

<i>SERFF Tracking Number:</i>	<i>ULCC-125825538</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Union Labor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40385</i>
<i>Company Tracking Number:</i>	<i>RTL-0308</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>ULLG-RTL-0308</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Union Labor Life Insurance Company

Product Name: ULLG-RTL-0308

SERFF Tr Num: ULCC-125825538 State: ArkansasLH

TOI: L04G Group Life - Term

SERFF Status: Closed

State Tr Num: 40385

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: RTL-0308

State Status: Approved-Closed

Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Karen Whitham

Disposition Date: 10/31/2008

Date Submitted: 09/22/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

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: Large

Overall Rate Impact:

Group Market Type: Association, Discretionary,
Trust, Other

Filing Status Changed: 10/31/2008

State Status Changed: 10/31/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The enclosed forms are submitted for your review and approval. These are new forms and do not replace any existing forms.

Also enclosed are rates and actuarial memorandum for this product.

SERFF Tracking Number: ULCC-125825538 State: Arkansas
Filing Company: The Union Labor Life Insurance Company State Tracking Number: 40385
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TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: ULLG-RTL-0308
Project Name/Number: /

Policies will be issued to various labor union organizations situated in the District of Columbia. Certificates will be provided to individual members on a voluntary basis. Additionally, coverage may be offered to individual members, retired members and former members of unions through a policy issued to a trust. Coverage will be offered through direct response mail. No agents will be involved.

The coverage provided is group term life insurance, with 15, 20, or 25 year term periods. At the end of the term period, the insured may renew the coverage for another term period, subject to evidence of insurability and age restrictions; or may renew coverage for an additional one-year period up to age 85 without evidence of insurability. Variable provisions are bracketed.

Applicants for this product will use member application form ULLGA-GI-0902, approved by the Department on February 10, 2003, or other application forms approved by the Department.

The insured may be offered the following optional riders, or with other riders approved by the Department, with this product:

- Accelerated Death Benefit for Terminal Illness Rider ULLGR-ADB-TI-0308.
- Accelerated Benefit for Organ Transplant Rider ULLGR-ADB-OT-0308.
- Children's Term Life Insurance Benefit Rider ULLGR-CTR-0308.
- Disability Waiver of Premium Benefit Rider ULLGR-DWP-0308.
- Return of Term Life Insurance Premium Benefit Rider ULLGR-ROP-0308.

All forms are in final print format.

Thank you for your consideration. Please let me know if you have any questions.

Company and Contact

Filing Contact Information

Karen Whitham,

kwhitham@ullico.com

SERFF Tracking Number: ULCC-125825538 State: Arkansas
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8403 Colesville Road (202) 682-4683 [Phone]
Silver Spring, MD 20910 (202) 682-4682[FAX]

Filing Company Information

The Union Labor Life Insurance Company CoCode: 69744 State of Domicile: Maryland
8403 Colesville Road Group Code: 781 Company Type: Life and Health
Silver Spring, MD 20910 Group Name: State ID Number:
(202) 682-0900 ext. [Phone] FEIN Number: 13-1423090

SERFF Tracking Number: *ULCC-125825538* State: *Arkansas*
 Filing Company: *The Union Labor Life Insurance Company* State Tracking Number: *40385*
 Company Tracking Number: *RTL-0308*
 TOI: *L04G Group Life - Term* Sub-TOI: *L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
 Product Name: *ULLG-RTL-0308*
 Project Name/Number: */*

Filing Fees

Fee Required? Yes
 Fee Amount: \$1,000.00
 Retaliatory? Yes
 Fee Explanation: Maryland filing fee = \$125/form.

7 forms @125/form = \$875
 rates/actuarial memos=\$125

Total: \$1000

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Labor Life Insurance Company	\$1,000.00	09/22/2008	22635338

SERFF Tracking Number: ULCC-125825538 State: Arkansas
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 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/31/2008	10/31/2008

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	Linda Bird	10/08/2008	10/08/2008	Karen Whitham	10/31/2008	10/31/2008

SERFF Tracking Number: ULCC-125825538 State: Arkansas
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Project Name/Number: /

Disposition

Disposition Date: 10/31/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ULCC-125825538 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Actuarial Memoranda		No
Supporting Document	Consent to File Rates		Yes
Form	Group Policy		Yes
Form	Group Certificate		Yes
Form (revised)	Policy/Certificate Rider		Yes
Form (revised)	Policy/Certificate Rider		Yes
Form	Policy/Certificate Rider		Yes
Form	Policy/Certificate Rider		Yes
Form	Policy/Certificate Rider		Yes
Form	Policy/Certificate Rider		Yes
Form	Policy/Certificate Rider		Yes
Form	Policy/Certificate Rider		Yes
Rate	Premiums		Yes

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Product Name: ULLG-RTL-0308
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/08/2008
Submitted Date 10/08/2008

Respond By Date

Dear Karen Whitham,

This will acknowledge receipt of the captioned filing.

Objection 1

- Policy/Certificate Rider (Form)
- Policy/Certificate Rider (Form)

Comment: Accelerated Benefit Riders issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/31/2008
Submitted Date 10/31/2008

Dear Linda Bird,

Comments:

Response 1

Comments: The accelerated benefit riders have been revised to move the tax consequences disclosure to the first page of the riders. The forms have been recoded ULLGR-ADB-TI-0308 AR and ULGR-ADB-OT-0308 AR.

Related Objection 1

Applies To:

- Policy/Certificate Rider (Form)

SERFF Tracking Number: ULCC-125825538 State: Arkansas
 Filing Company: The Union Labor Life Insurance Company State Tracking Number: 40385
 Company Tracking Number: RTL-0308
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life

Product Name: ULLG-RTL-0308

Project Name/Number: /
 - Policy/Certificate Rider (Form)

Comment:

Accelerated Benefit Riders issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Policy/Certificate Rider	ULLGR-ADB-TI-0308 AR		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		52	ULLGR-ADB-TI-0308 AR.pdf
Previous Version							
Policy/Certificate Rider	ULLGR-ADB-TI-0308		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		52	ULLGR-ADB-TI-0308.pdf
Policy/Certificate Rider	ULLGR-ADB-OT-0308 AR		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		53	ULLGR-ADB-OT-0308 AR.pdf
Previous Version							
Policy/Certificate Rider	ULLGR-ADB-OT-0308		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		53	ULLGR-ADB-OT-0308.pdf

No Rate/Rule Schedule items changed.

SERFF Tracking Number: *ULCC-125825538* *State:* *Arkansas*
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Company Tracking Number: *RTL-0308*
TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.213 Specified Age or Duration -*
Fixed/Indeterminate Premium - Single Life

Product Name: *ULLG-RTL-0308*
Project Name/Number: */*

Sincerely,
Karen Whitham

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 Company Tracking Number: RTL-0308
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: ULLG-RTL-0308
 Project Name/Number: /

Form Schedule

Lead Form Number: ULLG-RTL-0308

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ULLG-RTL-0308	Policy/Cont ract/Fraternal Certificate	Group Policy	Initial		52	ULLG-RTL-0308.pdf
	ULLC-RTL-0308	Certificate	Group Certificate	Initial		53	ULLC-RTL-0308.pdf
	ULLGR-ADB-TI-0308 AR	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Policy/Certificate Rider	Initial		52	ULLGR-ADB-TI-0308 AR.pdf
	ULLGR-ADB-OT-0308 AR	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Policy/Certificate Rider	Initial		53	ULLGR-ADB-OT-0308 AR.pdf
	ULLGR-CTR-0308	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page,	Policy/Certificate Rider	Initial		54	ULLGR-CTR-0308.pdf

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Product Name: ULLG-RTL-0308
 Project Name/Number: /

Endorsement or Rider

ULLGR-DWP-0308	Policy/Contract/Fraternal Rider	Initial	58	ULLGR-DWP-0308.pdf
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al
 Certificate:
 Amendment, Insert
 Page,
 Endorsement or Rider

ULLGR-ROP-0308	Policy/Contract/Fraternal Rider	Initial	54	ULLGR-ROP-0308.pdf
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al
 Certificate:
 Amendment, Insert
 Page,
 Endorsement or Rider



ADMINISTRATIVE OFFICE: 8403 Colesville Rd., Silver Spring, Maryland 20910

GROUP LIFE INSURANCE POLICY

GROUP POLICY NO.: [12345] POLICY DELIVERED IN: [District of Columbia]
EFFECTIVE DATE: [June 1, 2008] POLICY ANNIVERSARY DATE: [May 31, 2009]
POLICYHOLDER: [ABC Labor Union]

The consideration for this Policy is the application and the timely payment of the premium when due. We agree to pay benefits in accordance with all the provisions of this Policy. The Policy is issued to the Policyholder named above. It provides benefits to eligible persons becoming insured. Any payments are subject to all the terms and conditions of this Policy.

