

SERFF Tracking Number: BBLB-125827519 State: Arkansas  
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40350  
Company Tracking Number: FCSLA/80-SPEP-291  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
Product Name: 80-SPEP-291  
Project Name/Number: FCSLA/80-SPEP-291/FCSLA/80-SPEP-291

## Filing at a Glance

Company: First Catholic Slovak Ladies Association of the United States of America

Product Name: 80-SPEP-291 SERFF Tr Num: BBLB-125827519 State: ArkansasLH  
TOI: L04I Individual Life - Term SERFF Status: Closed State Tr Num: 40350  
Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num: FCSLA/80-SPEP-291 State Status: Approved-Closed  
Fixed/Indeterminate Premium - Single Life  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Authors: Virginia Kiddle, Beth Disposition Date: 10/06/2008  
Pestka  
Date Submitted: 09/22/2008 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: FCSLA/80-SPEP-291 Status of Filing in Domicile:  
Project Number: FCSLA/80-SPEP-291 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 10/06/2008  
State Status Changed: 10/06/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
First Catholic Slovak Ladies Association of the United States of America,  
NAIC #56332, FEIN #34-0220540  
Forms: 80-SPEP-291, Level Term Life Insurance to Age 25 Contract  
E-SPEP-798, Endorsement for Form 80-SPEP-291

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The filing of the Forms referenced is being made as a result of the recent approval of admission to the state of Arkansas. In addition to the referenced Forms, other Insurance and Annuity Forms are being submitted in separate submissions.

The Forms are in final print as will be used for issue.

The Forms have been approved by the State of Domicile (Ohio).

Form 80-SPEP-291 is Term to Age 25 Insurance issued at ages 0-23. Premiums are level and payable to age 25 or the applicant may elect to pay a single premium for the level benefit. There is a conversion provision in the form.

Premiums for the Term to Age 25 plan are not guaranteed and are subject to change as explained in page 4 of the term insurance contract.

Form E-SPEP-798 is an Endorsement issued only with Form 80-SPEP-291. The Endorsement clarifies the amount of insurance for a conversion.

Form App-200-AR is the life insurance application that will be used with all permanent life and term insurance policy forms. The application has been submitted with Form 01-SPWL-05, a Single Premium Whole Life Insurance Contract, which is a separate filing.

All of the above forms will be sold on an individual basis to members of the Society by agents for the Society. The agents will be licensed as required. There will be no restriction placed on sale of the forms by any agent. Commissions will be paid on premiums received in accordance with the Society's agreements with its agents.

The Society's current underwriting rules and reinsurer, as needed, will be used for the permanent life and term insurance.

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The form will not be illustrated immediately in Arkansas. When the Society is ready to illustrate the form, the necessary illustration material will be filed.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - bab01)

Jerry Alexander, FLMI jerry@bandbco.com  
 916 Sherwood Drive (888) 278-2310 [Phone]  
 Lake Bluff, IL 60044 (847) 295-6206[FAX]

### Filing Company Information

First Catholic Slovak Ladies Association of the United States of America CoCode: 56332 State of Domicile: Ohio  
 24950 Chagrin Blvd Group Code: -99 Company Type: Fraternal Benefit Society  
 Beachwood, OH 44122 Group Name: State ID Number:  
 (800) 464-4642 ext. [Phone] FEIN Number: 34-0220540  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Catholic Slovak Ladies Association of the United States of America	\$50.00	09/22/2008	22643645

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/06/2008	10/06/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	10/03/2008	10/03/2008	Beth Pestka	10/06/2008	10/06/2008
Industry Response						



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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Actuarial Memo		No
<b>Supporting Document</b>	Authorization		Yes
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Supporting Document</b>	Required Certifications		Yes
<b>Form</b>	Level Term Life Insurance to Age 25		Yes
<b>Form</b>	Endorsement for Form 80-SPEP-291		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/03/2008  
Submitted Date 10/03/2008

Respond By Date

Dear Jerry Alexander,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Certification/Notice (Supporting Document)

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filing submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/06/2008  
Submitted Date 10/06/2008

Dear Linda Bird,

### Comments:

#### Response 1

Comments: Enclosed is the requested assurance regarding Arkansas Code 23-79-138 and Certification that the submission meets the requirements of Rule 19 s 10B and all applicable requirements of the Department.

