

<i>SERFF Tracking Number:</i>	<i>STAN-127872425</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>50584</i>
<i>Company Tracking Number:</i>	<i>GP494-ADD/S399/CHILDEF</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>Group AD&D</i>		
<i>Project Name/Number:</i>	<i>Group AD&D Amendment/GP494-ADD/S399/CHILDEF</i>		

Filing at a Glance

Company: Standard Insurance Company

Product Name: Group AD&D

SERFF Tr Num: STAN-127872425 State: Arkansas

TOI: H03G Group Health - Accidental Death & Dismemberment

SERFF Status: Closed-Approved- Closed State Tr Num: 50584

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Co Tr Num: GP494-ADD/S399/CHILDEF

State Status: Approved-Closed

Filing Type: Form

Author: Christine Starnes

Reviewer(s): Rosalind Minor

Date Submitted: 12/28/2011

Disposition Date: 01/31/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group AD&D Amendment

Status of Filing in Domicile: Pending

Project Number: GP494-ADD/S399/CHILDEF

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed

simultaneously in Oregon, our state of domicile

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association, Other

Explanation for Other Group Market Type:

Union

Overall Rate Impact:

Filing Status Changed: 01/31/2012

State Status Changed: 01/31/2012

Deemer Date:

Created By: Christine Starnes

Submitted By: Christine Starnes

Corresponding Filing Tracking Number:

Filing Description:

Standard Insurance Company is filing for your review and approval updates to our Group Accidental Death and Dismemberment Insurance product.

Standard's Group AD&D product is filed under Group Policy Form GP494-ADD and Group Certificate Form GC494-ADD, both of which were approved for use in your state effective 11/17/1994. In October of 1998, Standard Insurance

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Product Name: Group AD&D
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Company submitted an amendment to these forms to account for the demutualization of our company. The forms amended the policy and certificate to reflect that the company was a stock company, and they also served to change the form number under which the policy and certificate would be issued in the future. Effective 10/14/1998 Standard issued in Arkansas our revised forms under the new form numbers GP494-ADD/S399 and GC494-ADD/S399.

Enclosed are Group Accidental Death And Dismemberment Insurance Policy Amendment GP494-ADD/S399/CHILDEF, along with the corresponding Group Accidental Death And Dismemberment Insurance Certificate GC494-ADD/S399/CHILDEF. These forms amend the Child Definition to align with the Federal Healthcare Reform Act, extend Dependent Life benefits to dependent Child(ren) of the member regardless of the child's marital status. Current rates are not impacted by this filing.

The specific benefit design of each group policy is negotiated and agreed upon by Standard Insurance Company and the Policyholder at the time of policy issue, and the appropriate filed language is then automatically included in the body of the policy and certificate. While the attached forms are submitted on 8 ½ by 11 pages, we may also print the same text in a booklet format (5 ½ by 8 ½ pages) or on electronic media (e.g. CD-ROM, Internet) if requested by a Policyholder. Also, if so requested, we may issue certificates in a foreign language, based upon a direct translation of the filed wording.

There is no deviation from generally accepted insurance practices.

This group insurance product is, and will continue to be, marketed through normal insurance channels (insurance brokers and representatives) to groups traditionally eligible for group insurance. The majority of group policies will be issued to employers to cover their employees.

The attached forms meet and exceed the requirements of the Arkansas Life and Disability Insurance Policy Language Simplification Act, when included within the base policy and certificate.

Please feel free to contact us with any questions you may have, or if you need anything further with respect to this filing.

Sincerely,

Chris Starnes
Senior Compliance Analyst
Insurance Services Group - Legal, C14C
971-321-8936
971-321-8369 (fax)
chris.starnes@standard.com

SERFF Tracking Number: STAN-127872425 State: Arkansas
 Filing Company: Standard Insurance Company State Tracking Number: 50584
 Company Tracking Number: GP494-ADD/S399/CHILDEF
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
 Dismemberment Dismemberment
 Product Name: Group AD&D
 Project Name/Number: Group AD&D Amendment/GP494-ADD/S399/CHILDEF

Company and Contact

Filing Contact Information

Chris Starnes, Senior Compliance Analyst cstarnes@standard.com
 900 SW Fifth Avenue 971-321-8936 [Phone]
 C14C 971-321-8369 [FAX]
 Portland, OR 97204

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50 per form (2 forms submitted)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$100.00	12/28/2011	54888791

