

State: Arkansas Filing Company: The Savings Bank Life Insurance Company of Massachusetts

TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other

Product Name: Conditional Receipt Agreement

Project Name/Number: /

Filing at a Glance

Company: The Savings Bank Life Insurance Company of Massachusetts

Product Name: Conditional Receipt Agreement

State: Arkansas

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

Date Submitted: 10/02/2012

SERFF Tr Num: SBMS-128710569

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num:

Implementation

Date Requested:

Author(s): Jim Coady, Grant Ward, Dan LeBlanc, Christopher Wilkie

Reviewer(s): Linda Bird (primary)

Disposition Date: 10/05/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

State: Arkansas Filing Company: The Savings Bank Life Insurance Company of Massachusetts

TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other

Product Name: Conditional Receipt Agreement

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: All states filed simultaneously

Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 10/05/2012

Deemer Date: State Status Changed: 10/05/2012

Submitted By: Jim Coady Created By: Jim Coady

Corresponding Filing Tracking Number:

Filing Description:
A-90(GEN): Conditional Receipt Agreement

We are filing the above referenced form for your approval.

This form is intended to replace existing form A-90, previously approved by your department:

- Insurance Department: Arkansas
- Date of Disposition: 10/3/2008
- SBLI Reference Number: SBMS-125795100
- State Reference Number: 40288

The purpose for resubmitting this form is to change the amount of insurance available under this agreement from a fixed amount of \$500,000 to an increased amount at the current time, and to allow the amount to be variable for future possible changes. Please refer to the Statement of Variability, enclosed, for a complete description of variable items.

Also enclosed is a highlighted copy of the form illustrating all text changes from the previously approved form.

The form is laser printed, subject only to minor variations in color, fonts, duplexing and positioning. The forms will be effective on the date of approval.

No part of this filing contains any unusual or controversial items that deviate from normal Company or industry standards.

All requisite fees, if applicable, and filing documents are enclosed.

We appreciate receiving your approval of this new form at your earliest convenience. If you have any questions regarding this submission, please contact us.

Thank You.
James Coady
AVP, Compliance
SBLI of MA
NAIC# 70435

State: Arkansas **Filing Company:** The Savings Bank Life Insurance Company of Massachusetts
TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other
Product Name: Conditional Receipt Agreement
Project Name/Number: /

Company and Contact

Filing Contact Information

James Coady, Jcoady@SBLI.com
 1 Linscott Road 781-994-5410 [Phone]
 Woburn, MA 01801 781-994-4124 [FAX]

Filing Company Information

The Savings Bank Life Insurance Company of Massachusetts	CoCode: 70435	State of Domicile: Massachusetts
1 Linscott Road	Group Code: 4553	Company Type: Life
Woburn, MA 01801	Group Name:	State ID Number:
(781) 938-3500 ext. [Phone]	FEIN Number: 04-3117253	

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? Yes
 Fee Explanation: Domicile state (MA) fee = \$75.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
The Savings Bank Life Insurance Company of Massachusetts	\$75.00	10/02/2012	63330185

SERFF Tracking #:

SBMS-128710569

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

The Savings Bank Life Insurance Company of Massachusetts

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.500 Other

Product Name:

Conditional Receipt Agreement

Project Name/Number:

/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/05/2012	10/05/2012

SERFF Tracking #:

SBMS-128710569

State Tracking #:

Company Tracking #:

State: Arkansas
TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other
Product Name: Conditional Receipt Agreement
Project Name/Number: /

Filing Company: The Savings Bank Life Insurance Company of Massachusetts

Disposition

Disposition Date: 10/05/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Marked copy of Revised form		Yes
Supporting Document	Statement of Variability		Yes
Form	Conditional Receipt Agreement		Yes

SERFF Tracking #:

SBMS-128710569

State Tracking #:

Company Tracking #:

State: Arkansas
 TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other
 Product Name: Conditional Receipt Agreement
 Project Name/Number: /