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### **Related Objection 1**

Applies To:

- Certification/Notice (Supporting Document)

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 19s10B requires that all new or revised filing submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### **Changed Items:**

#### **Supporting Document Schedule Item Changes**

Satisfied -Name: Required Certifications

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Beth Pestka, Virginia Kiddle

SERFF Tracking Number: BBLB-125827519 State: Arkansas  
 Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40350  
 Company Tracking Number: FCCLA/80-SPEP-291  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
 Product Name: 80-SPEP-291  
 Project Name/Number: FCCLA/80-SPEP-291/FCCLA/80-SPEP-291

## Form Schedule

Lead Form Number: 80-SPEP-291

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	80-SPEP-291	Policy/Cont	Level Term Life ract/Fratern Insurance to Age 25 al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		65	Sample_Contract_80-SPEP-291.pdf
	E-SPEP-798	Policy/Cont	Endorsement for ract/Fratern Form 80-SPEP-291 al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59	FCCLA E-SPEP-798.pdf

# First **Catholic** Slovak Ladies **Association** of the United States of America



**A Fraternal Benefit Society • Since 1892  
Cleveland, Ohio 44122**

The Association will pay a Death Benefit to the Beneficiary upon the death of the Insured while this contract is in force. Payment of the Death Benefit or the exercise of the rights and options in this contract shall be in accordance with the terms and provisions of this contract. The contract is issued in consideration of: (1) The Application, a copy of which is included in and made a part of the contract; and (2) payment of the premium shown on page 3 of this contract.

**Right to Cancel.** The Owner may cancel this contract by: (1) delivering or mailing a written notice or sending a telegram to: (a) the Association at its Home Office, 24950 Chagrin Boulevard, Cleveland, Ohio 44122; or (b) the representative through whom the contract was purchased; and (2) return of the contract before midnight of the twentieth day after the date the contract was received by its Owner. Notice and return of the contract by mail is effective on being postmarked, properly addressed, with prepaid postage. The Association will return all amounts paid within ten days after the date of receipt of the notice and contract. Cancellation will void this contract as if it had never been issued.

Signed at the Home Office of the Association on the Date of Issue.

Secretary

President

## **LEVEL TERM LIFE INSURANCE TO AGE 25 CONTRACT**

Death Benefit paid upon the death of the Insured while this contract is in force.

Annual Dividends may be paid. Convertible. Schedule of Benefits and Premiums on page 3.

Premiums may change in years after the first when the mode is other than single premium.

Premium Change provision on page 4.

## **INDEX**

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A copy of the Application and any Amendment or Endorsement follows page 8.

## **DEFINITIONS**

**Age.** Age, as used in this contract, means nearest birthday. The Insured's Age on the contract Date of Issue is shown on page 3. During any contract year, Age is the Insured's Age on the anniversary at the start of that year.

**Anniversary.** Each annual interval from the Date of Issue.

**Application.** The forms received by the Association that resulted in the issue of this contract. A copy of the Application is included in this contract.

**Association.** First Catholic Slovak Ladies Association of the United States of America. A Fraternal Benefit Society that: is organized under the laws of the State of Ohio; has no capital stock; has a representative form of government; is not for profit; and, functions for the mutual benefit of its members and their beneficiaries.

**Beneficiary.** The Beneficiary shall be as stated in the Application. The Owner may change the Beneficiary as provided in this contract.

**Date of Issue.** The effective date of this contract. All contract years and anniversaries are measured from this date. All periods of insurance begin and end at 12:01 A.M., standard time, at the place where this contract was delivered.

**In Writing, Written.** A written form that is dated and signed by the Owner. All communications to the Association should include the name of the Insured and, if available, the contract number.

**Insured.** The person whose life is insured by this contract. The Insured is named in the Schedule and Application.

**Owner.** The Owner of this contract shall be: (1) the Insured if Age 16 or older on the Date of Issue; or (2) the person signing the Application as applicant, or duly appointed designee, when the Insured is under Age 16 on the Date of Issue. The Owner may be changed as provided in this contract. When this contract is issued for delivery in New York, the Insured, if under Age 16 on the Date of Issue, shall become the Owner, automatically, on his or her 16th birthday.

## SCHEDULE

When the Premium Mode is other than Single Premium, premiums are payable, during the lifetime of the Insured, for a period that: (1) begins on the Date of Issue; and (2) ends when premiums have been paid to the anniversary nearest the Insured's 25th birthday.

Benefit	Mode Premium	Payable
Level Term Life Insurance to Age 25 (1) then not to exceed a maximum of:	<b>\$30.00</b> <b>\$47.50</b>	for one year, to Age 25

(1) When the Premium Mode is other than Single Premium, premiums for this benefit may change in contract years after the first, as provided in the Premium Change provision on page 4. Premium, as a result of any such change, will not exceed the maximum premium shown above.

