as a pedestrian who is struck or comes in contact with any Common Carrier.

Benefits begin on the first day of Confinement.

The Covered Person will receive benefits as long as he is Confined up to the Maximum Benefit Period specified on the Schedule for each period of Confinement.

Successive periods of Confinement will be considered as separate periods of Confinement; unless:

- (1) the new period of Confinement is due to the same cause or causes as the prior one; and
- (2) the new period of Confinement starts less than 90 days after the prior one stopped.

For the purposes of this benefit, **INJURY** means the following:

INJURY means bodily injury caused by an accident. The accident must occur while the Covered Person's insurance is in force under the Group Policy. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused or contributed to by Sickness.

EMERGENCY ROOM TREATMENT AND AMBULANCE BENEFIT

When we receive due proof that a Covered Person incurred expenses for medical treatment received in a Hospital emergency room as a result of an Injury, we will pay the actual expenses incurred up to the Maximum Benefit shown on the Schedule. The treatment must be received within 48 hours of the accident causing the Injury.

When we receive due proof that a Covered Person incurred expenses for ambulance transportation to a Hospital as a result of an Injury, we will pay the actual expenses incurred up to the Maximum Benefit on the Schedule.

The first paragraph of the **PREMIUMS** provision is deleted and replaced by the following:

We provide insurance coverage in return for premium payment. Premiums are payable by you. Your first premium is due on your Effective Date. Premiums are paid to us on or before the due date. The initial premium rates and Administrative Fee are shown on your Certificate Schedule.

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

This Amendment takes effect and expires concurrently with the Certificate to which it is attached.

MONUMENTAL LIFE INSURANCE COMPANY



Secretary



President

POLICY AMENDMENT

This Amendment is attached to and made a part of Policy [9825 2 & 4] and amends it as follows:

The following definitions are added to the **DEFINITIONS** provision:

AMBULATORY SURGICAL CENTER means a facility which:

- (1) is a licensed public or private establishment with an organized medical staff of Physicians;
- (2) has permanent facilities operated primarily for doing surgery; and
- (3) provides continuous physician services and registered professional nursing services.

COVERED TRIP means a trip while a Covered Person is driving or riding in a Recreation Vehicle.

HOSPITAL OUTPATIENT means a Covered Person receiving Hospital services who is registered by the Hospital as an outpatient on the date of such services. Outpatient treatment means service rendered for a period of less than 24 hours.

MEDICALLY NECESSARY means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of a Sickness or Injury. This determination must be based on objective results produced by an examination of the insured's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on us and the insured. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by this Policy.

OUTPATIENT SURGERY means a surgical procedure which meets the following requirements:

- (1) treatment is given as a Hospital Outpatient or done in an Ambulatory Surgical Center;
- (2) surgery must be Medically Necessary and recommended by a Physician; and
- (3) it must be such a complex or severe procedure that it can not be done in a physicians' office and requires full surgical facilities of a Hospital or Ambulatory Surgical Center.

PRE-ADMISSION TESTING means: all Diagnostic Laboratory Service which is done within 72 hours of a related surgery and/or all Diagnostic Radiological Service done within two weeks of a related surgery, provided services are Medically Necessary and recommended by a Physician.

PRIVATE AUTOMOBILE means a four wheeled, private: a) passenger car; b) station wagon; c) pick-up truck; d) van; or e) sport utility vehicle; which is not being used as a Common Carrier.

RECREATIONAL VEHICLE means a vehicle designed for highway movement, is licensed for use on public highways, provides temporary sleeping accommodations and has one of the following: sink, toilet, eating facility, oven, stove, refrigerator, or shower.

THERAPIST means a licensed specialist in physical therapy. A Covered Person's immediate family or other household members will not be considered a Therapist.