Filing Company: The Savings Bank Life Insurance Company of Massachusetts

Form Schedule

Lead Form Number: A-90(GEN)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		A-90(GEN)	AEF	Conditional Receipt Agreement	Initial:	51.500	A-90(GEN) (10-12).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

The Savings Bank Life Insurance Company of Massachusetts
[P.O. Box 4048, Woburn, MA 01888]
Telephone [(800) 694-7254 www.sbli.com]
(Referred to herein as “The Company”, “we”, “us”, or “our”)

_____ Name of Proposed Insured

A. NOTICE TO PROPOSED INSURED AND OWNER

No insurance coverage will become effective before delivery of the policy applied for unless and until all of the conditions of this Agreement are met. If any conditions are not met, the Producer is not authorized to accept a premium and there will be NO COVERAGE. No Producer has the authority to alter or waive the terms or conditions of this Agreement. This Agreement shall be void if altered or modified.

B. PROPOSED INSURED'S REPRESENTATIONS

1. Has the Proposed Insured: <ul style="list-style-type: none"> a. in the past 10 years had unintentional weight loss; or any symptoms of a disease or an impairment for which he/she has not consulted a physician or a member of the medical profession? <input type="checkbox"/> Yes <input type="checkbox"/> No b. in the past 5 years had, been treated for, been advised to be treated for, or now has, any type of heart disease or any other vascular disease; cancer; leukemia; malignant tumor; any disorder of the immune system; stroke; or alcohol or drug dependence or abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No c. in the past 90 days, been admitted to a hospital or other licensed health care facility, had surgery performed or recommended, or been medically advised to have any diagnostic test (excluding an AIDS-related test) that was not completed? <input type="checkbox"/> Yes <input type="checkbox"/> No d. been diagnosed as having Hepatitis C, Acquired Immunodeficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
2. Is the Proposed Insured less than 15 days or more than 70 years old (age nearest birthday), on the date this Agreement is signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the initial amount of life insurance coverage applied for on all applications pending with us, including the current amount of all existing life insurance coverage with us, greater than [\$500,000]?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. CONDITIONS WHICH MUST BE MET BEFORE INSURANCE MAY BECOME EFFECTIVE PRIOR TO DELIVERY OF THE POLICY

1. All of the questions above are answered “NO”; and
2. An amount equal to the modal premium indicated on the application must be received by us; the mode must be either annual, semi-annual, quarterly or monthly (two months’ premium required); and
3. All medical examinations, tests, x-rays and electrocardiograms initially required by our published rules with regard to age and amount requested for the risk class and plan applied for must be completed within ninety (90) days from the date this Agreement is signed; and
4. The Proposed Insured is, on the Effective Date, a risk acceptable for insurance exactly as applied for, or better, according to our rules and practices, without modification of plan, premium rate or amount; and
5. On the Effective Date the state of health and all factors affecting the insurability of the Proposed Insured for coverage must be as stated in all application documents required by us; and;
6. Any check, authorized withdrawal, credit card payment or any form of payment must be received and honored when first presented.

D. EFFECTIVE DATE

If all of the conditions above are met, then insurance coverage, subject to all the terms and conditions of the policy applied for and as if the policy applied for had already been issued and delivered, will become effective on the latest of: (a) the date of application; (b) the date of application – part II; (c) the date of completion of all underwriting requirements stated in Section (C)(3), above; or (d) the special policy date requested in the application, if any.

E. MAXIMUM AMOUNT

The maximum amount of life insurance coverage available under this Conditional Receipt Agreement shall be the lesser of: (1) the amount of insurance applied for in the application - part 1; or (2) [\$500,000], minus the amount of insurance on the Proposed Insured's life in force with us under any policies and Conditional Receipt Agreements, applied for or pending issue with us, including Accidental Death Benefits; or (3) if death is due to suicide or intentional self-inflicted injury, the amount of premium paid will be refunded and no death benefit will be paid. There is no coverage beyond 70 years old (age nearest birthday) or below age 15 days.