SERFF Tracking Number: STAN-127872425 State: Arkansas
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 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
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 Product Name: Group AD&D
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/31/2012	01/31/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	12/29/2011	12/29/2011	Christine Starnes	01/20/2012	01/20/2012

SERFF Tracking Number: STAN-127872425 *State:* Arkansas
Filing Company: Standard Insurance Company *State Tracking Number:* 50584
Company Tracking Number: GP494-ADD/S399/CHILDEF
TOI: H03G Group Health - Accidental Death & *Sub-TOI:* H03G.000 Health - Accidental Death &
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Product Name: Group AD&D
Project Name/Number: Group AD&D Amendment/GP494-ADD/S399/CHILDEF

Disposition

Disposition Date: 01/31/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STAN-127872425 State: Arkansas
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 Dismemberment
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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 (revised)	Group Accidental Death And Dismemberment Insurance Policy Amendment	Approved-Closed	Yes
Form	Group Accidental Death And Dismemberment Insurance Policy Amendment	Replaced	Yes
Form (revised)	Group Accidental Death And Dismemberment Insurance Certificate Amendment	Approved-Closed	Yes
Form	Group Accidental Death And Dismemberment Insurance Certificate Amendment	Replaced	Yes

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Product Name: Group AD&D
Project Name/Number: Group AD&D Amendment/GP494-ADD/S399/CHILDEF

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/29/2011
Submitted Date 12/29/2011
Respond By Date 01/29/2012

Dear Chris Starnes,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Accidental Death And Dismemberment Insurance Policy Amendment, GP494-ADD/S399/CHILDEF (Form)
- Group Accidental Death And Dismemberment Insurance Certificate Amendment, GC494-ADD/S399/CHILDEF (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

SERFF Tracking Number: STAN-127872425 State: Arkansas
 Filing Company: Standard Insurance Company State Tracking Number: 50584
 Company Tracking Number: GP494-ADD/S399/CHILDEF
 TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Product Name: Group AD&D
 Project Name/Number: Group AD&D Amendment/GP494-ADD/S399/CHILDEF

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 01/20/2012
 Submitted Date 01/20/2012

Dear Rosalind Minor,

Comments:

Thank you for your 12/29/2011 correspondence.

Response 1

Comments: As requested, both forms were revised to remove reference to the time limit for furnishing proof of incapacity. Please see items 1.6 and 1.7 as well as the last paragraph for revised language.

New forms include GP494-ADD/S399/CHILDEF-AR and GC494-ADD/S399/CHILDEF-AR.

Related Objection 1

Applies To:

- Group Accidental Death And Dismemberment Insurance Policy Amendment, GP494-ADD/S399/CHILDEF (Form)
- Group Accidental Death And Dismemberment Insurance Certificate Amendment, GC494-ADD/S399/CHILDEF (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific	Readability Score	Attach Document
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SERFF Tracking Number: STAN-127872425 State: Arkansas
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 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
 Product Name: Group AD&D
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			Data	
Group Accidental DeathGP494- And Dismemberment ADD/S399 Insurance Policy /CHILDEF Amendment -AR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Other	Revision 57.000 of initial version	GP494- ADD Amend AR.pdf
Previous Version				
Group Accidental DeathGP494- And Dismemberment ADD/S399 Insurance Policy /CHILDEF Amendment	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	57.000	GP494- ADD Amend.pdf
Group Accidental DeathGC494- And Dismemberment ADD/S399 Insurance Certificate /CHILDEF Amendment -AR	Certificate Amendment, Insert Page, Endorsement or Rider	Other	Revision 57.000 of initial version	GC494- ADD AR Cert.pdf
Previous Version				
Group Accidental DeathGC494- And Dismemberment ADD/S399 Insurance Certificate /CHILDEF Amendment	Certificate Amendment, Insert Page, Endorsement or Rider	Initial	57.000	GC494- ADD Cert.pdf

No Rate/Rule Schedule items changed.

If you have any questions regarding these revisions, please contact me at 971.321.8936.