BENEFICIARY: - Primary	DOE, MARY	- MOTHER	100%
- Contingent	DOE, JOHN E	- FATHER	100%

INSURED: **JOHN DOE**

CONTRACT NUMBER: **215005569**

AGE AND SEX: **1 Male**

FACE AMOUNT: **\$25,000.00**

PREMIUM MODE: **Annual**

DATE OF ISSUE: **November 01, 2004**

PREMIUM CLASS: **Standard Non-Smoker**

BRANCH: **S010 CLEVELAND, OH**

### LEVEL TERM LIFE INSURANCE TO AGE 25 CONTRACT

Death Benefit paid upon the death of the Insured while this contract is in force.  
Annual Dividends may be paid. Convertible. Schedule of Benefits and Premiums on page 3.  
Premiums may change in years after the first when the mode is other than single premium.  
Premium Change provision on page 4.

## **PREMIUM**

**Payment.** The first mode premium is due on the Date of Issue; it may be paid with the Application or on the Owner's receipt of this contract. When the Premium Mode is other than Single Premium, each mode premium, after the first, is due at the end of the period for which the preceding premium was paid; the premium due date will be the first day of the new premium period. Premiums may be paid: (1) at the Home Office; or (2) to an authorized representative in exchange for a receipt. A receipt will be provided for any premium paid, on request; the receipt will be signed by an officer and the person receiving the payment.

**Premium Change.** When the Premium Mode is other than Single Premium, the Association may change the premium for the contract after the first contract year. The premium will not be greater than the maximum premium shown on page 3 as a result of any such change.

The Association will review premiums to determine any change: (1) not more often than once each year; and (2) not less often than once every five years. Any change will be effective on the anniversary that first follows the date of the change. A change will be based on changes in the Association's future expectations for: investment earnings; mortality; persistency; and, expenses. No change will occur because of a change in the Insured's health or occupation.

Any change will be made on a like basis for all contracts: (1) issued on this form to insureds of the same Age and premium class; and (2) in force for the same length of time. When this contract is delivered in the State of New York, any change will be determined in accordance with procedures and standards on with the New York Department of Insurance.

**Grace Period.** When the Premium Mode is other than Single Premium, a Grace Period of 31 days will be provided for the payment of each due premium, after the first. This contract will continue in force during a Grace Period. Premium for a period of one month will be deducted from the Death Benefit in the event of the Insured's death during a Grace Period. When a due premium is not paid by the end of its Grace Period, this contract will lapse, without value, as of the premium due date.

**Reinstatement.** When the Premium Mode is other than Single Premium, the Association will reinstate this contract: (1) during a period of five years from the date of the first past due premium; (2) during the Insured's lifetime; (3) upon receipt of evidence of the Insured's insurability satisfactory to the Association; and (4) upon receipt of payment for all past due premiums with compound interest on each at a rate of 6.0% per year.

**Mode Change.** When the Premium Mode is other than Single Premium, the Owner may change the mode for premium payment to any mode available at the time of the request. A premium must be due on each subsequent anniversary as a result of any change.

**Suspension or Expulsion.** In the event of the suspension or expulsion of the Insured, the Owner may continue this contract in force; except, when the Association has terminated this contract, during the contestable period, for a material misrepresentation in the Application. When the Premium Mode is other than Single Premium, such continuation shall be by the payment of each premium as due; except, when the contract has lapsed for non-payment of a due premium.

## CONVERSION

**Benefit.** The Owner may convert the term life insurance then provided by this contract to a new life insurance contract for the Insured at any time: (1) while this contract is in force; and (2) not later than the anniversary nearest the Insured's 25th birthday. Evidence of insurability will not be required. The face amount of insurance for the new contract may not exceed two times the then face amount of insurance for this contract; except, when this contract is issued for delivery in New York, the face amount of insurance may not exceed the then face amount of insurance for this contract.

**New Contract.** The plan of insurance may be any the Association then issues: (1) at the then Age of the Insured; and (2) for the face amount of insurance for the new contract. The conversion date will be the Date of Issue. Premium will be determined from the table of rates for the new plan then in use. The premium class will be the same as that for this contract. The periods of time stated in the Suicide and Incontestable provisions will be deemed to have been met to the extent of the period of time that this contract was in force. A Rider, for which a premium is charged, may be included only with the consent of the Association.

## DEATH BENEFIT

**Payment.** The Death Benefit will be paid in not more than 30 days after the Association receives due proof of the Insured's death. A statement of claim from the Beneficiary will be required. Return of this contract may be required. Payment will be in one sum unless, prior to the death of the Insured, the Owner directs Settlement Option payment. In the absence of specific authorization to do so, the Beneficiary may not change or modify such Settlement Option payment. When payment is to be in one sum, the Beneficiary may elect Settlement Option payment: (1) prior to payment in one sum; and (2) within one year after the date of the Insured's death. Payment will be in shares when the designation of Beneficiary does not specify the share of each of two or more Beneficiaries. To the extent permitted by law, payment will not be subject to the claims of creditors.