The following benefits are added:

COMMON CARRIER ACCIDENTAL DEATH BENEFIT

When we receive due proof that a Covered Person dies, we will pay the benefit shown on the Schedule to his named beneficiary. The benefit payable is subject to the following conditions:

- (1) a death benefit must be payable under the terms of this Policy; and
- (2) the accident causing the Injury must occur while the Covered Person was a passenger on, boarding, or alighting from a Common Carrier.

EXPOSURE AND DISAPPEARANCE

If by reason of an accident covered by this Policy a Covered Person is unavoidably exposed to the elements and, as a result of such exposure, suffers a covered loss and a benefit is otherwise payable, the loss will be covered by the Policy.

If a Covered Person is involved in an accident which results in the sinking or wrecking of a licensed public conveyance in which he was a passenger and his body is not located within one year of such accident, it will be presumed that the Covered Person died as a result of an Injury.

PRIVATE AUTOMOBILE ACCIDENTAL DEATH BENEFIT

When we receive due proof that a Covered Person dies, we will pay the benefit shown on the Schedule to his named beneficiary. The benefit payable is subject to the following conditions:

- (1) a death benefit must be payable under the terms of this Policy; and
- (2) the accident causing the Injury must occur while the Covered Person was a licensed driver of or a passenger in a Private Automobile.

OTHER THAN A COVERED TRIP ACCIDENT HOSPITAL INDEMNITY BENEFIT

When we receive due proof that a Covered Person is Confined as a result of an Injury sustained other than on a Covered Trip which occurs while insurance is in force, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions:

- (1) the Confinement must begin within 30 days of the accident causing the Injury and while insurance is in force for the Covered Person; and
- (2) the Covered Person must satisfy the Waiting Period specified on the Schedule.

Benefits begin on the first day of Confinement which follows the end of the Waiting Period and will be paid retroactively to the first day of Confinement.

The Covered Person will receive benefits as long as he is Confined up to the Maximum Benefit Period specified on the Schedule for each period of Confinement.

Successive periods of Confinement will be considered as separate periods of Confinement; unless:

- (1) the new period of Confinement is due to the same cause or causes as the prior one; and
- (2) the new period of Confinement starts less than 180 days after the prior one stopped.

COVERED TRIP ACCIDENT HOSPITAL INDEMNITY BENEFIT

When we receive due proof that a Covered Person is Confined as a result of an Injury sustained only while on a Covered Trip which occurs while insurance is in force, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions:

- (1) the Confinement must begin within 30 days of the accident causing the Injury and while insurance is in force for the Covered Person; and
- (2) the Covered Person must satisfy the Waiting Period specified on the Schedule.

Benefits begin on the first day of Confinement which follows the end of the Waiting Period and will be paid retroactively to the first day of Confinement.

The Covered Person will receive benefits as long as he is Confined up to the Maximum Benefit Period specified on the Schedule for each period of Confinement.

Successive periods of Confinement will be considered as separate periods of Confinement; unless:

- (1) the new period of Confinement is due to the same cause or causes as the prior one; and
- (2) the new period of Confinement starts less than 180 days after the prior one stopped.

EMERGENCY ROOM TREATMENT AND AMBULANCE BENEFIT

When we receive due proof that a Covered Person incurred expenses for medical treatment received in a Hospital emergency room as a result of an Injury, we will pay the benefit shown on the Schedule. The treatment must be received within 48 hours of the accident causing the Injury.

When we receive due proof that a Covered Person incurred expenses for ambulance transportation to a Hospital as a result of an Injury, we will pay the benefit shown on the Schedule.

OUTPATIENT SURGERY AND PRE-ADMISSION TESTING BENEFIT

When we receive due proof that a Covered Person underwent Outpatient Surgery and/or Pre-Admission Testing as a result of an Injury, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions:

- (1) the Outpatient Surgery and/or Pre-Admission Testing must occur while insurance is in force for the Covered Person; and
- (2) [the Outpatient Surgery must occur within [30-90] days of the accident causing the Injury.]