F. REFUND OF MONEY

We will refund your money on the earliest of the following dates: (1) If any of the conditions above are not met; or (2) A policy resulting from the application is refused; or (3) 90 days from the date this Agreement is signed. Our liability will be limited to the return of the amount paid with this Agreement. All returns will be made, without interest, to or for the benefit of the Owner. We may send a notice or return premium terminating this Agreement at any time before delivery of the policy.

<hr style="width: 80%; margin: 0 auto;"/> Name of Proposed Insured

G: AGREEMENT

I represent that all statements and answers in this application are: full; complete; and true to the best of my knowledge and belief. I agree that: (1) the limited amount of insurance that may begin prior to policy delivery will not exceed the Maximum Amount as defined above; (2) this limited amount of insurance will not begin unless all of the CONDITIONS listed above are first met exactly; (3) this Agreement will be void if the Agreement or application contains any material misrepresentation; or if the Proposed Insured dies by suicide or intentional self-inflicted injury; and (4) this Agreement will automatically end on the earliest of the following dates: (a) the date the entire amount paid with this Agreement is returned; or (b) the date a policy is delivered to the Owner; or (c) 90 days from the date this Agreement is signed. I further agree to any remaining terms, limits, and conditions of this Agreement and the application. I understand that my payment herewith has not purchased immediate life insurance coverage.

Signature of Proposed Insured	Date	Signature of Owner/Applicant (if not Proposed Insured)	Date
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H: PRODUCER/BROKER STATEMENT

On the date below, I received the amount \$_____ from _____ in exchange for this Agreement. This Agreement bears the same date as the application – part I. I have accurately represented the terms and conditions of this Agreement to the Proposed Insured and Owner. I know of no reason why any person to be covered may not be eligible for insurance.

Signature of Producer	Date
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ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECKS PAYABLE TO THE PRODUCER. DO NOT LEAVE THE PAYEE BLANK. CASH AND MONEY ORDERS WILL NOT BE ACCEPTED.

SERFF Tracking #:

SBMS-128710569

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

The Savings Bank Life Insurance Company of Massachusetts

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.500 Other

Product Name:

Conditional Receipt Agreement

Project Name/Number:

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Flesch Certification is attached.		
Attachment(s):	Flesch Score A-90(GEN).pdf		

		Item Status:	Status Date:
Satisfied - Item:	Marked copy of Revised form		
Comments:	Marked copy of Revised form is attached.		
Attachment(s):	A-90(GEN) (10-12)(Hilited).pdf		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:	Statement of Variability is enclosed.		
Attachment(s):	Statement Of Variability A-90 series.pdf		

**THE SAVINGS BANK LIFE INSURANCE
COMPANY OF MASSACHUSETTS**

CERTIFICATION - FLESCH/READABILITY

Form Series: A-90

Conditional Receipt Agreement

Flesch Score: 51.5

I hereby certify that in my judgment the above captioned form, submitted herewith for approval, meets the objective standards of readability/Flesch scores.

Minimum Flesch score as stated above has been determined for the form.

10/2/2012

X James Coady

James Coady
AVP, Compliance
Signed by: James Coady

The Savings Bank Life Insurance Company of Massachusetts
P.O. Box 4048, Woburn, MA 01888
Telephone (800) 694-7254 www.sbli.com
(Referred to herein as "The Company", "we", "us", or "our")

_____ Name of Proposed Insured

A. NOTICE TO PROPOSED INSURED AND OWNER

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B. PROPOSED INSURED'S REPRESENTATIONS