When the Premium Mode is other than Single Premium, the Association will: (1) refund any premium paid beyond the contract month in which death occurs; or (2) deduct premium for a period of one month, when death occurs during the Grace Period for payment of a due premium.

**Interest.** The Association will pay interest on the Death Benefit, at the rate then paid, from the date of death to: (1) the date of payment in one sum; or (2) the effective date of any Settlement Option. The rate will not be less than the greater of: (1) 4.5%; or (2) the rate that may be required by law in the jurisdiction where this contract was delivered.

**Suicide.** The Death Benefit will be the Single Premium paid or the sum of the mode premiums paid, less any dividend paid in cash, in the event of the death of the Insured by suicide within a period, measured from the Date of Issue, of the lesser of: (1) two years; or (2) as may be provided by law in the jurisdiction where this contract was delivered.

**Amount.** The Death Benefit will be the amount determined as the sum of:

1. the Face Amount of insurance then in force;
- plus 2. any Dividend Accumulation;

**Action at Law.** An action at law or equity may not commence more than six years after the date of the cause for the action.

## SETTLEMENT OPTIONS

**Settlement.** Part or all of amounts payable under this contract may be paid: (1) under any of the options that follow; or (2) on any basis the Association may agree to. The amount may not be less than the then required minimum for the option. The payee must be acceptable to the Association when other than a natural person.

**Option A - Interest Income.** Interest will be paid on the amount settled under this option at the frequency elected. The payee may make withdrawals from the amount held unless prohibited by the agreement.

**Option B - Payments of a Specified Amount.** Payments will be made in the amount and at the frequency elected. The payment amount: (1) may not be less than \$50; and (2) must be such that the amount settled under this option, with interest credits, will be paid in a period of not more than 30 years. The last payment will be for any balance not greater than the payment amount.

**Option C - Payments for a Specified Period.** Payments will be made for the period and at the frequency elected. The period may not be longer than 30 years. The payment amount may not be less than \$50. Payment amounts for years not shown in the table will be provided on request.

Monthly Payment Amounts, per \$1,000

<u>Years</u>	<u>Amount</u>	<u>Years</u>	<u>Amount</u>
1	\$85.03	10	\$10.29
2	43.45	15	7.58
3	29.60	20	6.26
4	22.68	25	5.49
5	18.54	30	5.00

**Option D - Payments for Life.** Payments will be made for the lifetime of the payee at the frequency elected. Payments may: (1) stop at the death of the payee; or (2) be guaranteed for a period of 10, 15 or 20 years from the date of the first payment. The amount of each payment will be based on: (1) the age of the payee on the date for the first payment; and (2) the guaranteed period, if any, elected. Payment amounts for ages not shown in the table will be provided on request. If, at any age, payment amounts are the same for two or more guaranteed periods, the longer period will apply, automatically.

Payment amounts are based on: (1) the 1983a Individual Annuity Mortality Tables; and (2) interest at a rate of 4.5%.

Monthly Payment Amounts, Per \$1,000

<u>Age</u>	<u>Guaranteed Period</u>			
	<u>None</u>	<u>10 Years</u>	<u>15 Years</u>	<u>20 Years</u>
50	\$5.17	\$5.11	\$5.04	\$4.95
55	5.59	5.49	5.38	5.22
60	6.16	5.99	5.79	5.52
65	6.98	6.63	6.25	5.81
70	8.12	7.41	6.72	6.03
75	9.72	8.26	7.12	6.17

**Agreement.** A written agreement will be prepared for any amount settled under an option. The agreement will:

(1) state the terms and conditions under which payments will be made; (2) include the rights and options of the payee; and (3) name the beneficiary for any remaining amount to be paid at the death of the payee.

**Interest.** Interest will be credited to amounts held under an option at the rate declared by the Association. The rate will not be less than 4.5% per year. Any present values will be determined at a compound rate of 4.5% per year.

**More Favorable Payment Amounts.** The Association will substitute, automatically, for the benefits provided by the options in this contract any more favorable benefits then provided by: (1) Settlement Option; or (2) single premium immediate annuity contract.

**Payment Frequency.** Payments may be made on an annual, semi-annual, quarterly or monthly basis. The frequency may not be changed after payments start. Monthly payment amounts are shown in the option tables. Amounts for annual, semi-annual or quarterly payments may be determined by multiplying the monthly amount by 11.76, 5.94 or 2.94 respectively.