In the Policy The Union Labor Life Insurance Company will be called "we", "our", or "us". The person or persons covered under this Policy will be called the "Insured".

This Policy takes effect on the date shown above for the first Policy Year. Coverage continues unless it is canceled according to the terms of the When Coverage Stops section. All periods of insurance begin at 12:01 A.M., Standard Time at the Insured's address.

The terms contained on this and the following pages make up this Policy.

This Policy may be inspected at the office of the Policyholder. It is executed on the Effective Date shown above at our Executive Office.

[

Chairman and Chief Executive Officer

]

[

Countersignature of Licensed Resident Agent if Required]

**GROUP RENEWABLE LEVEL TERM LIFE INSURANCE
PARTICIPATING**

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POLICY SCHEDULE

Insurance benefits are determined by this Schedule and the terms of this Policy

BENEFIT	AMOUNT OF INSURANCE
[Term Life Insurance Benefit*	\$25,000
Labor Dispute Waiver of Premium Benefit	Waives the payment of premium during strikes or lockouts for up to one year
Accelerated Death Benefit For Terminal Illness	An amount chosen by the Insured not to exceed 100% of the available Face Amount
Accelerated Benefit For Organ Transplant	An amount chosen by the Insured not to exceed 50% of the available Face Amount

Optional Benefits:

Accidental Death Benefit (all accidents)	\$2,000
Workplace Accidental Death Benefit	\$2,000
Dependent Children Term Life Insurance Benefit	\$5,000
Disability Waiver of Premium Benefit	Waives the payment of premium in the event of Total Disability
Return of Premium Benefit	Provides for return of premium

*The Insured may renew his coverage for an additional [fifteen, twenty, twenty-five] years at the end of the Term Period and prior to attainment of Age [55, 60, 65]. This is explained in the Renewal Privilege of his Certificate.

Termination Age: 85]

PART I – DEFINITIONS

When used in this Policy the following words and phrases have the meaning given. The use of any personal pronoun includes both genders.

AGE means the Insured's current age on his last birthday. The Age on the Certificate Effective Date increases one year on each Certificate Anniversary.

BENEFICIARY means the person who receives payment of the death benefit. This is explained in the "WHO BENEFITS ARE PAID TO" provision.

CERTIFICATE ANNIVERSARY means any anniversary of the Certificate Effective Date.

CERTIFICATE EFFECTIVE DATE means the date the Certificate takes effect, as shown on the Certificate Schedule.

CERTIFICATE YEAR means the period beginning on a Certificate Anniversary and ending 12 months later on the next Certificate Anniversary.

[DOMESTIC PARTNER means the domestic partner of a Member where we have been furnished and accepted proof:

- a. Of financial interdependence such as joint bank accounts, joint credit cards, jointly owned property and beneficiary designations for life insurance or pension plans;
- b. Of co-habitation;
- c. Of a prior relationship of a least 6 months, with an expectation of a future commitment;
- d. Of attainment of the age of majority;
- e. That neither the Member or the domestic partner are legally married;
- f. That the Member is not related by blood to the domestic partner; and
- g. Of filing as domestic partners, if the Member is a resident of a city, municipality or other governing jurisdiction that allows for filing as domestic partners.

The Member is responsible for notifying us upon dissolution of the domestic partnership and of any change in the status of the proof furnished to us evidencing the domestic partnership.]

EVIDENCE OF INSURABILITY means a statement of the Insured's present and past medical history, on a form approved by us, that indicates he is acceptable for insurance, as we may determine.

INSURED means the person named in the Certificate Schedule who has been accepted by us, has paid the required premium, and is insured under this Policy.

ISSUE AGE means, on the Certificate Effective Date, the Insured's Age.

MEMBER means [an employee or member of a participating organization, association, labor union or other eligible entity.]

OWNER means the Owner of a Certificate. The Owner is named in the Certificate Schedule. Ownership is explained in PART X.

POLICY means the Group Policy. The Policy is the controlling contract under which the Certificate is issued. The Policy is held by the Policyholder.

POLICYHOLDER means the Group Policyholder. It is the entity which holds the Policy under which the Certificate is issued.

POLICY YEAR means the 12 month period ending on any Policy Anniversary.

PREMIUM means the payment the Insured makes to us for his insurance.

POLICY ANNIVERSARY means any anniversary of the date the Policy takes effect.

SPOUSE means the person to whom the Insured is lawfully married, or with whom the Insured has established a civil union pursuant to state law.

TERM PERIOD means a period of [fifteen, twenty, twenty-five] years. The first Term Period commences on the Certificate Effective Date. The Insured may renew his Certificate for a successive Term Period or Periods after the first, subject to the terms and conditions of the Renewal Privilege provision.

PART II - WHEN COVERAGE STARTS

WHO IS ELIGIBLE:

Eligible Persons: [All Members, and their Spouses or Domestic Partners who are between Age 18 and Age [54] [59] [64] will be eligible to apply for insurance under this Policy.]

WHEN COVERAGE STARTS:

This insurance takes effect only after two things happen:

1. We approve the Insured's application; and
2. We receive the first premium within 60 days of the Certificate Effective Date.

These two things must happen while the Insured is alive. Coverage then starts at 12:01 A.M. Standard Time at the Insured's home on the Certificate Effective Date.

RIGHT TO EXAMINE THE CERTIFICATE FOR 30 DAYS: The Insured may return the Certificate for any reason within 30 days of the Certificate Effective Date. Any premium paid is refunded. The Certificate is treated as if it never existed. No benefits are paid.

PART III – WHEN WE PAY A BENEFIT

We pay the Face Amount to the Beneficiary when the Insured dies while covered under the Policy. The Face Amount is shown on the Insured's Certificate Schedule. Before we pay, we must be given satisfactory proof of the Insured's death.

PART IV - HOW WE PAY BENEFITS

We pay all sums to the Insured's named Beneficiary. If the Insured names two or more Beneficiaries and he does not state their respective share of the benefits, the benefits will be divided equally. If any Beneficiary dies before the Insured, that Beneficiary's share will pass to the surviving Beneficiaries equally. The Insured may request benefits be paid in installments. If he does not make a request before his death, his Beneficiary may request payment in installments.

BENEFICIARY: The Beneficiary is identified on the Insured's application. If there is no named Beneficiary living when the Insured dies benefits are paid: (1) to his living Spouse; or (2) if he does not have one, in equal shares to his living, lawful children; or (3) if there are none, in equal shares to his living, lawful parents; or (4) if there is none, in equal shares to his living, lawful brothers and sisters; or (5) if there are none, to his estate. Spouse, in this provision, means only the one to whom the Insured is lawfully married, or with whom the Insured has an established civil union pursuant to state law, on the date of his death. Except in the case of a legal adoption, lawful children, parents, brothers and sisters do not mean "step" children, parents, brothers or sisters.

CHANGING THE BENEFICIARY: The Insured can name a permanent beneficiary. This is one that can never be changed unless the Beneficiary approves the change. Unless he does that, he can change his Beneficiary at any time. We must receive written notice of any change. We must acknowledge the change for it to be effective.

PART V - WHEN COVERAGE STOPS

Coverage under the Certificate stops on the earliest of the following events:

1. The Expiry Date shown in the Certificate Schedule;
2. The date the Insured dies;
3. The end of the 31 day Grace Period if the Insured fails to pay the premium when due;
- [4.] The date we pay the Accelerated Death Benefit for Terminal Illness when the benefit is based on 100% of the Available Proceeds;
- 5.] The date we receive the Insured's written request to cancel. (The provision entitled "Right to Examine Certificate for 30 Days" explains the rules for cancellation during the first 30 days the Certificate is in force. After that 30 day period we reserve the right to delay cancellation until the next monthly due date. The Insured may specify a later monthly premium due date to cancel. Any premiums paid beyond the date the cancellation is effective are refunded. No benefits are paid for any loss which occurs after the date coverage stops.); or
- [6.] The date the Group Policy ends.

Any refund due when coverage stops is paid to the Insured or his Beneficiary.

PART VI – RIGHT TO CONVERT

The Insured may exchange his Certificate for an individual whole life insurance policy on any form currently issued by us as of the date coverage terminates without disability, accidental death and dismemberment, waiver of premium, or other supplementary benefits. The amount of life insurance may not exceed the Face Amount in force under the Certificate at the time of conversion. The Insured's coverage must be in effect on the date the conversion is requested. The Insured may exchange on any premium due date following 31 days written notice to us. New Evidence of Insurability is not required. However, any application attached to the Insured's Certificate may be made a part of the converted policy. It may be used to contest benefits under the converted policy during the balance of time that it may be contested under the Certificate. Once the exchange has been made, coverage under the Insured's Certificate will end.

The new coverage is effective when we receive the first premium. The new premium is based on the Insured's Age at the time he converts to the new policy.