PHYSICAL THERAPY BENEFIT

When we receive due proof that a Covered Person incurred expenses for physical therapy by a Therapist as a result of an Injury, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions:

- (1) the physical therapy must occur while insurance is in force for the Covered Person; and
- (2) [the physical therapy must occur within [30-90] days of the accident causing the Injury.]

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

This Amendment takes effect and expires concurrently with the Policy to which it is attached.

MONUMENTAL LIFE INSURANCE COMPANY

N. Stacey Boyer

Secretary

Gunda Casey

President

CERTIFICATE AMENDMENT

This Amendment is attached to and made a part of Certificate [9825 2 & 4] and amends it as follows:

The following definitions are added to the **DEFINITIONS** provision:

[AMBULATORY SURGICAL CENTER means a facility which:

- (1) is a licensed public or private establishment with an organized medical staff of Physicians;
- (2) has permanent facilities operated primarily for doing surgery; and
- (3) provides continuous physician services and registered professional nursing services.]

COVERED TRIP means a trip while a Covered Person is driving or riding in a Recreation Vehicle.

[HOSPITAL OUTPATIENT means a Covered Person receiving Hospital services who is registered by the Hospital as an outpatient on the date of such services. Outpatient treatment means service rendered for a period of less than 24 hours.]

[MEDICALLY NECESSARY means care which a Physician has determined to be certifiably essential for the diagnosis or treatment of a Sickness or Injury. This determination must be based on objective results produced by an examination of the insured's demonstrable symptoms. The Physician's treatment plan may be reviewed by an impartial third party whose determination will be binding on us and the insured. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy.]

[OUTPATIENT SURGERY means a surgical procedure which meets the following requirements:

- (1) treatment is given as a Hospital Outpatient or done in an Ambulatory Surgical Center;
- (2) surgery must be Medically Necessary and recommended by a Physician; and
- (3) it must be such a complex or severe procedure that it can not be done in a physicians' office and requires full surgical facilities of a Hospital or Ambulatory Surgical Center.]

[PRE-ADMISSION TESTING means: all Diagnostic Laboratory Service which is done within 72 hours of a related surgery and/or all Diagnostic Radiological Service done within two weeks of a related surgery, provided services are Medically Necessary and recommended by a Physician.]

PRIVATE AUTOMOBILE means a four wheeled, private: a) passenger car; b) station wagon; c) pick-up truck; d) van; or e) sport utility vehicle; which is not being used as a Common Carrier.

GSAD1100CA-TO

RECREATIONAL VEHICLE means a vehicle designed for highway movement, is licensed for use on public highways, provides temporary sleeping accommodations and has one of the following: sink, toilet, eating facility, oven, stove, refrigerator, or shower.

[THERAPIST means a licensed specialist in physical therapy. A Covered Person's immediate family or other household members will not be considered a Therapist.]

The following benefits are added:

COMMON CARRIER ACCIDENTAL DEATH BENEFIT

When we receive due proof that a Covered Person dies, we will pay the benefit shown on the Schedule to his named beneficiary. The benefit payable is subject to the following conditions:

- (1) a death benefit must be payable under the terms of the Group Policy; and
- (2) the accident causing the Injury must occur while the Covered Person was a passenger on, boarding, or alighting from a Common Carrier.

EXPOSURE AND DISAPPEARANCE

If by reason of an accident covered by the Group Policy a Covered Person is unavoidably exposed to the elements and, as a result of such exposure, suffers a covered loss and a benefit is otherwise payable, the loss will be covered by the Group Policy.

If a Covered Person is involved in an accident which results in the sinking or wrecking of a licensed public conveyance in which he was a passenger and his body is not located within one year of such accident, it will be presumed that the Covered Person died as a result of an Injury.

PRIVATE AUTOMOBILE ACCIDENTAL DEATH BENEFIT

When we receive due proof that a Covered Person dies, we will pay the benefit shown on the Schedule to his named beneficiary. The benefit payable is subject to the following conditions:

- (1) a death benefit must be payable under the terms of the Group Policy; and
- (2) the accident causing the Injury must occur while the Covered Person was a licensed driver of or a passenger in a Private Automobile.