**When Payments Begin.** The first payment will be made: (1) at the end of the first period for Option A, or (2) on the date of the agreement for Options B, C and D.

**Proof of Age or Survival.** The Association may require: (1) proof of the age of the payee at time of settlement; or (2) proof that the payee is living at any time while payments are being made.

**Withdrawal.** When expressly permitted by the terms of the agreement, the payee may withdraw in one sum: (1) all or part of the amount then held under Option A, or (2) the present value of any remaining payments under Options B or C.

**Assignment.** To the extent that may be permitted by law, amounts payable under an option may not be assigned, attached or otherwise encumbered when:

(1) payment under the option was directed by the Owner prior to the death of the Insured; and (2) the payee is other than the Owner.

**Death of Payee.** In the event of the death of the payee, the Association will pay in one sum: (1) the amount then held under Option A; (2) the present value of any remaining payments under Options B or C; or (3) the present value of any payments remaining to complete any guaranteed period under Option D. Payment will be to: (1) the beneficiary named in the agreement or as later changed; or (2) the estate of the payee when there is no beneficiary named or surviving.

## ***DIVIDENDS***

**Payment.** This contract will share in the divisible surplus of the Association each year; such dividend, if any, shall be as determined by the Association. Provided all due premiums, if any, have been paid for that year, the Owner may elect to apply the dividend under one of the following options.

- 1. Cash.** The dividend will be paid to the Owner in cash.
- 2. Premium Reduction.** When the Premium Mode is other than Single Premium, the dividend will be applied: (1) if sufficient, to pay the premium then due, any excess will be paid to the Owner in cash; or (2) to reduce the premium then due, the amount of premium remaining must be paid before the end of the Grace Period or the dividend will be paid to the Owner in cash.
- 3. Accumulate.** The dividend will be held on deposit at compound interest. The rate of interest shall be

as declared by the Association; the rate will not be less than 4.5% per year. The Owner may withdraw part or all of the accumulation at any time by Written request. In the event of the termination of this contract, any then accumulation will be paid to the Owner in one sum.

**Option Election.** The option shall be as elected in the Application. The Owner may change the option by Written notice. Any change will apply only to dividends as may be credited after the Association receives the notice.

**Automatic Option.** Any dividend will be applied, automatically, under Option 3 when the Owner has not elected an option within 60 days after the Association sends notice of dividend.

## ***THE CONTRACT***

**Entire Contract.** The entire contract, between the Association and the Owner, shall consist of: (1) this contract; (2) the copy of the Application and any Amendment or Endorsement included in this contract; and (3) the Association's Charter, Articles of Incorporation and Bylaws. The Charter, Articles of Incorporation and Bylaws shall govern and control this contract at all times. Any duly enacted change in such documents, which takes effect after the Date of Issue of this contract, shall be binding and will thereafter govern and control this contract in all respects; no such change will reduce the benefits provided by this contract on its Date of Issue.

**Representations.** All statements in the Application are considered to be representations and not warranties. During the contestable period, no statement other than those in the Application will be used: (1) to contest this contract; or (2) to defend against a claim.

**Incontestable.** This contract shall not be contestable after it has been in force for a period of two years from its Date of Issue, during the lifetime of the Insured; except, for nonpayment of any due premium.

**Modification or Change.** This contract may be modified or changed only with the written consent of the Association. No representative or other person has authority to: (1) change this contract; or (2) waive any of the contract terms or provisions.

**Incorrect Age.** Any amount to be paid on this contract may be adjusted if the Insured's date of birth is not correctly stated in the Application. The amount paid will be that provided by the premium paid, based on the correct Age on the Date of Issue.

**Maintenance of Solvency.** The Association may not change: (1) the benefits provided by this contract on its Date of Issue; or (2) the Single Premium or maximum mode premium for this contract as shown on page 3. Should a deficiency occur which would impair the solvency of the Association, the Association will

determine an equitable share of the deficiency, if any, for this contract. The determination shall be as provided by law, if any, in the jurisdiction where this contract was delivered. The Owner shall not be personally responsible for the share; the share shall be against the equity of this contract. The Owner may pay the share in cash; if not paid, the share will bear interest at a compound rate of 5.0% per year and will be deducted from any benefit payable. In lieu of or in combination with such accumulation, the Owner may request a reduction in benefits proportionate to the amount of the share.

**Governing Laws.** This contract is subject to the laws of the jurisdiction in which it was delivered. If part of it does not follow those laws, it will be treated as if it did. Such laws shall, at all times, govern the rights and obligations of (1) the Association; (2) the Owner; and (3) all others who may make a claim against this contract.