Christine Starnes
 Senior Compliance Analyst

Sincerely,
 Christine Starnes

SERFF Tracking Number: STAN-127872425 State: Arkansas
 Filing Company: Standard Insurance Company State Tracking Number: 50584
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Form Schedule

Lead Form Number: GP494-ADD/S399/CHILDEF

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/31/2012	GP494-ADD/S399/CHILDEF-AR	Policy/Contract	Group Accidental Death And Dismemberment Certificate: Insurance Policy Amendment	Other	Other Explanation: Revision of initial version	57.000	GP494-ADD Amend AR.pdf
Approved-Closed 01/31/2012	GC494-ADD/S399/CHILDEF-AR	Certificate	Group Accidental Death And Dismemberment Insurance Certificate Amendment	Other	Other Explanation: Revision of initial version	57.000	GC494-ADD AR Cert.pdf

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE POLICY AMENDMENT

Attached to and made a part of Group Policy Form GP494-ADD/ S399

Group Policy Form GP494-ADD/ S399 is amended to update policy language and add optional/ variable language for those Policyholders who negotiate such inclusion into their Group Accidental Death and Dismemberment Insurance Policy issued by us. Brackets ([]) indicate the language is optional. Braces (< >) indicate the language is variable.

1. The **WHEN AD&D INSURANCE ENDS** section is amended to remove some current language and make other current language optional, as shaded below.

[6. For your Child:

- a. The date your AD&D Insurance ends.
- b. The date your Child ceases to be a Child.

However, if your Child is Disabled on the day before AD&D Insurance would otherwise end because of the Child's age, AD&D Insurance will be continued with payment of premium, [provided you give us satisfactory proof of Disability on our forms within <31> days after the date on which AD&D Insurance would otherwise end because of the Child's age] .

At reasonable intervals thereafter, we may require further proof of Disability and have Your examined at our expense.]

[7. For your Child who is Disabled:

- a. The date your AD&D Insurance ends.
- b. The date your Child ceases to be Disabled.
- c. <90> days after the date we mail you a request for proof of continued Disability, if proof is not given.]

2. The definition of *Child* within the **DEFINITIONS** section is amended to allow more flexibility to what the Policyholder may request in their definition of Child, and now reads as follows:

[Child means:

1. Your [unmarried] child from live birth through <the last day of the calendar month next following the date on which your child reaches> age <20> [and], (<the last day of the calendar month next following the date on which your child reaches> age <24> [if a registered student in full time attendance at an accredited educational institution]), or

[2. Your [unmarried] child who meets either of the following requirements:

- a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
- b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.]

- or -

- [2. Your Disabled child who is continuously incapable of self-sustaining employment because of mental or physical handicap; and chiefly dependent upon you for support and maintenance or institutionalized because of mental or physical handicap.]

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child[; or]
 - ii. Your <stepchild, foster child, dependent grandchild, and the child of your Spouse> [if living in your home]; and]
 - iii. A child [living in your home] for whom you are the court appointed legal guardian].
- [Child does not include a person who is eligible for AD&D Insurance as a Member.]

[Your child is Disabled if your child is:

1. Continuously incapable of self-sustaining employment because of mental or physical handicap; and
2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental or physical handicap.]

[You must give us proof your Child is Disabled on our forms. At reasonable intervals, we may require further proof your Child is Disabled, and have your Child examined at our expense[, but not more frequently than annually after the child's attainment of the limiting age].]

Standard Insurance Company

by



President



Corporate Secretary

**GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE CERTIFICATE
AMENDMENT**

Attached to and made a part of Group Certificate Form GC494-ADD/ S399

Group Certificate Form GC494-ADD/ S399 is amended to update policy language and add optional/ variable language for those Policyholders who negotiate such inclusion into their Group Accidental Death and Dismemberment Insurance Policy issued by us. Brackets ([]) indicate the language is optional. Braces (< >) indicate the language is variable.

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- b. The date your Child ceases to be a Child.

However, if your Child is Disabled on the day before AD&D Insurance would otherwise end because of the Child's age, AD&D Insurance will be continued with payment of premium, [provided you give us satisfactory proof of Disability on our forms within <31> days after the date on which AD&D Insurance would otherwise end because of the Child's age.].

At reasonable intervals thereafter, we may require further proof of Disability and have Your examined at our expense.]

[7. For your Child who is Disabled:

- a. The date your AD&D Insurance ends.
- b. The date your Child ceases to be Disabled.
- c. <90> days after the date we mail you a request for proof of continued Disability, if proof is not given.]

2. The definition of *Child* within the **DEFINITIONS** section is amended to allow more flexibility to what the Policyholder may request in their definition of Child, and now reads as follows:

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2. Your [unmarried] child who meets either of the following requirements:
 - a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
 - b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.]

- or -

2. Your Disabled child who is continuously incapable of self-sustaining employment because of mental or physical handicap; and chiefly dependent upon you for support and maintenance or institutionalized because of mental or physical handicap.]