PART VII – RENEWAL PRIVILEGE

At the end of a Term Period and prior to Age [55, 60, 65], while coverage is in effect under this Policy, the Insured may apply to renew for an additional Term Period. The Insured must complete a new application and provide Evidence of Insurability satisfactory to us. The Face Amount will remain the same. The premium will be based on the Insured's Age at the time he renews his coverage.

At the end of a Term Period and on each Certificate Anniversary thereafter that is prior to the Expiry Date shown on the Certificate Schedule, while coverage is in effect under this Policy, the Insured may renew for an additional one year period. New Evidence of Insurability is not required. The Face Amount will remain the same. The premium will be based on the Insured's Age at the time he renews his coverage and will not exceed the Guaranteed Maximum Annual Renewal Premium shown on the Table attached to the Insured's Certificate.

PART VIII - HOW THE INSURED PAYS HIS PREMIUMS

PAYMENTS: The Insured keeps coverage in force by paying the premiums. Premium payments keep coverage in force for the premium payment period and during the Grace Period. The first premium is due prior to the Certificate Effective Date. After that, premiums are due on the first day of each renewal period as shown on the Certificate Schedule.

RIGHT TO ADJUST PREMIUM RATES: We may change rates by class on any date.

GRACE PERIOD: We allow a grace period of 31 days for the Insured to pay each premium due after the first one. Coverage continues during this grace period. If the Insured dies during the grace period, any premium due is deducted from the death benefit.

REINSTATEMENT: If coverage for an Insured stops because premiums have not been paid, it may be reinstated. This happens if the Insured:

1. makes written request for reinstatement;
2. sends satisfactory evidence of insurability;
3. is alive on the date of reinstatement; and
4. makes his request within [5 years] of when the premium was due and prior to Age 85.

The Insured must pay any unpaid premium plus interest. Certain benefits may not be reinstated.

UNEARNED PREMIUM REFUND: A refund of unearned premium is payable to the Insured's Beneficiary at the time of his death. Unearned premium is the part of any premium paid for a period beyond the month of the Insured's death.

PART IX - LABOR DISPUTE WAIVER OF PREMIUM

In the event the Insured (1) participates in a lawful strike authorized by his local union or (2) is locked out as the result of a labor dispute between his local union and employer, we will waive premiums as they become due. The Insured must be covered under the Certificate before the strike or lock-out begins. The waiver of premium begins on the next monthly premium due date following a 30-day waiting period after the date the strike or lock-out begins.

This benefit stops and premium payments resume on the earliest of:

1. one year from the date the waiver began;
2. the next premium due date after the strike or lock-out is resolved;
3. the next premium due date after the Insured returns to work; or
4. the next due date after the Insured's employment is terminated.

Notice and Proof of Strike or Lock-Out. Before benefits begin, we must receive at our Administrative Office, written notice and proof satisfactory to us of the strike or lock-out (i.e. verification from the Insured's labor union). Coverage must be in force before the date the strike or lock-out begins. Satisfactory proof of the status of the strike or lock-out must be given to us when and as often as we may reasonably require, but in no event less than every 30 days. We will stop providing benefits if proof is not provided.

The Insured must notify us as soon as the strike or lock-out is resolved; when the Insured returns to work or is offered the opportunity to return to work for his or her employer; or when the Insured's employment is terminated.

PART X - OTHER IMPORTANT INFORMATION

INCONTESTABILITY: A Certificate is "incontestable" after it has been in effect for 2 years from the Certificate Effective Date during the lifetime of the Insured. "Incontestable" means we may not deny benefits except for non-payment of premiums when due. Benefits may be denied during the first two years of the Insured's coverage if:

1. The Insured fails to give, to the best of his knowledge and belief, true and complete answers in the Application; or
2. The Insured's health or any other conditions affecting his insurability, as described in the Application, change between the Application Date and the Certificate Effective Date.

If the Certificate is reinstated, benefits may be denied during the first 2 years after the reinstatement date. This happens if the Insured failed to give, to the best of his knowledge and belief, true and complete answers in the reinstatement application.

THE CONTRACT: The Policy, the Policyholder's Application, any riders, and the Insured's Application make up the entire legal contract between the parties. A copy of the Insured's Application is attached to his Certificate when issued.

All statements made by an Insured are representations and not warranties. No statement will be used by us to contest a claim, unless it is contained in the Application completed by or on behalf of an Insured.

No change in this Policy will take effect until approved by one of our Officers. This approval must be attached to this Policy. No agent may change this Policy or waive any of its provisions.

INSURANCE DATA: The Policyholder shall give us any information which we require with regard to insurance under this Policy. All of the Policyholder's records on this insurance shall be open to us at all reasonable times.

CLERICAL ERROR: Neither record keeping errors nor delays in making entries shall keep this Policy in force or continue insurance which was validly terminated.

MISSTATEMENT OF AGE OR SEX: If the Insured's Age or sex or both are incorrectly stated, the benefits of the Certificate are changed to what the premium would pay for at the correct Age and sex. However:

1. If the Certificate would not have been issued if the Insured had correctly stated his Age or sex, the Certificate is treated as if it never existed. No benefits are paid. All premiums paid are refunded.
2. If coverage would have stopped if the Insured had correctly stated his Age, any premiums paid on or after the date the coverage would have stopped are refunded.

CERTIFICATES: We will issue a Certificate to each Insured describing the terms and benefits of this Policy.

ASSIGNMENT: The Insured's rights under the Certificate may be given to another by the Insured. This is called an "Assignment." We take no responsibility for the validity or effect of the Insured's actions. In order for us to honor the Insured's directions, we must receive a copy of any Assignment at our offices.

DIVIDENDS: This is a participating Policy. While it is in force, it is eligible for dividends. Each year we will determine our divisible surplus. The Insured's share, if any, is credited as a dividend on the Insured's next Certificate Anniversary. Any dividend will be paid in cash.

SUICIDE: If an Insured dies by suicide within two years following his Certificate Effective Date, the benefit is limited to the sum of all premiums paid by the Insured, without interest. This amount will be paid to the Beneficiary in a single sum.

OWNERSHIP: The Certificate belongs to the Insured unless another Owner is designated by the Insured. The Owner is named in the Certificate Schedule. During the Insured's lifetime the rights and privileges of the Certificate may be exercised solely by the Owner. This includes the right to change the Beneficiary and assign benefits.

CHANGE OF OWNERSHIP: The Owner has the right to transfer the Certificate to a new Owner by notifying us. The change in ownership is effective on the date the request is received at our offices. The change in ownership is subject to any actions taken prior to the date such request is received.

POLICY TERMINATION: [This Policy may be terminated by us or the Policyholder by written notification. The termination will take effect 90 days after such action.

[OR]

This Policy may only be terminated for the solicitation of new Insureds by us or the Policyholder by written notification. The termination will take effect 90 days after such action.]

POLICY AMENDMENT: We or the Policyholder may change this Policy from time to time by notifying the other party in writing. These changes can be made without the approval of the Insured or his Beneficiary, as long as the changes do not deprive the Insured or his Beneficiary of any claim under this Policy on the date the change takes place.



ADMINISTRATIVE OFFICE: 8403 Colesville Rd., Silver Spring, Maryland 20910

CERTIFICATE OF INSURANCE

This is a Term Life Insurance Certificate. It provides life insurance for the Term Period and a renewal privilege until you reach Age 85. In this Certificate, The Union Labor Life Insurance Company is referred to as "we," "our," or "us." The Insured is "you," "your," or "yours." The Group Policy is a legal contract. This Certificate explains your coverage under that Group Policy. The Group Policy Number and the name of the Policyholder are shown in the Certificate Schedule. The Policy may be inspected during business hours at the office of the Policyholder.

CERTIFICATE SCHEDULE

INSURED:		FACE AMOUNT:	
BENEFITS:			
Term Life Insurance Benefit: \$xx,xxx (Annual Premium \$)			
Accelerated Death Benefit for Terminal Illness \$			
Accelerated Benefit for Organ Transplant \$			
Dependent Children Term Life Insurance Benefit: \$xx,xxx (Annual Premium \$)			
Return of Term Life Insurance Premium Benefit (Annual Premium \$)			
Disability Waiver of Premium Benefit (Annual Premium \$ to age 60)			
CERTIFICATE NUMBER:	CERTIFICATE EFFECTIVE DATE:		EXPIRY DATE:
CERTIFICATE ANNIVERSARY:			
ISSUE AGE:	SEX:	INITIAL TOTAL PREMIUM: \$	
TOTAL RENEWAL PREMIUMS:	\$	\$	\$
	Monthly	Quarterly	Semi-annually
			Annually
BENEFICIARY:			
GROUP POLICYHOLDER:			
GROUP POLICY NUMBER:			
CERTIFICATEOWNER:			

YOUR RIGHT TO EXAMINE THE CERTIFICATE FOR 30 DAYS

You may return this Certificate for any reason within 30 days of your Certificate Effective Date. Any premium paid is refunded. The Certificate is treated as if it never existed. No benefits are paid.