OTHER THAN A COVERED TRIP ACCIDENT HOSPITAL INDEMNITY BENEFIT

When we receive due proof that a Covered Person is Confined as a result of an Injury sustained other than on a Covered Trip which occurs while insurance is in force, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions:

- (1) the Confinement must begin within 30 days of the accident causing the Injury and while insurance is in force for the Covered Person; and
- (2) the Covered Person must satisfy the Waiting Period specified on the Schedule.

Benefits begin on the first day of Confinement which follows the end of the Waiting Period and will be paid retroactively to the first day of Confinement.

The Covered Person will receive benefits as long as he is Confined up to the Maximum Benefit Period specified on the Schedule for each period of Confinement.

Successive periods of Confinement will be considered as separate periods of Confinement; unless:

- (1) the new period of Confinement is due to the same cause or causes as the prior one; and
- (2) the new period of Confinement starts less than 180 days after the prior one stopped.

COVERED TRIP ACCIDENT HOSPITAL INDEMNITY BENEFIT

When we receive due proof that a Covered Person is Confined as a result of an Injury sustained only while on a Covered Trip which occurs while insurance is in force, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions:

- (1) the Confinement must begin within 30 days of the accident causing the Injury and while insurance is in force for the Covered Person; and
- (2) the Covered Person must satisfy the Waiting Period specified on the Schedule.

Benefits begin on the first day of Confinement which follows the end of the Waiting Period and will be paid retroactively to the first day of Confinement.

The Covered Person will receive benefits as long as he is Confined up to the Maximum Benefit Period specified on the Schedule for each period of Confinement.

Successive periods of Confinement will be considered as separate periods of Confinement; unless:

- (1) the new period of Confinement is due to the same cause or causes as the prior one; and
- (2) the new period of Confinement starts less than 180 days after the prior one stopped.

EMERGENCY ROOM TREATMENT AND AMBULANCE BENEFIT

When we receive due proof that a Covered Person incurred expenses for medical treatment received in a Hospital emergency room as a result of an Injury, we will pay the benefit shown on the Schedule. The treatment must be received within 48 hours of the accident causing the Injury.

When we receive due proof that a Covered Person incurred expenses for ambulance transportation to a Hospital as a result of an Injury, we will pay the benefit shown on the Schedule.

OUTPATIENT SURGERY AND PRE-ADMISSION TESTING BENEFIT

When we receive due proof that a Covered Person underwent Outpatient Surgery and/or Pre-Admission Testing as a result of an Injury, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions:

- (1) the Outpatient Surgery and/or Pre-Admission Testing must occur while insurance is in force for the Covered Person; and
- (2) [the Outpatient Surgery must occur within [30-90] days of the accident causing the Injury.]

PHYSICAL THERAPY BENEFIT

When we receive due proof that a Covered Person incurred expenses for physical therapy by a Therapist as a result of an Injury, we will pay the benefit shown on the Schedule. The benefit payable is subject to the following conditions:

- (1) the physical therapy must occur while insurance is in force for the Covered Person; and
- (2) [the physical therapy must occur within [30-90] days of the accident causing the Injury.]

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

This Amendment takes effect and expires concurrently with the Certificate to which it is attached.

MONUMENTAL LIFE INSURANCE COMPANY



Secretary



President

POLICY AMENDMENT

This Amendment is attached to and made a part of Policy[9825 1 & 3] and amends it as follows:

The definition of **INJURY** is deleted in its entirety and replaced with the following:

INJURY means bodily injury caused by an accident while a licensed driver of or passenger in a Recreational Vehicle. The accident must occur while the Covered Person's insurance is in force under this Policy. The Injury must be the direct cause of loss and must be independent of all other causes. The Injury must not be caused or contributed to by Sickness.