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child[; or]
 - [ii. Your <stepchild, foster child, dependent grandchild, and the child of your Spouse> [if living in your home]; and]
 - [iii. A child [living in your home] for whom you are the court appointed legal guardian].
- [Child does not include a person who is eligible for AD&D Insurance as a Member.]

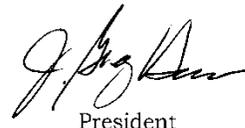
[Your child is Disabled if your child is:

1. Continuously incapable of self-sustaining employment because of mental or physical handicap; and
2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental or physical handicap.]

[You must give us proof your Child is Disabled on our forms within <31> days after a) the date on which insurance would otherwise end because of the Child's age or [b) the effective date of your Employer's coverage under the Group Policy if your child is Disabled on that date] [or c) the date your Child becomes Disabled]. At reasonable intervals thereafter, we may require further proof your Child is Disabled, and have your Child examined at our expense[, but not more frequently than annually after the child's attainment of the limiting age].]

STANDARD INSURANCE COMPANY

By



President

SERFF Tracking Number: STAN-127872425 State: Arkansas
 Filing Company: Standard Insurance Company State Tracking Number: 50584
 Company Tracking Number: GP494-ADD/S399/CHILDEF
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &
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 Product Name: Group AD&D
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/31/2012
Comments:			
Attachment:			
cert read ar.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/31/2012
Bypass Reason:	Group Insurance Application, SI-7365, approved by your office on 12/12/2001 will be used with this product		
Comments:			

STANDARD INSURANCE COMPANY
1100 SW SIXTH AVENUE
PORTLAND, OREGON 97204

CERTIFICATION OF READABILITY

State of Arkansas

<u>Form Number</u>	<u>Flesch Reading Ease Score</u>
GP494-ADD/S399/CHILDEF	57
GC494-ADD/S399/CHILDEF	57

I hereby certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the minimum reading ease score and all other readability requirements of any applicable insurance laws and regulations in the State of Arkansas.



C. Elizabeth Sloan



Date

2nd VP & Associate Counsel, ISG-Legal

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE POLICY AMENDMENT

Attached to and made a part of Group Policy Form GP494-ADD/ S399

Group Policy Form GP494-ADD/ S399 is amended to update policy language and add optional/ variable language for those Policyholders who negotiate such inclusion into their Group Accidental Death and Dismemberment Insurance Policy issued by us. Brackets ([]) indicate the language is optional. Braces (< >) indicate the language is variable.

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2. The definition of *Child* within the **DEFINITIONS** section is amended to allow more flexibility to what the Policyholder may request in their definition of Child, and now reads as follows:

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- a. The child is insured under the Group Policy and, on and after the date on which insurance would otherwise end because of the Child's age, is continuously Disabled.
- b. The child was insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy and was Disabled on that day, and is continuously Disabled thereafter.]

- or -

- [2. Your Disabled child who is continuously incapable of self-sustaining employment because of mental or physical handicap; and chiefly dependent upon you for support and maintenance or institutionalized because of mental or physical handicap.]

Child includes any of the following, if they otherwise meet the definition of Child:

- i. Your adopted child[; or]
 - [ii. Your <stepchild, foster child, dependent grandchild, and the child of your Spouse> [if living in your home]; and]
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Standard Insurance Company

by



President



Corporate Secretary

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE CERTIFICATE AMENDMENT

Attached to and made a part of Group Certificate Form GC494-ADD/ S399

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- [Child does not include a person who is eligible for AD&D Insurance as a Member.]

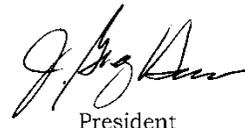
[Your child is Disabled if your child is:

1. Continuously incapable of self-sustaining employment because of mental or physical handicap; and
2. Chiefly dependent upon you for support and maintenance, or institutionalized because of mental or physical handicap.]

[You must give us proof your Child is Disabled on our forms within <31> days after a) the date on which insurance would otherwise end because of the Child's age or [b) the effective date of your Employer's coverage under the Group Policy if your child is Disabled on that date] [or c) the date your Child becomes Disabled]. At reasonable intervals thereafter, we may require further proof your Child is Disabled, and have your Child examined at our expense[, but not more frequently than annually after the child's attainment of the limiting age].]

STANDARD INSURANCE COMPANY

By



President