IN WITNESS, this certificate is signed by our Chairman and Chief Executive Officer.

Chairman and Chief Executive Officer

GROUP RENEWABLE LEVEL TERM LIFE INSURANCE Participating

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PART I – DEFINITIONS

When used in this Certificate the following words and phrases have the meaning given. The use of any personal pronoun includes both genders.

AGE means your current age based on your last birthday. The Age on the Certificate Effective Date increases one year on each Certificate Anniversary.

BENEFICIARY means the person who receives payment of the death benefit.

CERTIFICATE ANNIVERSARY means any anniversary of the Certificate Effective Date.

CERTIFICATE EFFECTIVE DATE means the date your coverage starts, as shown on the Certificate Schedule.

CERTIFICATE YEAR means the period beginning on a Certificate Anniversary and ending 12 months later on the next Certificate Anniversary.

EVIDENCE OF INSURABILITY means a statement of your present and past medical history, on a form approved by us, that indicates you are acceptable for insurance, as we may determine.

INSURED means the person named in the Certificate Schedule who has been accepted by us, has paid the required premium, and who is insured under this Certificate.

ISSUE AGE means, on the Certificate Effective Date, your Age.

MEMBER means an employee or member of a participating organization, association, labor union or other eligible entity.

OWNER means the Owner of this Certificate. The Owner is named in the Certificate Schedule. Ownership is explained in PART X.

POLICY means the Group Policy. The Policy is the controlling contract under which the Certificate is issued. The Policy is held by the Policyholder.

POLICYHOLDER means the Group Policyholder. It is the entity which holds the Policy under which the Certificate is issued.

PREMIUM means the payment you make to us for your insurance.

SPOUSE means the person to whom the Insured is lawfully married, or with whom the Insured has established a civil union pursuant to state law.

TERM PERIOD means a period of [fifteen, twenty, twenty-five] years. The first Term Period commences on the Certificate Effective Date. The Insured may renew his Certificate for a successive Term Period or Periods after the first, subject to the terms and conditions of the Renewal Privilege provision.

PART II - WHEN COVERAGE STARTS

This insurance takes effect only after two things happen:

1. We approve your Application Form; and
2. We receive the first premium within 60 days of the Certificate Effective Date.

These two things must happen while you are alive. Your coverage then starts at 12:01 A.M. Standard Time at your home on the Certificate Effective Date.

PART III –WHEN WE PAY A BENEFIT

We pay the Face Amount to the Beneficiary when you die while covered under this Certificate. The Face Amount is shown on the Certificate Schedule. Before we pay, we must be given satisfactory proof of your death.

PART IV - HOW WE PAY BENEFITS

We pay all sums to your named Beneficiary. If you have two or more Beneficiaries and you do not state their respective share of the benefits, the benefits will be divided equally. If any Beneficiary dies before you, that Beneficiary's share will pass to the surviving Beneficiaries equally. You may request benefits be paid in installments. If you do not make a request before your death, your Beneficiary may request payment in installments.

BENEFICIARY: The Beneficiary is identified on your application. If there is no named Beneficiary living when you die, benefits are paid: (1) to your living Spouse; or (2) if you do not have one, in equal shares to your living, lawful children; or (3) if there are none, in equal shares to your living, lawful parents; or (4) if there are none, in equal shares to your living, lawful brothers and sisters; or (5) if there are none, to your estate. Spouse, in this provision, means only the one to whom you are lawfully married, or with whom you have an established civil union pursuant to state law, on the date of your death. Except in the case of a legal adoption, lawful children, parents, brothers and sisters do not mean "step" children, parents, brothers or sisters.

CHANGING THE BENEFICIARY: You can name a permanent beneficiary. This is one that can never be changed unless the Beneficiary approves the change. Unless you do that, you can change your Beneficiary at any time. We must receive written notice of any change. We must acknowledge the change for it to be effective.

PART V – WHEN COVERAGE STOPS

Coverage under this Certificate stops on the earliest of the following events:

1. The Expiry Date shown in the Certificate Schedule;
2. The date you die;
3. The end of the 31 day Grace Period if you fail to pay the premium when due;
- [4. The date we pay the Accelerated Death Benefit for Terminal Illness when the benefit is based on 100% of the Available Proceeds;
- 5.] The date we receive your written request to cancel. (The provision entitled "Right to Examine Certificate for 30 Days" explains the rules for cancellation during the first 30 days the Certificate is in force. After that 30 day period we reserve the right to delay cancellation until your next monthly due date. You may specify a later monthly premium due date to cancel. Any premiums paid beyond the date the cancellation is effective are refunded. No benefits are paid for any loss which occurs after the date your coverage stops.); or
- [6.] The date the Group Policy ends.

Any refund due when coverage stops is paid to you or your Beneficiary.

PART VI – RIGHT TO CONVERT

You may exchange your Certificate for an individual whole life insurance policy on any form currently issued by us as of the date coverage terminates without disability, accidental death, accidental death and disability, waiver of premium, or other supplementary benefits. The amount of life insurance may not exceed the Face Amount in force under your Certificate at the time of conversion. Your coverage must be in effect. You may exchange on

any premium due date following 31 days written notice to us. New Evidence of Insurability is not required. However, any application attached to your Certificate may be made a part of the converted policy. It may be used to contest benefits under the converted policy during the balance of time that it may be contested under your Certificate. Once the exchange has been made, coverage under this Certificate will end.

The new coverage is effective when we receive the first premium. The new premium is based on your age at the time you convert to the new policy.

PART VII – RENEWAL PRIVILEGE

At the end of the Term Period and prior to Age [55, 60, 65], while coverage is in effect under this Certificate, you may apply to renew for an additional Term Period. You must complete a new application and provide Evidence of Insurability satisfactory to us. The Face Amount will remain the same. The premium will be based on your Age at the time you renew your coverage.

At the end of a Term Period and on each Certificate Anniversary thereafter that is prior to the Expiry Date shown on the Certificate Schedule, while coverage is in effect under the Policy, you may renew for an additional one year period. New Evidence of Insurability is not required. The Face Amount will remain the same. The premium will be based on your Age at the time you renew your coverage and will not exceed the Guaranteed Maximum Annual Renewal Premium shown on the Table attached to this Certificate.

PART VIII: PAYING YOUR PREMIUMS

PREMIUM PAYMENTS: Premium payments keep coverage in force for the premium payment period and during the Grace Period. Your first premium is due prior to the Certificate Effective Date. After that, premiums are due on the first day of each renewal period as shown on the Certificate Schedule.

RIGHT TO ADJUST PREMIUM RATES: We may change rates by class, on any date.

GRACE PERIOD: We allow a grace period of 31 days for you to pay each premium due after the first one. Coverage continues during this grace period. If you die during the grace period, any premium due is deducted from the death benefit. This provision applies as long as your Certificate has not stopped.

REINSTATEMENT: If your coverage stops because premiums have not been paid it may be reinstated. This happens if you:

1. Make written request for reinstatement;
2. Send satisfactory evidence of insurability;
3. Are alive on the date of reinstatement; and
4. Make your request within [5 years] of when the premium was due and prior to Age 85.

You must pay any unpaid premium plus interest. Certain benefits may not be reinstated.

UNEARNED PREMIUM REFUND: A refund of unearned premium is payable to your Beneficiary at the time of your death. Unearned premium is the part of any premium paid for a period beyond the month of your death.

PART IX: LABOR DISPUTE WAIVER OF PREMIUM

In the event you (1) participate in a lawful strike authorized by your local union or (2) are locked out as the result of a labor dispute between your local union and employer, we will waive premiums as they become due. You must be covered under the Certificate before the strike or lock-out begins. The waiver of premium begins on the next monthly premium due date following a 30-day waiting period after the date the strike or lock-out begins.

This benefit stops and premium payments resume on the earliest of:

1. one year from the date the waiver began;
2. the next premium due date after the strike or lock-out is resolved;
3. the next premium due date after you return to work; or
4. the next due date after your employment is terminated.

Notice and Proof of Strike or Lock-Out. Before benefits begin, we must receive at our Administrative Office, written notice and proof satisfactory to us of the strike or lock-out (i.e. verification from your labor union). Coverage must be in force before the date the strike or lock-out begins. Satisfactory proof of the status of the strike or lock-out must be given to us when and as often as we may reasonably require, but in no event less than every 30 days. We will stop providing benefits if proof is not provided.

You must notify us as soon as the strike or lock-out is resolved; when you return to work or are offered the opportunity to return to work for your employer; or when your employment is terminated.

PART X: OTHER IMPORTANT INFORMATION

INCONTESTABILITY: This Certificate is "incontestable" after it has been in effect for 2 years from the Certificate Effective Date during the lifetime of the Insured. "Incontestable" means we may not deny benefits except for non-payment of premiums when due. Benefits may be denied during the first two years of coverage if:

1. You fail to give, to the best of your knowledge and belief, true and complete answers in your Application; or
2. The health or any other conditions affecting your insurability, as described in your Application, change between the Application Date and the Certificate Effective Date.