The following definition is added to the **DEFINITIONS** provision:

RECREATIONAL VEHICLE means a vehicle designed for highway movement, is licensed for use on public highways, provides temporary sleeping accommodations and has one of the following: sink, toilet, eating facility, oven, stove, refrigerator, or shower.

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

This Amendment takes effect and expires concurrently with the Policy to which it is attached.

MONUMENTAL LIFE INSURANCE COMPANY



Secretary



President

NON-CONTRIBUTORY ACCIDENTAL DEATH CERTIFICATE OF INSURANCE

GROUP POLICY: [MZ 00-000] **POLICYHOLDER:** [ABC Association]
[PARTICIPATING ORGANIZATION: ABC ASSOCIATION]

We certify that, subject to the terms of the Group Policy, the Member to whom this Certificate is issued (referred to as you, your and yours) is insured for the benefits described in this Certificate on and following the effective date on which he is eligible. [Your eligible Dependent, if any, for whom premiums have been paid is also insured for the benefits described in this Certificate. You and your Dependent are referred to as the Covered Person.]

In this Certificate Monumental Life Insurance Company will be called we, our or us. This Certificate summarizes certain provisions of the Group Policy. All coverage and provisions are subject to those in the Group Policy issued to the Policyholder.

LIMITED BENEFIT, PLEASE READ CAREFULLY

SCHEDULE OF BENEFITS

NON-CONTRIBUTORY ACCIDENTAL DEATH

BENEFIT AMOUNTS

MEMBER

	Under Age 70	Age 70 and Over
Coverage Year 1	[\$2,500]	[\$1,250]
Coverage Year 2	[\$3,000]	[\$1,500]
Coverage Year 3	[\$3,500]	[\$1,750]
Coverage Year 4	[\$4,000]	[\$2,000]
Coverage Year 5	[\$4,500]	[\$2,250]
Coverage Year 6 and after	[\$5,000]	[\$2,500]

The benefit amount applicable to the Member will reduce by 50% on the first day of the month coinciding with or next following the Member's attainment of age 70. The yearly benefit increases above will apply provided the Member is not confined for medical treatment in an institution or at home. If he is so confined, the increase shall become effective on the date which he is no longer confined.

If the Member has a Dependent spouse, then the Benefit Amounts applicable to both the Member and the Dependent spouse will be reduced by 50%.

If a husband and wife are both covered under the Policy as insured persons, the Benefit Amount for the Member will be reduced by 50% and the Dependent's Benefit Amount will be equal to the Member's Benefit Amount.

[Coverage ends at age [80].]

DEFINITIONS

When used in this Certificate the following words and phrases have the meaning given. The use of any personal pronoun includes both genders.

DEPENDENT means your spouse, unless you are legally separated. A spouse who is insured under the Group Policy as a Member will not be eligible as a Dependent.

INJURY means bodily injury caused by an accident while a licensed driver of or passenger in a Recreational Vehicle. The accident must occur while the Covered Person's insurance is in force under the Group Policy. The Injury must be the direct cause of the loss and must be independent of all other causes. The Injury must not be caused by or contributed to by Sickness.

[PARTICIPATING ORGANIZATION means an Organization which has signed a Participation Agreement adopting the Policyholder's plan of insurance.]

RECREATIONAL VEHICLE means a vehicle designed for highway movement, is licensed for use on public highways, provides temporary sleeping accommodations and has one of the following: sink, toilet, eating facility, oven, stove, refrigerator, or shower.

PHYSICIAN means a person licensed by the state in which he is resident to practice the healing arts. He must be practicing within the scope of his license for the service or treatment given. The Physician may not be you or a member of your immediate family.

SICKNESS means an illness or disease which results in a covered Loss while your insurance is in force under the Group Policy.

ACCIDENTAL DEATH BENEFIT

When we receive due proof that you die, we will pay the benefit shown on the Schedule of Benefits to your named Beneficiary; provided:

- (1) death occurs as a direct result of an Injury; and
- (2) death occurs within [365] [90] days of the accident causing the Injury.