## **CONTROL OF THE CONTRACT**

**Membership.** The rights and privileges of membership in the Association are: (1) personal to the Insured; (2) not subject to transfer or assignment; and (3) separate from the ownership of this contract.

**Owner.** The Owner may exercise the rights and options of this contract. Unless, such rights or options have been reserved by assignment.

**Change of Owner.** While this contract is in force, the Owner may: (1) name a new Owner; or (2) when the Owner is other than the Insured, name a designee to become Owner in the event of the Owner's death. A change in Owner or designee must: (1) be In Writing; and (2) be made during the Insured's lifetime. A change will not be effective until received by the Association. Upon receipt, the change will be effective on the later of: (1) the date signed; or (2) such later date as may be requested by the Owner. Any benefit paid or action taken by the Association prior to receipt of the change shall not be affected. In the event of the death of an Owner other than the Insured without a designee, the Insured shall be the Owner.

**Change of Beneficiary.** The Owner may change the Beneficiary. A change must: (1) be In Writing; and (2) be made during the lifetime of the Insured. A change will

be effective as of the date signed upon receipt at the Home Office of the Association even though the Insured may not be living on the date of such receipt. Any benefit paid or action taken by the Association prior to receipt of the change will not be affected.

**Death of Beneficiary.** Unless otherwise provided by the Owner, the interest of a Beneficiary in this contract ends at death, when death occurs: (1) prior to the death of the Insured; or (2) within 15 days after the date of the Insured's death and prior to payment of the Death Benefit. Only those Beneficiaries who survive the Insured, as provided above, will be eligible to share in the Death Benefit. If no Beneficiary survives the Insured, the Death Benefit will be paid to: (1) the Owner, if then living; or (2) the Owner's estate, when the Owner is not then living.

**Assignment.** The Owner may assign as collateral all or specific rights or benefits provided by this contract. An assignment will not take effect until the Association receives Written notice from the Owner. The Association can assume no responsibility for the validity or effect of any assignment. The rights of a revocable Beneficiary will be subordinate to those of an assignee.

**Copy of  
Application  
Any Amendment or Endorsement**

*This page intentionally left blank.*

## ***ENDORSEMENTS***

This Certificate is a legal contract between the Association and the Insured Member. **READ YOUR CERTIFICATE CAREFULLY.**

First **Catholic** Slovak  
Ladies **Association**  
of the United States of America

*A Fraternal Benefit Society • Since 1892  
Cleveland, Ohio 44122*

**LEVEL TERM LIFE INSURANCE TO AGE 25 CONTRACT**

**Death Benefit paid upon the death of the Insured while this contract is in force.  
Annual Dividends may be paid. Convertible. Schedule of Benefits and Premiums on page 3.  
Premiums may change in years after the first when the mode is other than single premium.  
Premium Change provision on page 4.**

***IMPORTANT NOTICE***

**Read the Contract Carefully.** The Association has issued this contract in the belief that the information shown in the Application is correct and complete. The rights and obligations of the Owner and the Association are included in this Contract. An index to the contents of this contract is included on page 2. On request, the Association will answer any questions regarding this contract.

***A WORD TO THE INSURED MEMBER***

Please include the contract number in correspondence to the Association.  
Please provide the Association with notice of any change of address.

**First Catholic Slovak Ladies Association  
24950 Chagrin Blvd.  
Cleveland, Ohio 44122**

First **Catholic** Slovak  
Ladies **Association**  
of the United States of America  
A Fraternal Benefit Society

**ENDORSEMENT**

Attached to and made a part of the contract on the contract Date of Issue.

The last sentence, in the Benefit paragraph in the Conversion provision, is hereby deleted and the following sentence inserted in its place:

"The face amount of insurance for the new contract may not exceed the then face amount of insurance for this contract."

In all respects, the terms and provisions of the contract shall continue without change.

  
Secretary

  
President



SERFF Tracking Number: BBLB-125827519 State: Arkansas  
Filing Company: First Catholic Slovak Ladies Association of the United States of America State Tracking Number: 40350  
Company Tracking Number: FCSLA/80-SPEP-291  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
Product Name: 80-SPEP-291  
Project Name/Number: FCSLA/80-SPEP-291/FCSLA/80-SPEP-291

## Supporting Document Schedules

**Review Status:** 09/22/2008  
**Satisfied -Name:** Certification/Notice  
**Comments:**  
**Attachments:**  
80-SPEP-291 Readability Cert.pdf  
FCSLA E-SPEP-798 Readability.pdf

**Review Status:** 09/22/2008  
**Satisfied -Name:** Application  
**Comments:**  
**Attachment:**  
FCSLA App-2005-AR.pdf

**Review Status:** 09/22/2008  
**Satisfied -Name:** Authorization  
**Comments:**  
**Attachment:**  
FCSLA Authorization.pdf

**Review Status:** 09/22/2008  
**Satisfied -Name:** Statement of Variability  
**Comments:**  
**Attachments:**  
Statement of Variability 80-SPEP-291.pdf  
Statement of Variability E-SPEP-798.pdf

**Review Status:** 10/06/2008  
**Satisfied -Name:** Required Certifications  
**Comments:**  
**Attachments:**





READABILITY CERTIFICATION

A. Form

Form No.