If your Certificate is reinstated, benefits may be denied during the first 2 years after your reinstatement date. This happens if you failed to give, to the best of your knowledge and belief, true and complete answers in your reinstatement application.

THE CONTRACT: The Policy, the Policyholder's Application, any riders, and your Application make up the entire legal contract between the parties. A copy of your Application is attached to this Certificate.

All statements made by you are representations and not warranties. No statement will be used by us to contest a claim, unless it is contained in the Application completed by you.

No change in this Certificate is effective until approved by one of our officers. Such approval must be noted or attached to this Certificate. No agent may change this Certificate or waive any of its provisions.

CLERICAL ERROR: Neither record keeping errors nor delays in making entries will keep this Certificate in force or continue insurance which was validly terminated. If we find any such error or delay, we will make a fair adjustment of premiums.

MISSTATEMENT OF AGE OR SEX: If your Age or sex or both are misstated, the benefits of this Certificate are changed to what the premium would pay for at the correct Age and sex. However:

1. If this Certificate would not have been issued had you not misstated your Age or sex, the Certificate is treated as if it never existed. No benefits are paid. Any premiums paid are refunded.
2. If your coverage would have stopped had you not misstated your Age, any premiums paid on or after the date your coverage would have stopped are refunded.

ASSIGNMENT: Your rights under this Certificate may be given to another by you. This is called an "Assignment." We take no responsibility for the validity or effect of your actions. In order for us to honor your directions, we must receive a copy of any Assignment at our office.

DIVIDENDS: This is a Participating Certificate. While it is in force, it is eligible for dividends. Each year we will determine our divisible surplus. This Certificate's share, if any, is credited as a dividend on the Insured's next Certificate Anniversary. Any dividend will be paid in cash.

SUICIDE: If you die by suicide within two years following the Certificate Effective Date, your benefit is limited to the sum of all premiums paid without interest. This amount will be paid to your Beneficiary.

OWNERSHIP: This Certificate belongs to you unless another Owner is designated by you. During your lifetime the rights and privileges of this Certificate may be exercised solely by the Owner. This includes the right to change the Beneficiary and assign benefits.

CHANGE OF OWNERSHIP: The Owner has the right to transfer this Certificate to a new Owner by notifying us. The change in ownership is effective on the date the request is received at our offices. The change in ownership is subject to any actions taken prior to the date such request is received.

POLICY AMENDMENT: We or the Policyholder may change this Policy from time to time by notifying the other party in writing. These changes can be made without the approval of the Insured or his Beneficiary, as long as the changes do not deprive the Insured or his Beneficiary of any claim under this Policy on the date the change takes place.

Table of Guaranteed Maximum Annual Renewal Premium Rates
Per \$1,000 of Face Amount

Attained <u>Age</u>	Male <u>Nonsmoker</u>	Male <u>Smoker</u>	Female <u>Nonsmoker</u>	Female <u>Smoker</u>
33	3.94	7.13	2.96	4.99
34	4.01	7.39	3.19	5.48
35	4.20	7.69	3.45	5.96
36	4.39	8.14	3.71	6.45
37	4.65	8.66	3.94	6.86
38	4.99	9.30	4.13	7.28
39	5.29	10.01	4.35	7.73
40	5.70	10.88	4.61	8.21
41	6.19	11.93	4.91	8.78
42	6.79	13.16	5.25	9.49
43	7.50	14.63	5.66	10.28
44	8.29	16.28	6.15	11.21
45	9.15	17.93	6.71	12.30
46	10.01	19.58	7.39	13.58
47	10.73	20.96	8.18	15.15
48	11.29	22.01	9.04	17.03
49	12.00	23.36	10.01	19.13
50	12.94	25.13	11.10	21.38
51	14.14	27.41	12.34	23.85
52	15.60	30.19	13.73	26.51
53	17.29	33.53	15.19	29.40
54	19.43	37.50	16.73	32.48
55	21.83	41.74	18.49	35.74
56	24.62	46.74	20.67	39.75
57	27.41	51.51	23.02	43.89
58	30.26	56.20	25.51	48.28
59	33.61	61.70	28.08	53.05
60	37.68	68.44	30.84	58.08
61	42.65	76.67	33.90	63.59
62	48.46	86.18	37.19	69.50
63	54.90	96.53	40.71	75.65
64	61.74	107.10	44.60	82.36
65	68.98	117.68	48.96	89.68
66	76.45	128.18	53.75	97.70
67	84.39	138.98	59.12	106.66
68	92.88	150.22	65.12	116.56
69	102.48	162.65	71.73	127.54
70	113.72	176.90	79.24	140.00
71	127.35	194.29	87.86	154.02
72	143.38	214.54	97.38	169.42
73	160.52	235.34	107.88	186.37
74	179.16	258.08	119.62	204.36
75	199.69	283.53	132.62	223.49
76	223.01	311.95	147.02	244.37
77	250.26	344.93	163.11	267.09
78	282.09	382.94	180.81	291.84
79	318.09	425.16	200.43	318.73
80	358.60	471.75	224.75	352.05
81	403.14	521.87	254.67	392.74
82	450.94	574.21	286.77	435.29
83	503.67	630.62	320.95	479.41
84	562.80	694.72	359.37	525.98



ADMINISTRATIVE OFFICE: 8403 Colesville Rd., Silver Spring, Maryland 20910

ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

Rider Effective Date:

Attached to [Policy] [Certificate] No.:

Name of Policyholder:

This Rider is a part of the [Policy] [Certificate] to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Accelerated Death Benefit For Terminal Illness** is added to the [Policy] [Certificate]:

RECEIPT OF AN ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS MAY AFFECT THE INSURED'S ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. THE INSURED SHOULD CONSULT A TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Important Notice: Benefits which are paid under this Rider reduce the Certificate's Face Amount.

The Insured has the right to receive a portion of his Term Life Insurance Benefit during his lifetime. We will pay an Accelerated Death Benefit if the Insured chooses to use this option. It is paid if the Insured has a medical condition which is diagnosed by a physician and which results in an expected life span of 12 months or less.

The Insured may elect to receive up to 100% of the available Face Amount. The amount elected is called the Available Proceeds. We deduct from the Available Proceeds a processing charge equal to 5% of the Available Proceeds chosen by the Insured. We then pay the balance to the Insured.

This benefit is subject to the following:

1. The Insured must be covered for at least [\$5,000] of term life insurance under his Certificate.
2. We must receive statements from two physicians certifying: (a) the diagnosis of the Insured's medical condition; and (b) a statement that because of the nature and severity of the condition, the Insured is not expected to live more than twelve months. We have the right to require documentation from the two physicians which supports their diagnosis. The physicians giving the diagnosis must be someone other than the Insured's spouse, parent, child, brother or sister, aunt or uncle, or any person living with the Insured.
3. We have the right to require, at our expense, that the Insured be examined in the United States or Canada by a physician of our choosing in order to verify the diagnosis.
4. The initial diagnosis that the Insured has less than twelve months to live must be made on or after the Certificate Effective Date.
5. We must receive the Insured's request for payment under this benefit prior to when the Certificate stops.

6. The Certificate may not be assigned.
7. The Insured may elect this benefit only once.
8. The Insured cannot change the amount elected after the date we pay the benefit.

After we pay the Accelerated Death Benefit, the Face Amount is reduced by the amount of Available Proceeds elected. If less than 100% of the available Face Amount is elected, premiums will then be waived for the Term Life Insurance Benefit for the Insured for the duration of the Term Period. Premiums for other optional coverage or for other covered family members are not waived by this provision.

An Accelerated Death Benefit may be paid only once during the Insured's lifetime. Benefits will be paid to the Insured in a single sum. If the Insured is not living when benefits are payable, the benefits will be paid to the Insured's Beneficiary.

We are not responsible for any effect on the Insured's state or federal taxes, or the Insured's loss of eligibility for any state or federal program.

Conversion. The *Right to Convert* provision in the Certificate does not apply to this Rider.

Incontestability. Except for non-payment of premiums, this Rider cannot be contested after two years from its effective date. No statement made by the Insured relating to his insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Insured's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

Suicide. If the Insured commits suicide, while sane or insane, within two years from the effective date of this Rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this Rider without interest.

Right To Adjust Rider Rates. We reserve the right to change the Rider rates, on a class basis, on any date.

Reinstatement. If the Insured's Certificate lapses, and is reinstated, this Rider may be reinstated.

Termination of Rider. The benefit provided by this Rider will end on the earliest of the following dates: (a) the date the [Policy] [Certificate] ends; (b) the date the 31 day Grace Period ends, if the Insured fail to pay the premium when due[; or (c) the date the Insured attains age 60.]