EXCLUSIONS

We will not pay a benefit for a Loss which is caused by, results from, or contributed to by:

- (1) suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane (in Missouri while sane);
- (2) declared or undeclared war or any act of war;
- (3) full-time military service;
- (4) participating in a riot; committing an assault or felony;
- (5) Sickness or its medical or surgical treatment, including diagnosis;
- (6) bacterial infection except through a wound accidentally sustained;

- (7) operating or riding in any kind of aircraft except as a fare-paying passenger on a regularly scheduled commercial flight or as a passenger in a transport plane operated by the Air Mobility Command (AMC) of the United States of America;
- (8) alcohol intoxication, as defined in the state where the accident causing the Injury occurred;
- (9) taking of any drug, medication, narcotic or hallucinogen, unless as prescribed by a Physician;
- (10) taking of alcohol in combination with any drug, medication or sedative;
- (11) voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
- (12) riding or driving as a professional in any kind of race for prize money or profit.

WHEN COVERAGE ENDS

Your insurance automatically ends on the first of the following dates:

- (1) The date the Group Policy is terminated;
- [(2) The premium due date next following your [80th] birthdate;]
- [(3) The premium due date after you are no longer a member of the [Policyholder][Participating Organization];]
- [(4) The premium due date next following the date the Participating Organization ceases to participate in this plan of insurance.]

Your Dependent's insurance automatically ends on the first of the following dates:

- (1) The date your coverage terminates except as provided in the Continuance of Dependent Insurance Provision;
- (2) The premium due date after a Covered Person ceases to be an eligible Dependent.

CONTINUANCE OF DEPENDENT INSURANCE If you die while insured under the Group Policy, your spouse may continue coverage if insured. The spouse's premium will be based on his attained age.

Termination of the Group Policy will not prejudice any claim originating prior to termination subject to all other terms of the Group Policy.

GENERAL PROVISIONS

BENEFICIARY Your Beneficiary shall be as specified on the records of the Administrator.

RIGHT TO EXAMINE The Policy is in the possession of the Policyholder; it will be available to be inspected by you at any time during business hours at his office.

WHEN THERE IS A CLAIM

PAYMENT OF CLAIMS Claims for benefits provided by the Group Policy will be paid as soon as written proof is received. Benefits for loss of life will be paid in accordance with the Beneficiary designation in effect at the time of payment. All other benefits are paid directly to you.

If a Beneficiary is a minor and there is no parent or legal guardian, or if he cannot give a valid release, the benefit will be paid as follows: to the person or institution we decide has assumed custody or support of the Beneficiary.

Any payment that we make in good faith will fully discharge us to the extent of that payment.

PHYSICAL EXAMINATION AND AUTOPSY At our expense, we have the right to have you examined as often as necessary while a claim is pending. At our expense, we may require an autopsy unless the law forbids it.

LEGAL ACTIONS No legal action may be brought to recover against the Group Policy within 60 days after written proof of loss has been given. No such action will be brought after three years from the time written proof of loss is required to be given.

If a time limit of the Group Policy is less than allowed by the laws of the state where you live, the limit is extended to meet the minimum time allowed by such law.

MONUMENTAL LIFE INSURANCE COMPANY



Secretary



President

SERFF Tracking Number: AEGB-127986356 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number:
 Company Tracking Number: GSAD1000PA-TO
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: GSAD1000PA-TO
 Project Name/Number: Good Sam Travel AD/H056

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/17/2012
Comments:			
Attachment:			
AR Readability.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/17/2012
Bypass Reason:	N/A. Not a new policy filing		
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
GSAD1000PA-TO	52.8
GSAD1000CA-TO	53
GSAD1100PA-TO	42
GSAD1100CA-TO	42
GSAD2000PA-TO	42
AD2200GCM	49

Signed: *Cheryl Bock*
Name: Cheryl Bock
Title: Assistant Vice President
Date: 1-13-12