Level Term Life Insurance to Age 25 Contract

80-SPEP-291

[ ] Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

[x] Score shown in D, below, is for the form listed.

B. [x] Test applied to entire form.

[ ] Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

All Forms

[x] the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

[x] the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

[x] the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

[x] the section titles are captioned in bold face or otherwise stand out significantly from the text.

[x] unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

Policy Forms Only

[x] the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

[x] a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 65.3

Number of:

Ratio of:

Sentences: 291

Words to Sentences: 12.7835

Words: 3,720

Syllables to Words: 1,5196

Syllables: 5,653

Bruce and Bruce Company

Consulting Actuaries for

First Catholic Slovak Ladies Association of the United States of America

By *Gene J. Drotleff*

Date August 9, 2007

READABILITY CERTIFICATION

A. Form

Form No.

Endorsement

E-SPEP-798

Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

Score shown in D, below, is for the form listed.

B.  Test applied to entire form.

Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

All Forms

the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

the section titles are captioned in bold face or otherwise stand out significantly from the text.

unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

Policy Forms Only

the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 58.67

Number of:

Ratio of:

Sentences: 4

Words to Sentences: 18.000

Words: 72

Syllables to Words: 1.500

Syllables: 108

Bruce and Bruce Company  
Consulting Actuaries for

First Catholic Slovak Ladies Association of the United States of America

By 

Date May 14, 2008

A Fraternal Benefit Society 24950 Chagrin Boulevard, Beachwood, OH 44122 1-800-464-4642

Is the applicant a member of the First Catholic Slovak Ladies Association? Yes \_\_\_ No \_\_\_ If not, apply for membership.

Branch # \_\_\_\_\_ Location \_\_\_\_\_ Certificate # \_\_\_\_\_

**1. Proposed Insured**

Name: \_\_\_\_\_  
First Middle Last Suffix  
 Address: \_\_\_\_\_  
 Maiden Name if Female: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Telephone # (\_\_\_\_\_) \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. Plan of Insurance, Benefits, and Riders**

Plan Name/Type: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
 Additional Benefits/Riders: \_\_\_\_\_ Amount Paid with Application: \$ \_\_\_\_\_  
 Mode: \_\_\_ Annual \_\_\_ Semi-Annual \_\_\_ Quarterly \_\_\_ Monthly \_\_\_ Single Modal Premium: \$ \_\_\_\_\_  
**CERTIFICATE TO BE DATED:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Automatic Premium Loan? \_\_\_ Yes \_\_\_ No  
 Dividend option, if participating: (check one)  
 \_\_\_ Purchase Dividend Additions \_\_\_ Accumulate \_\_\_ Cash \_\_\_ Reduce Premium

**3. Owner Information (If other than Proposed Insured)**

Name: \_\_\_\_\_ Relationship to Proposed Insured: \_\_\_\_\_  
First Middle Last  
 Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

**4. Beneficiary Designation (If more space is needed use an additional sheet. Date, sign and attach to this application.)**

Name	Relationship to Proposed Insured	Date of Birth	Social Security #	Share
Primary:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Contingent:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**5. Existing Life Insurance Information**

Other Life Insurance in force? \_\_\_ Yes \_\_\_ No If Yes, total amount: \$ \_\_\_\_\_  
 Are other applications pending with any insurer? \_\_\_ Yes \_\_\_ No  
 Will this application change or replace any existing life insurance or annuity? \_\_\_ Yes \_\_\_ No  
 If Yes, List the insurer and the policy number. \_\_\_\_\_

**6. Health History, Current Health, Personal Physician Information**

a) Has the Proposed Insured used tobacco in any form during the past 12 months? \_\_\_ Yes \_\_\_ No

b) In the last five years, has the Proposed Insured received, or is the Proposed Insured now receiving, medical or surgical care or treatment for: cancer, tumor or malignancy; diabetes, heart or circulatory disease or disorder; high blood pressure; alcohol or drug abuse; enlarged lymph nodes; stroke; epilepsy, mental or nervous disease or disorder; or, disease of the blood, kidneys, liver, lung, stomach or intestines? \_\_\_ Yes \_\_\_ No

c) Has the Proposed Insured ever been treated or diagnosed by a physician for Acquired Immune Deficiency Syndrome (AIDS); Aids Related Complex (ARC); or positive HIV test? \_\_\_ Yes \_\_\_ No

If 'Yes' to any item(s) above, circle condition(s) and give details, including dates and name, address & phone number of each doctor. If additional space is needed, use a separate sheet. Date, sign and attach to this application.

d) To the best of your knowledge and belief, is the Proposed Insured now in good health and free from any defect or impairment? \_\_\_ Yes \_\_\_ No

If 'No', list details. If additional space is needed, use a separate sheet. Date, sign and attach to this application.