Benefits are subject to all terms and limitations of the [Policy] [Certificate]. This Rider does not waive, alter or extend any provisions or conditions of the [Policy] [Certificate] except to the extent shown above.



Chairman and Chief Executive Officer



ADMINISTRATIVE OFFICE: 8403 Colesville Rd., Silver Spring, Maryland 20910

ACCELERATED BENEFIT FOR ORGAN TRANSPLANT RIDER

Rider Effective Date:

Attached to [Policy] [Certificate] No.:

Name of Policyholder:

This Rider is a part of the [Policy] [Certificate] to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Accelerated Benefit For Organ Transplant** is added to the [Policy] [Certificate]:

RECEIPT OF AN ACCELERATED BENEFIT FOR ORGAN TRANSPLANT MAY AFFECT THE INSURED'S ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. THE INSURED SHOULD CONSULT A TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Important Notice: Benefits which are paid under this Rider reduce the Certificate's Face Amount.

The Insured has the right to receive a portion of his Term Life Insurance Benefit during his lifetime. We will pay an Accelerated Benefit if the Insured chooses to use this option. It is paid if the Insured undergoes a covered Organ Transplant Procedure. The Insured may elect up to 50% of the available Face Amount. The amount elected is called the Available Proceeds. We will deduct from the Available Proceeds a processing charge equal to 5% of the Available Proceeds chosen by the Insured. We then pay the balance to Insured.

An Organ Transplant Procedure means one of the following human organ transplants: (1) Heart; or (2) Lung; or (3) Heart-Lung; or (4) Liver. It does not include the implantation of any artificial or animal organ(s).

This benefit is subject to the following:

1. The Insured must be covered for at least [\$5,000] of term life insurance under his Certificate.
2. We must receive proof from the Insured's physician and surgeon that he has undergone a covered Organ Transplant Procedure. The physician and surgeon submitting the proof must be someone other than the Insured's spouse, parent, child, brother or sister, aunt or uncle, or any person living with the Insured.
3. The covered Organ Transplant Procedure must take place while the Insured's Certificate is in force.
4. We must receive the Insured's request for payment under this benefit prior to when the Certificate stops.

5. The Certificate may not be assigned.
6. The Insured may elect this benefit only once.
7. The Insured cannot change the amount elected after the date we pay the benefit.

After we pay the Accelerated Benefit, the Face Amount is reduced by the amount of Available Proceeds elected. Premiums will then be waived for the Term Life Insurance Benefit for the Insured. Premiums for other optional coverages or for other covered family members are not waived by this provision.

An Accelerated Benefit may be paid only once during the Insured's lifetime. Benefits will be paid to the Insured in a single sum. If the Insured is not living when benefits are payable, the benefits will be paid to the Insured's Beneficiary.

Conversion. The *Right to Convert* provision in the Certificate does not apply to this Rider.

Incontestability. Except for non-payment of premiums, this Rider cannot be contested after two years from its effective date. No statement made by the Insured relating to his insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Insured's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

Suicide. If the Insured commits suicide, while sane or insane, within two years from the effective date of this Rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this Rider without interest.

Right To Adjust Rider Rates. We reserve the right to change the Rider rates, on a class basis, on any date.

Reinstatement. If the Insured's Certificate lapses, and is reinstated, this Rider may be reinstated.

Termination of Rider. The benefit provided by this Rider will end on the earliest of the following dates: (a) the date the [Policy] [Certificate] ends; (b) the date the 31 day Grace Period ends, if the Insured fail to pay the premium when due; or (c) the date the Insured attains age 60.]

Benefits are subject to all terms and limitations of the [Policy] [Certificate]. This Rider does not waive, alter or extend any provisions or conditions of the [Policy] [Certificate] except to the extent shown above.



Chairman and Chief Executive Officer



ADMINISTRATIVE OFFICE: 8403 Colesville Rd., Silver Spring, Maryland 20910

CHILDREN'S TERM LIFE INSURANCE BENEFIT RIDER

Rider Effective Date:

Attached to [Policy] [Certificate] No.:

Name of Policyholder:

This Rider is a part of the [Policy] [Certificate] to which it is attached. It is issued in consideration of the Insured's application for this coverage and the payment of the required premium.

The following **Children's Term Life Insurance Benefit** is added to the [Policy] [Certificate]:

We will pay a Children's Term Life Insurance Benefit, as shown on the Schedule, when we receive due proof that a covered Dependent Child died while his coverage under this Rider was in force.

Payment will be made to the Owner if living at the time of the Dependent Child's death. Otherwise, payment will be made to the Dependent Child's estate.

Dependent Child means the Insured's unmarried child, including an adopted child, who is [over 14 days and] under age [25].

Newborn or adopted children: If a child is born to, or adopted by, the Insured while this rider is already in effect, such newborn or newly adopted child will automatically be a covered Dependent Child [upon attaining 14 days of age]. No extra premium is charged if at least one Dependent Child is already covered.

Effective Date of Coverage: Before this coverage takes effect, (1) we must receive the application for the Dependent Child, and (2) the Insured must pay any required premium while the Dependent Child is alive. The Effective Date of coverage for the Dependent Child will be the date shown on the Schedule.

Dependent Child Conversion Privilege: A Dependent Child's coverage under this rider may be converted to an individual whole life insurance policy on any form currently issued by us at the time conversion is requested, without disability, accidental death, accidental death and disability, waiver of premium, or other supplementary benefits, when coverage under this Rider terminates because

1. The child is no longer a Dependent Child,
2. The Group Certificate ends due to the death of the Insured, or
3. The Group Policy terminates.

The amount of life insurance to be converted may not exceed the Face Amount in force for the Dependent Child at the time of conversion [and may not be less than \$1,000.] Written application and initial premium payment must be made within 31 days from the date coverage for the Dependent Child under this Rider ends. Evidence of Insurability is not required. Once the converted policy is issued, coverage under this Rider will end.

The converted policy is effective when we receive the first premium. The new premium is based on the Dependent Child's age at the time of the conversion.

We will not pay a claim for a Dependent Child under both this Rider and an individual policy received through exercise of this conversion right.

Incontestability. Except for nonpayment of premiums, this rider cannot be contested after two years from its effective date. No statement made relating to a Dependent Child's insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Dependent Child's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

Suicide. If the Dependent Child commits suicide, while sane or insane, within two years from the effective date of this rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this rider without interest.

Right To Adjust Rider Rates. We reserve the right to change the Rider rates, on a class basis, on any date.

Reinstatement. If the Insured's Certificate lapses, and is reinstated, this Rider may be reinstated.

Termination of Coverage under this Rider. Coverage under this rider with respect to any covered Dependent Child will end at the earliest of (a) the date the [Policy] [or] [Certificate] ends; (b) the date the child ceases to be a Dependent Child; (c) the date the Dependent Child converts coverage to an individual life insurance policy; or (d) the end of the period for which the last premium has been paid for the Dependent Child.

You must notify us when no Dependent Children are covered under this Rider. This Rider will terminate when the last Dependent Child's coverage under this Rider terminates. We will refund any premium paid for coverage beyond the termination date of this Rider.

Benefits are subject to all terms and limitations of the [Policy] [Certificate]. This Rider does not waive, alter or extend any provisions or conditions of the [Policy] [Certificate] except to the extent shown above.



Chairman and Chief Executive Officer



ADMINISTRATIVE OFFICE: 8403 Colesville Rd., Silver Spring, Maryland 20910

DISABILITY WAIVER OF PREMIUM BENEFIT RIDER

Rider Effective Date:

Attached to [Policy] [Certificate] No.:

Name of Policyholder:

This Rider is a part of the [Policy] [Certificate] to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Disability Waiver of Premium Benefit** is added to the [Policy] [Certificate]:

Benefit

If [prior to Age 60] the Insured becomes Totally Disabled[, and remains Totally Disabled for a continuous period of at least 6 months], the Insured's premium will be waived on a monthly basis [beginning on the date 6 months after the Total Disability starts.] Premiums paid that later qualify for this benefit will be refunded, subject to the limitations described in *Written Notice and Proof of Claim* below. Such Total Disability must begin after the effective date of this rider.

This benefit will continue until the continuous period of Total Disability ends or the end of the Term Period if earlier. In no event will premium be waived beyond the date the Insured attains Age 65. As of the date the Total Disability ends or the Insured attains Age 65, premiums will become payable by the Insured, beginning as of the next monthly premium due date.

Premiums waived under this Rider are for the Term Life Insurance benefit for the Insured only. Premiums for other optional coverages or for other covered family members are not waived by this provision.

Definition

As used here, "Totally Disabled" or "Total Disability" means the inability to perform the substantial and material duties of any occupation for remuneration which the Insured is able to perform by reason of age, education, experience, or training.

