

State: Arkansas **Filing Company:** Symetra Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Life- Disability Combo Application
Project Name/Number: Group Life- Disability Combo Application/LGC-10033 04/12

Filing at a Glance

Company: Symetra Life Insurance Company
Product Name: Group Life- Disability Combo Application
State: Arkansas
TOI: L04G Group Life - Term
Sub-TOI: L04G.500 Other
Filing Type: Form
Date Submitted: 08/07/2012
SERFF Tr Num: SYMT-128564406
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: LGC-10033 04/12

Implementation: On Approval
Date Requested:
Author(s): Brady Smith, Jen Franklin
Reviewer(s): Linda Bird (primary)
Disposition Date: 08/15/2012
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: Group Life- Disability Combo Application
Project Name/Number: Group Life- Disability Combo Application/LGC-10033 04/12

General Information

Project Name: Group Life- Disability Combo Application Status of Filing in Domicile: Authorized
Project Number: LGC-10033 04/12 Date Approved in Domicile: 07/10/2012
Requested Filing Mode: 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: 08/15/2012
State Status Changed: 08/15/2012 Deemer Date:
Created By: Jen Franklin Submitted By: Brady Smith
Corresponding Filing Tracking Number:

Filing Description:

Re: Group Life-Group Disability Insurance Combined Application

Application Form LGC-10033 04/12

Enclosed please find the above referenced form hereby submitted for approval. We request the effective date be upon approval.

This is a new form and does not replace any form already approved in your state. This application will be used with policy LGC-13000 08/06 (approved 09/14/2006 SERFF filing number USPH-6T8M9S167/00-00/00-01/00) and policy GDC-4000 12/05 (approved 03/31/2006).

The Flesch score for this form is 51.4

Our goal is to reduce the number of applications we use. This application allows us to use one form for both products.

The content does not deviate from normal company or industry standards and contains no unusual or controversial items.

The application is submitted in final printed form and subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

At some time in the future, it may be necessary for us to change the format, fonts, page breaks, etc. in this form in order to accommodate new technology or new printing equipment. We reserve the right to make these types of changes without re-filing as long as there is no change in the text of these forms. However, any such accommodation will not result in the use of a font or type style or size which would violate any law, regulation or standard.

The application does not result in any benefit or premium changes.

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

State: Arkansas **Filing Company:** Symetra Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Life- Disability Combo Application
Project Name/Number: Group Life- Disability Combo Application/LGC-10033 04/12

Company and Contact

Filing Contact Information

Brady Smith, Senior Compliance Analyst brady.smith@symetra.com
 777 108th Ave. NE, Suite 1200 425-256-6325 [Phone]
 Bellevue, WA 98004-5135 425-256-5466 [FAX]

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 application= \$50.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
Symetra Life Insurance Company	\$50.00	08/07/2012	61467045

State: Arkansas Filing Company: Symetra Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Group Life- Disability Combo Application
Project Name/Number: Group Life- Disability Combo Application/LGC-10033 04/12

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/15/2012	08/15/2012

SERFF Tracking #:

SYMT-128564406

State Tracking #:

Company Tracking #:

LGC-10033 04/12

State:

Arkansas

Filing Company:

Symetra Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Group Life- Disability Combo Application

Project Name/Number:

Group Life- Disability Combo Application/LGC-10033 04/12

Disposition

Disposition Date: 08/15/2012

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		Yes
Supporting Document	Statement of Variability		Yes
Form	Application for Group Insurance		Yes

SERFF Tracking #:

SYMT-128564406

State Tracking #:

Company Tracking #:

LGC-10033 04/12

State:

Arkansas

Filing Company:

Symetra Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Group Life- Disability Combo Application

Project Name/Number:

Group Life- Disability Combo Application/LGC-10033 04/12

Form Schedule

Lead Form Number: LGC-10033 04/12

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		LGC-10033 04/12	AEF	Application for Group Insurance	Initial:	51.400	LGC-10033 04_12 Life-DI_comboapp generic new logo.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

Application for Group Insurance

Name of Applicant: _____

Address: _____

(Street)

(City)

(State)

(Zip)

applies to Symetra Life Insurance Company, for:

- Group Short Term Disability Insurance]
- Group Long Term Disability Insurance]
- Group Term Life Insurance]

If Symetra Life Insurance Company (Symetra) approves this application, the policy(ies) indicated above will be issued. The applicant agrees that by signing this application it accepts the policy issued pursuant to the proposal dated _____.