**AUTHORIZATION**

**I AUTHORIZE** any of the following that have any records or information regarding the Proposed Insured, including driving records or controlled substance or alcohol abuse, to provide such records or information to The First Catholic Slovak Ladies Association of the USA, its legal representative(s), or its reinsurer(s): (1) any licensed physician or medical practitioner; (2) any hospital or clinic, medical or medically related facility; or (3) the Medical Information Bureau, consumer reporting agency or other such organization, insurer or reinsurer, employer, institution, government agency or person.

**I UNDERSTAND THAT:** (1) on request, I may receive a copy of this authorization; and (2) the information obtained by use of this authorization will be used: (a) to determine the eligibility of the Proposed Insured for insurance, or (b) to determine eligibility for benefits in the event of a claim.

**I AGREE** that this authorization, or a copy, shall be valid for a period of 24 months from the date shown below.

\_\_\_\_\_  
*Printed Name of Proposed Insured*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Proposed Insured (Parent or Guardian if Applicant is under age 16)*

\_\_\_\_\_  
*Agent/Witness*

**Fieldworker/Recommender's Interrogatory**

To the best of your knowledge and belief, will the insurance now applied for replace or change any insurance or annuity?    \_\_\_Yes    \_\_\_No

\_\_\_\_\_  
*Signature of Fieldworker/Recommender/Agent      License ID#*

\_\_\_\_\_  
*Fieldworker/Recommender/Agent Printed Name      License ID#*

**Office of the Medical Examiner**

Instructions:

I hereby approve this application.

\_\_\_\_\_  
FCSLA Medical Examiner

\_\_\_\_\_  
Date

Certificate Mailed to: \_\_\_\_ Branch \_\_\_\_ Owner \_\_\_\_ Insured \_\_\_\_ Other: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ By: \_\_\_\_\_

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION**  
**of the United States of America**  
A Fraternal Benefit Society  
Cleveland, Ohio 44122

**AUTHORIZATION**

Bruce and Bruce Company, Consulting Actuaries, 916 Sherwood Drive, Lake Bluff, Illinois 60044-2284, is hereby authorized to file insurance and insurance related forms on behalf of the First Catholic Slovak Ladies Association of the United States of America. Bruce and Bruce Company is also authorized to represent the First Catholic Slovak Ladies Association of the United States of America, by telephone, FAX or letter or email, in matters relating to such filings.

Date: June 16, 2008

Mary Ann Johaneċ  
National President

**First Catholic Slovak Ladies Association  
of the United States of America**

**Statement of Variability**

**Form 80-SPEP-291**

Page 1 (Cover Page):

The Home Office city and state may change if the Society moves its Home Office.

The names of the Officers may change if the Society elects new officers.

Page 3:

The Mode Premium is based on the Face Amount of insurance.

The Beneficiary is designated by the applicant in the application.

The Insured information is based on the information in the application.

The Premium Class is based on the Home Office Underwriting.

The Branch is based on the location of the insured.

The Contract Number is assigned by the Society Home Office.

Last Page:

The Home Office address may change if the Society moves its Home Office.

**First Catholic Slovak Ladies Association  
of the United States of America**

**Statement of Variability**

**Form E-SPEP-798**

The names of the Officers may change if the Society elects new officers.

,

First Catholic Slovak Ladies Association of the United States of America

Compliance with Arkansas Code 23-79-138 and Bulletin 6-87 and  
Bulletin 11-88

As a newly licensed Society in Arkansas, the First Catholic Slovak Ladies Association of the United States of America will comply with Arkansas Code 23-79-138 and Bulletin 6-87 and Bulletin 11-88 when it begins issuing policies in Arkansas.



October 6, 2008  
Date

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Authorized Consultant

First Catholic Slovak Ladies Association of the United States of America

Certification Regarding Rule 19 section 10B

On behalf of the First Catholic Slovak Ladies Association of the United States of America, I certify that the Forms submission meets the requirements of Rule 19 section 10B, as well as all applicable requirements of the Department.



October 6, 2008

Date

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Authorized Consultant