Written Notice and Proof of Claim

The Insured must submit written proof of Total Disability that is satisfactory to us within 12 months of the date the Insured became Totally Disabled. This written notice of claim and due proof of Total Disability must show the Total Disability (a) began while the Insured was alive and insured under this Rider, [and] (b) [began before the attainment of Age 60, and (c)] has rendered the Insured Totally Disabled [for at least 6 months]. Failure to give such timely notice and proof will not invalidate or reduce any claim if such notice and proof was given as soon as reasonably possible. In no event, except in the absence of legal capacity, will any premium be waived or refunded more than 12 months before we receive such written notice of claim.

Proof of Continuation of Total Disability

We may require proof at reasonable intervals of the uninterrupted continuance of Total Disability. After the first two years of Total Disability, we will not require such proof more often than once a year. If such proof is not furnished within a reasonable period of time, no further premiums will be waived.

At our own expense, we may require the Insured to be examined from time to time by a physician of our choice during the Insured's first two years of Total Disability. After two years, we will not require such examinations more than once a year.

Recovery from Disability

If and when the Insured is no longer Totally Disabled, further premiums will not be waived. The Insured must notify us upon the end of Total Disability. At the end of Total Disability, premiums will be due again.

Death of Insured Before or While this Rider is in Effect

If the Insured dies after applying for this benefit but before it goes into effect, the Beneficiary must submit written proof that Total Disability continued without interruption from the date the Insured became Totally Disabled to the date of death. If the Insured dies while this benefit is in effect, the Beneficiary must submit written proof that Total Disability continued without interruption from the last anniversary of our receipt of proof of Total Disability to the date of death.

General Provisions

No change in the coverage or in the interval of its premium payments may be made during the period premiums are being waived.

Conversion. The *Right to Convert* provision in the Certificate does not apply to this Rider.

Incontestability. Except for non-payment of premiums, this Rider cannot be contested after two years from its effective date. No statement made by the Insured relating to his insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Insured's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

Suicide. If the Insured commits suicide, while sane or insane, within two years from the effective date of this Rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this Rider without interest.

Right To Adjust Rider Rates. We reserve the right to change the Rider rates, on a class basis, on any date.

Reinstatement. If the Insured's Certificate lapses, and is reinstated, this Rider may be reinstated.

Term Period Coverage Only. This Rider will not be renewed if the Insured renews the Term Life Insurance at the end of the Term Period for an additional one year period. If the Insured renews the Term Life Insurance for another Term Period, this Rider may be renewed.

Termination of Rider. The benefit provided by this Rider will end on the earliest of the following dates: (a) the date the [Policy] [Certificate] ends; (b) the date the Grace Period ends, if the Insured fails to pay premium when due; (c) the date the Term Period ends; or (d) the date the Insured turns age 65.

Benefits are subject to all terms and limitations of the [Policy] [Certificate]. This Rider does not waive, alter or extend any provisions or conditions of the [Policy] [Certificate] except to the extent shown above.

A handwritten signature in black ink, appearing to read "Mark A. ...", with a long horizontal flourish extending to the right.

Chairman and Chief Executive Officer



ADMINISTRATIVE OFFICE: 8403 Colesville Rd., Silver Spring, Maryland 20910

RETURN OF TERM LIFE INSURANCE PREMIUM BENEFIT RIDER
[(To be attached to a [Policy] [Certificate] with a 20-year Term Period)]

Rider Effective Date:

Attached to [Policy] [Certificate] No.:

Name of Policyholder:

This Rider is a part of the [Policy] [Certificate] to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Return of Term Life Insurance Premium Benefit** is added to the [Policy] [Certificate].

Benefit

A Return of Term Life Insurance Premium Benefit will be paid, while the Insured is living, upon the earliest of the following:

1. The end of the Term Period; or
2. Termination of the [Policy] [Certificate].

No benefit will be paid if the Insured dies while this Rider is in force[; or if any claim has been paid under an Accelerated Death Benefit for Terminal Illness or an Accelerated Benefit for Organ Transplant Rider.]

The Return of Term Life Insurance Premium Benefit will be paid only once under this Rider. Upon payment of the benefit, this Rider will terminate.

The amount of the benefit will be a percentage of the cumulative premium paid by the Insured for the term life insurance to which this Rider is attached. The percentage of the benefit will be determined by the number of Certificate Years this Rider has been in force, as shown on the Return of Premium Schedule.

In the event term life insurance coverage terminates before the end of a completed Certificate Year, the Percentage of Cumulative Premium Returned for the incomplete year will be pro-rated for the portion of the year in which coverage was in effect.

[Return of Premium Schedule

Completed Certificate Year	Minimum Percentage of Cumulative Premium Returned
1-5	0%
6	4%

7	7%
8	10%
9	13%
10	17%
11	23%
12	31%
13	38%
14	44%
15	50%
16	60%
17	70%
18	80%
19	90%
20	100%]

Eligible Premium

In determining the amount of the Return of Term Life Premium Benefit, only the premium paid by the Insured for the Term Life Insurance [and Disability Waiver of Premium Benefit Rider] will be eligible for this benefit. The following will not be considered:

1. Any premium paid for [an optional benefit rider, other than the Disability Waiver of Premium Benefit Rider] elected by the Insured and attached to the Term Life Insurance [Policy] [Certificate], and
2. Any premium that was waived under a waiver of premium provision.

Conversion. The *Right to Convert* provision in the Certificate does not apply to this Rider.

Incontestability. Except for non-payment of premiums, this Rider cannot be contested after two years from its effective date. No statement made by the Insured relating to his insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Insured's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

Suicide. If the Insured commits suicide, while sane or insane, within two years from the effective date of this Rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this Rider without interest.

Right To Adjust Rider Rates. We reserve the right to change the Rider rates, on a class basis, on any date.

Reinstatement. This Rider may not be reinstated.

Renewal of the Term Life Insurance Coverage. If the Insured renews the Term Life Insurance coverage for another Term Period, this Rider will not renew. The Insured may apply for a new Return of Term Life Insurance Premium Benefit Rider.

Termination of Rider. The benefit provided by this Rider will end on the earliest of the following dates: (a) the date we pay a benefit under this Rider; [(b) the date we pay a benefit under an Accelerated Death Benefit for Terminal Illness or Accelerated benefit for Organ Transplant rider; (c)] the date of the Insured's death; [(d)] the date the Term Period ends; [(e)] the date the Certificate is converted to an individual policy; or [(f)] the date the 31 day Grace Period ends, if the Insured fail to pay the premium when due.

Benefits are subject to all terms and limitations of the [Policy] [Certificate]. This Rider does not waive, alter or extend any provisions or conditions of the [Policy] [Certificate] except to the extent shown above.

A handwritten signature in black ink, appearing to read "Mark A. [unclear]". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Chairman and Chief Executive Officer

SERFF Tracking Number: *ULCC-125825538*

State: *Arkansas*

Filing Company: *The Union Labor Life Insurance Company*

State Tracking Number: *40385*

Company Tracking Number: *RTL-0308*

TOI: *L04G Group Life - Term*

Sub-TOI: *L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life*

Product Name: *ULLG-RTL-0308*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ULCC-125825538 State: Arkansas
 Filing Company: The Union Labor Life Insurance Company State Tracking Number: 40385
 Company Tracking Number: RTL-0308
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: ULLG-RTL-0308
 Project Name/Number: /

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Premiums	ULLG-RTL-0308	New		Premiums_Final_08222008.pdf

Union Labor Life Insurance Company
Rider Form: ULLGR-DWP-0308
Disability Waiver of Premium attached to Fifteen Year Renewable Term Coverage
Gross Annual Premium per \$1,000 of Face Amount

Female Nonsmoker				Male Nonsmoker			
Issue Age	Face Amount Band			Issue Age	Face Amount Band		
	\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	0.07	0.05	0.03	18-30	0.08	0.05	0.04
31	0.09	0.06	0.04	31	0.08	0.06	0.04
32	0.11	0.07	0.05	32	0.09	0.07	0.04
33	0.12	0.08	0.06	33	0.10	0.07	0.05
34	0.12	0.08	0.06	34	0.10	0.08	0.05
35	0.13	0.09	0.07	35	0.11	0.08	0.05
36	0.14	0.09	0.07	36	0.12	0.08	0.06
37	0.15	0.10	0.08	37	0.12	0.09	0.06
38	0.17	0.11	0.08	38	0.15	0.10	0.07
39	0.20	0.12	0.09	39	0.17	0.11	0.08
40	0.22	0.14	0.10	40	0.20	0.12	0.09
41	0.25	0.15	0.11	41	0.23	0.13	0.10
42	0.29	0.16	0.12	42	0.26	0.15	0.11
43	0.31	0.18	0.14	43	0.30	0.17	0.12
44	0.34	0.21	0.15	44	0.34	0.20	0.15
45	0.37	0.23	0.17	45	0.39	0.23	0.17
46	0.40	0.26	0.19	46	0.44	0.27	0.20
47	0.43	0.29	0.22	47	0.49	0.31	0.23
48	0.46	0.31	0.23	48	0.55	0.35	0.26
49	0.49	0.32	0.24	49	0.62	0.40	0.29
50	0.52	0.34	0.26	50	0.69	0.45	0.33
51	0.55	0.36	0.27	51	0.78	0.51	0.38
52	0.58	0.38	0.29	52	0.88	0.57	0.43
53	0.54	0.38	0.28	53	0.84	0.58	0.42
54	0.49	0.37	0.26	54	0.80	0.59	0.41
55	0.45	0.36	0.24	55	0.76	0.60	0.40
56	0.41	0.34	0.22	56	0.72	0.61	0.38
57	0.36	0.33	0.19	57	0.68	0.61	0.35
58	0.35	0.31	0.17	58	0.70	0.63	0.33
59	0.34	0.30	0.15	59	0.72	0.63	0.31
60	NA	NA	NA	60	NA	NA	NA
61	NA	NA	NA	61	NA	NA	NA
62	NA	NA	NA	62	NA	NA	NA
63	NA	NA	NA	63	NA	NA	NA
64	NA	NA	NA	64	NA	NA	NA