This application supersedes any previous application.

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signed at (City) _____, (State) _____

Date signed: _____

[Policyholder name]

By _____

Title _____

Agent/Producer Name (printed) _____

Agent/Producer Signature _____

Resident Licensed Agent/Producer where required by law

-
- Instructions: (1) Sign and return to Symetra.
(2) Retain copy with your policy.

SERFF Tracking #:

SYMT-128564406

State Tracking #:**Company Tracking #:**

LGC-10033 04/12

State:

Arkansas

Filing Company:

Symetra Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Group Life- Disability Combo Application

Project Name/Number:

Group Life- Disability Combo Application/LGC-10033 04/12

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Symetra Life Insurance Company complies with the applicable requirements. A Flesch Score certification is attached.		
Attachment(s):			
AR_Flesch_Score_20120807.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:			
Attachment(s):			
LGC-10033 04_12 Life-DI_comboapp generic new logo.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Base_SOV_LGC-10033_0412.pdf			

Symetra Life Insurance Company

SERFF Filing No. SYMT-128564406

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-10033 04/12 Application for Group Insurance

The Flesch score is 51.4.

Brady Smith

Digitally signed by Brady Smith
DN: cn=Brady Smith, o=Symetra Life
Insurance Co., ou=Benefits Compliance,
email=Brady.Smith@Symetra.com,
c=US
Date: 2012.08.07 07:22:12 -07'00'

August 7, 2012

date

Brady Smith
Senior Benefits Contract Analyst
Symetra Life Insurance Company



Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, Washington 98004-5135

Application for Group Insurance

Name of Applicant: _____

Address: _____
(Street)

(City) (State) (Zip)

applies to Symetra Life Insurance Company, for:

- Group Short Term Disability Insurance]
- Group Long Term Disability Insurance]
- Group Term Life Insurance]

If Symetra Life Insurance Company (Symetra) approves this application, the policy(ies) indicated above will be issued. The applicant agrees that by signing this application it accepts the policy issued pursuant to the proposal dated _____.

This application supersedes any previous application.

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signed at (City) _____, (State) _____

Date signed: _____

[Policyholder name]

By _____

Title _____

Agent/Producer Name (printed) _____

Agent/Producer Signature _____

Resident Licensed Agent/Producer where required by law

-
- Instructions: (1) Sign and return to Symetra.
(2) Retain copy with your policy.

Statement of Variability

Symetra Life Insurance Company
 NAIC # 68608/ FEIN #91-0742147

Form: LGC-10033 04/12 – Application for Group Insurance

The variability for bracketed items in the above-referenced form is provided below.

This Statement of Variability reflects bracketing of items that will vary based upon policy specific information.

In addition, this Statement of Variability also reflects bracketing of items that Symetra Life Insurance Company might vary within the range provided for future issues without requiring a re-filing.

We have bracketed these items so we may more quickly respond to changes in the market, in company experience, or in the regulatory environment.

Any changes made in such items will be determined based on sound actuarial practice and administered in a uniform and non-discriminatory manner. With the exception of the current Company address and Administrative Office, such variable information will not be changed for issued policies, only for new issues.

LGC-10033 04/12 – Application for Group Insurance		
Field	Range	Explanation of Variation
[Company Name]		Displays the current legal name of the company.
[Company Address and Telephone Number]		Displays the current address and telephone number of the company.
[Send to: Administrative Office, Fax Number and Mailing Address]	[Not used at present]	Displays the administrative office or mailing office address and its fax number.
applies to Symetra Life Insurance Company, for:	<input type="checkbox"/> Group Short Term Disability Insurance] <input type="checkbox"/> Group Long Term Disability Insurance] <input type="checkbox"/> Group Term Life Insurance]	Displays the policy type(s) for which insurance is sought

CERTIFICATION

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.



Brady Smith
 Senior Benefits Contract Analyst
 Symetra Life Insurance Company
 June 28, 2012