- | | |
|--|--|
| 1. Has the Proposed Insured: | |
| a. in the past 10 years had unintentional weight loss, or any symptoms of a disease or an impairment for which he/she has not consulted a physician or a member of the medical profession? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. in the past 5 years had, been treated for, been advised to be treated for, or now has, any type of heart disease or any other vascular disease, cancer, leukemia, malignant tumor, any disorder of the immune system, stroke, or alcohol or drug dependence or abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. in the past 90 days, been admitted to a hospital or other licensed health care facility, had surgery performed or recommended, or been medically advised to have any diagnostic test (excluding an AIDS-related test) that was not completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. been diagnosed as having Hepatitis C, Acquired Immunodeficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the Proposed Insured less than 15 days or more than 70 years old (age nearest birthday), on the date this Agreement is signed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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C. CONDITIONS WHICH MUST BE MET BEFORE INSURANCE MAY BECOME EFFECTIVE PRIOR TO DELIVERY OF THE POLICY

1. All of the questions above are answered "NO"; and
2. An amount equal to the modal premium indicated on the application must be received by us; the mode must be either annual, semi-annual, quarterly or monthly (two months' premium required); and
3. All medical examinations, tests, x-rays and electrocardiograms initially required by our published rules with regard to age and amount requested for the risk class and plan applied for must be completed within ninety (90) days from the date this Agreement is signed; and
4. The Proposed Insured is, on the Effective Date, a risk acceptable for insurance exactly as applied for, or better, according to our rules and practices, without modification of plan, premium rate or amount; and
5. On the Effective Date the state of health and all factors affecting the insurability of the Proposed Insured for coverage must be as stated in all application documents required by us; and;
6. Any check, authorized withdrawal, credit card payment or any form of payment must be received and honored when first presented.

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<hr style="width: 80%; margin: 0 auto;"/> Name of Proposed Insured

G: AGREEMENT

I represent that all statements and answers in this application are: full; complete; and true to the best of my knowledge and belief. I agree that: (1) the limited amount of insurance that may begin prior to policy delivery will not exceed the Maximum Amount as defined above; (2) this limited amount of insurance will not begin unless all of the CONDITIONS listed above are first met exactly; (3) this Agreement will be void if the Agreement or application contains any material misrepresentation, or if the Proposed Insured dies by suicide or intentional self-inflicted injury; and (4) this Agreement will automatically end on the earliest of the following dates: (a) the date the entire amount paid with this Agreement is returned, or (b) the date a policy is delivered to the Owner; or (c) 90 days from the date this Agreement is signed. I further agree to any remaining terms, limits, and conditions of this Agreement and the application. I understand that my payment herewith has not purchased immediate life insurance coverage.

Signature of Proposed Insured	Date	Signature of Owner/Applicant (if not Proposed Insured)	Date
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H: PRODUCER/BROKER STATEMENT

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Signature of Producer	Date
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ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECKS PAYABLE TO THE PRODUCER. DO NOT LEAVE THE PAYEE BLANK. CASH AND MONEY ORDERS WILL NOT BE ACCEPTED.

THE SAVINGS BANK LIFE INSURANCE
COMPANY OF MASSACHUSETTS

STATEMENT OF VARIABILITY

Conditional Receipt Agreement
Form Series A-90

Bracketing will indicate the Company may concurrently make multiple versions of the same form number available using different values within the ranges provided. None of these items will be bracketed upon issuance of the contract to the owner. We hereby certify that any change will be done so in a uniform and non-discriminatory manner and shall not result in unfair discrimination. No additional changes will be made to the contents of the form unless and until a new form with the changes detailed thereon, is submitted for approval.

Other than John Doe information, only the item listed will be variable. We certify that the ranges for the bracketed items will be as follows:

Company Address

This will allow for changes to the company's office location. Our current address at contract issue will appear.

Company Telephone Number and Internet address

This will allow for changes to the company's telephone number and internet address. Our current telephone number and internet address at contract issue will appear.

Maximum Amount of insurance Coverage under the Conditional Receipt (in two places)

Currently: \$1,000,000

Range: \$500,000 to \$5,000,000, depending on future market conditions

Signature

10/2/2012

X James T. Coady

James T. Coady
AVP, Compliance
Signed by: James Coady