

State: Arkansas **Filing Company:** Symetra Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Occupational Death Benefit Rider
Project Name/Number: Occupational Death Benefit Rider/LGC-13002 10/12

Filing at a Glance

Company: Symetra Life Insurance Company
Product Name: Occupational Death Benefit Rider
State: Arkansas
TOI: L04G Group Life - Term
Sub-TOI: L04G.500 Other
Filing Type: Form
Date Submitted: 12/07/2012
SERFF Tr Num: SYMT-128763110
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: LGC-13002 10/12

Implementation: On Approval
Date Requested:
Author(s): Jeff Bateman, Jen Franklin
Reviewer(s): Linda Bird (primary)
Disposition Date: 12/13/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Symetra Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Occupational Death Benefit Rider
Project Name/Number: Occupational Death Benefit Rider/LGC-13002 10/12

General Information

Project Name: Occupational Death Benefit Rider Status of Filing in Domicile: Pending
 Project Number: LGC-13002 10/12 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer, Association, Trust Overall Rate Impact:
 Filing Status Changed: 12/13/2012
 State Status Changed: 12/13/2012 Deemer Date:
 Created By: Jen Franklin Submitted By: Jen Franklin
 Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your approval is an Occupational Death Benefit rider for use with our previously filed and approved Group Term Life Insurance Policy Form LGC 13000/AR 08/06 (approved 09/14/06 SERFF number USPH-6T8M9S167/00-00/00-01/00). This rider does not replace any previously filed forms.

Rider form LGC-13002 10/12 provides an additional benefit if loss of life is a result sustained while actively at work.

A Readability Certification is enclosed.

This group insurance product is marketed through agents and brokers to groups traditionally regarded as eligible for group Life insurance coverage. Most group policies will be issued to employer policyholders to cover their employees.

Please contact me at 1-425-256-6304 or via email at jeff.bateman@symetra.com if you need anything further prior to approving these forms.

Thank you.

Sincerely,

Jeff Bateman
 Senior Contract Analyst

Company and Contact

Filing Contact Information

Jeff Bateman, Contract Analyst jeff.bateman@symetra.com
 777 108th Avenue N.E., Suite 425-256-6304 [Phone]
 1200 425-256-8552 [FAX]
 Bellevue, WA 98004

State: Arkansas **Filing Company:** Symetra Life Insurance Company
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Filing Company Information

Symetra Life Insurance Company	CoCode: 68608	State of Domicile: Washington
777 108th Ave NE, Suite 1200	Group Code: 1129	Company Type: Insurance
Bellevue, WA 98004-5135	Group Name:	State ID Number:
(800) 796-3872 ext. [Phone]	FEIN Number: 91-0742147	

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Symetra Life Insurance Company	\$50.00	12/07/2012	65539084

State: Arkansas Filing Company: Symetra Life Insurance Company
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/13/2012	12/13/2012

SERFF Tracking #:

SYMT-128763110

State Tracking #:

Company Tracking #:

LGC-13002 10/12

State:

Arkansas

Filing Company:

Symetra Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Occupational Death Benefit Rider

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Occupational Death Benefit Rider/LGC-13002 10/12

Disposition

Disposition Date: 12/13/2012

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	Statement of Variable Language		Yes
Form	Occupational Death Benefit Rider		Yes

State: Arkansas
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Occupational Death Benefit Rider
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Filing Company: Symetra Life Insurance Company

Form Schedule

Lead Form Number: LGC-13002 10/12

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Occupational Death Benefit Rider	LGC-13002 10/12	CERA	Initial		53.300	Occupational Death Benefit Rider_Annotated for SOVL.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



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, Washington 98004-5135
(An insurance company)

Incorporation Provision
Occupational Death Benefit

Rider Number: [X]
Policyholder: [ABC Policyholder]
Policy Number: [XX XXXXXX XX]

The following provision is hereby added to the above-referenced Group Policy and Certificate of Insurance. This Rider does not vary, waive, alter or extend any of the terms, conditions or provisions of The Policy.

Occupational Death Benefit: When is the Occupational Death Benefit payable?

If You suffer a Loss of life as the result of a Covered Occupational Death, We will pay an Occupational Death Benefit if Your death occurs:

- 1) within [365 days] after the date You were last Actively at Work; and
2) while You were covered under The Policy.

Covered Occupational Death means a death caused by or resulting from an Injury sustained while You are Actively at Work as [a Public Safety Officer] [an Active Employee of the Employer], or in the case of a required period of work not coinciding with regular work hours, while in transit to or from work.

[Public Safety Officer means a [Member] whose primary job duties include [controlling or reducing crime or juvenile delinquency, criminal law enforcement, or fire suppression]. Public Safety Officer means [police officers, firefighters, corrections officers, judicial officers, and officially recognized or designated volunteer firefighters], if they otherwise meet the definition of Public Safety Officer.]

[The Occupational Death Benefit will not be payable if Your death is caused or contributed by:

- [1) war or act of war, whether declared or not;
2) suicide or attempted suicide, whether sane or insane;
3) Injury sustained while committing or attempting to commit a felony; or
4) voluntary use or consumption of any poison, chemical compound or drug, including but not limited to prescription medications, unless as prescribed to You by or administered to You by a Physician.]

The specific amounts for this Benefit are shown in the Schedule of Insurance.

The effective date of these changes is [January 1, 2012], but will not be effective prior to an insured person's effective date of coverage. All other terms and provisions of The Policy will apply other than as stated in this Rider.

The provisions found in the Certificate(s) of Insurance will control the benefit plan, period of coverage, exclusions, claims and other general policy provisions pertaining to state insurance law requirements.

In all other respects, The Policy and Certificate(s) of Insurance remain the same.

Symetra Life Insurance Company

[Handwritten signature]

By: [Thomas M. Marra, President]

Instructions: Retain a copy with your Policy.

SERFF Tracking #:

SYMT-128763110

State Tracking #:

Company Tracking #:

LGC-13002 10/12

State:

Arkansas

Filing Company:

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TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR_Flesch_Score_.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variable Language		
Comments:			
Attachment(s):			
Occupational Death Benefit Rider_SOVL.pdf			

Symetra Life Insurance Company

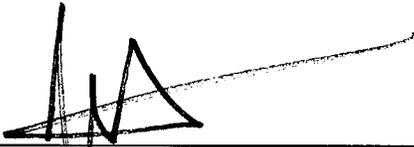
SERFF Filing No. SYMT-128763110

Flesch Score

The following form meets the minimum reading ease score required by ACA 23-80-206
Life and Accident and Health Insurance Policy Language Simplification Act

LGC-13002 10/12 Application for Group Insurance

The Flesch score is 53.3



Jeff Bateman
Senior Benefits Contract Analyst
Symetra Life Insurance Company

November 9th, 2012
date

Symetra Life Insurance Company

**STATEMENT OF VARIABLE LANGUAGE:
Occupational Death Benefit Rider – LGC-13002 10/12**

Variable #	Variability
1	Logo or address may change.
2	Will vary according to case specifics.
3	Will vary according to case specifics.
4	Will vary according to case specifics.
5	90-365 days or some other duration.
6	May be deleted or some other title used.
7	May be deleted.
8	Paragraph may be deleted.
9	Will vary according to case specifics, such as 'an Active Employee'.
10	Items may be added or deleted according to case specifics.
11	Items may be added or deleted according to case specifics.
12	Paragraph may be deleted.
13	Items in list may be deleted.
14	Will vary according to case specifics.
15	Name or title may change to reflect authorized company officer signing.