Female Smoker				Male Smoker			
Issue Age	Face Amount Band			Issue Age	Face Amount Band		
	\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	0.07	0.05	0.04	18-30	0.08	0.06	0.04
31	0.10	0.08	0.05	31	0.11	0.08	0.06
32	0.14	0.10	0.07	32	0.14	0.10	0.07
33	0.16	0.11	0.08	33	0.15	0.11	0.08
34	0.17	0.12	0.09	34	0.16	0.12	0.09
35	0.19	0.14	0.10	35	0.17	0.13	0.10
36	0.21	0.15	0.12	36	0.19	0.14	0.11
37	0.23	0.17	0.13	37	0.20	0.15	0.12
38	0.27	0.19	0.15	38	0.24	0.18	0.14
39	0.32	0.21	0.17	39	0.29	0.20	0.16
40	0.37	0.24	0.18	40	0.34	0.23	0.17
41	0.43	0.27	0.20	41	0.41	0.26	0.20
42	0.49	0.30	0.23	42	0.48	0.29	0.22
43	0.56	0.35	0.26	43	0.56	0.35	0.26
44	0.63	0.41	0.31	44	0.66	0.42	0.31
45	0.70	0.47	0.35	45	0.76	0.50	0.37
46	0.78	0.54	0.40	46	0.87	0.58	0.43
47	0.87	0.61	0.46	47	1.00	0.68	0.51
48	0.95	0.67	0.50	48	1.14	0.78	0.58
49	1.03	0.72	0.55	49	1.29	0.89	0.67
50	1.11	0.78	0.60	50	1.46	1.01	0.76
51	1.20	0.84	0.64	51	1.66	1.14	0.87
52	1.29	0.90	0.69	52	1.87	1.29	0.99
53	1.48	1.09	0.79	53	2.30	1.67	1.19
54	1.68	1.31	0.90	54	2.75	2.11	1.42
55	1.90	1.56	1.02	55	3.23	2.60	1.68
56	2.13	1.83	1.16	56	3.75	3.19	1.98
57	2.37	2.14	1.30	57	4.31	3.87	2.32
58	2.81	2.51	1.48	58	5.28	4.72	2.74
59	3.32	2.95	1.67	59	6.43	5.71	3.21
60	NA	NA	NA	60	NA	NA	NA
61	NA	NA	NA	61	NA	NA	NA
62	NA	NA	NA	62	NA	NA	NA
63	NA	NA	NA	63	NA	NA	NA
64	NA	NA	NA	64	NA	NA	NA

Union Labor Life Insurance Company
Rider Form: ULLGR-DWP-0308
Disability Waiver of Premium attached to Twenty Year Renewable Term Coverage
Gross Annual Premium per \$1,000 of Face Amount

Female Nonsmoker				Male Nonsmoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	0.07	0.05	0.03	18-30	0.08	0.05	0.04
31	0.09	0.06	0.04	31	0.09	0.06	0.04
32	0.12	0.08	0.06	32	0.10	0.08	0.05
33	0.13	0.09	0.06	33	0.11	0.08	0.05
34	0.14	0.09	0.07	34	0.11	0.09	0.06
35	0.15	0.10	0.08	35	0.12	0.09	0.06
36	0.16	0.11	0.08	36	0.13	0.10	0.07
37	0.17	0.12	0.09	37	0.14	0.10	0.07
38	0.20	0.13	0.10	38	0.16	0.11	0.08
39	0.22	0.15	0.11	39	0.19	0.13	0.09
40	0.26	0.16	0.12	40	0.22	0.14	0.10
41	0.29	0.18	0.14	41	0.26	0.16	0.12
42	0.33	0.20	0.15	42	0.30	0.18	0.13
43	0.36	0.23	0.17	43	0.35	0.21	0.15
44	0.39	0.26	0.19	44	0.40	0.25	0.18
45	0.43	0.29	0.22	45	0.45	0.29	0.21
46	0.47	0.32	0.24	46	0.51	0.34	0.25
47	0.51	0.36	0.27	47	0.58	0.39	0.29
48	0.55	0.39	0.29	48	0.66	0.44	0.33
49	0.58	0.41	0.31	49	0.74	0.50	0.38
50	0.62	0.44	0.33	50	0.84	0.57	0.43
51	0.67	0.47	0.36	51	0.95	0.65	0.49
52	0.71	0.50	0.38	52	1.07	0.74	0.56
53	0.67	0.50	0.37	53	1.04	0.76	0.56
54	0.63	0.49	0.35	54	1.01	0.78	0.55
55	0.58	0.48	0.33	55	0.97	0.80	0.53
56	0.54	0.46	0.30	56	0.94	0.81	0.51
57	0.49	0.44	0.26	57	0.90	0.81	0.47
58	0.47	0.42	0.23	58	0.91	0.81	0.43
59	0.45	0.39	0.20	59	0.92	0.81	0.40

Female Smoker				Male Smoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	0.08	0.06	0.04	18-30	0.09	0.07	0.05
31	0.12	0.09	0.06	31	0.12	0.09	0.06
32	0.16	0.12	0.08	32	0.15	0.11	0.08
33	0.18	0.13	0.09	33	0.16	0.12	0.09
34	0.20	0.15	0.11	34	0.18	0.13	0.10
35	0.22	0.16	0.12	35	0.19	0.15	0.12
36	0.24	0.18	0.14	36	0.21	0.16	0.13
37	0.27	0.20	0.16	37	0.23	0.18	0.15
38	0.32	0.23	0.18	38	0.28	0.21	0.17
39	0.37	0.26	0.20	39	0.33	0.24	0.19
40	0.43	0.29	0.22	40	0.39	0.27	0.21
41	0.49	0.33	0.25	41	0.46	0.30	0.23
42	0.57	0.37	0.28	42	0.54	0.34	0.26
43	0.64	0.43	0.32	43	0.63	0.41	0.31
44	0.72	0.49	0.37	44	0.74	0.49	0.38
45	0.81	0.57	0.43	45	0.86	0.59	0.45
46	0.90	0.64	0.49	46	0.99	0.69	0.53
47	1.00	0.73	0.55	47	1.14	0.81	0.62
48	1.09	0.80	0.60	48	1.30	0.92	0.71
49	1.18	0.87	0.66	49	1.47	1.05	0.81
50	1.28	0.94	0.72	50	1.67	1.19	0.92
51	1.38	1.01	0.78	51	1.89	1.36	1.05
52	1.49	1.09	0.84	52	2.14	1.54	1.19
53	1.72	1.31	0.96	53	2.65	1.99	1.43
54	1.97	1.57	1.10	54	3.19	2.51	1.70
55	2.24	1.86	1.25	55	3.77	3.10	2.01
56	2.52	2.18	1.41	56	4.40	3.79	2.36
57	2.83	2.55	1.60	57	5.08	4.57	2.75
58	3.28	2.94	1.78	58	6.10	5.46	3.18
59	3.81	3.39	1.98	59	7.31	6.51	3.67

Union Labor Life Insurance Company
Rider Form: ULLGR-DWP-0308
Disability Waiver of Premium attached to Twenty-Five Year Renewable Term Coverage
Gross Annual Premium per \$1,000 of Face Amount

Female Nonsmoker				Male Nonsmoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	0.07	0.05	0.03	18-30	0.08	0.05	0.04
31	0.10	0.07	0.05	31	0.10	0.07	0.05
32	0.13	0.09	0.07	32	0.11	0.09	0.06
33	0.14	0.10	0.07	33	0.12	0.09	0.06
34	0.15	0.11	0.08	34	0.13	0.10	0.06
35	0.17	0.12	0.09	35	0.14	0.10	0.07
36	0.18	0.13	0.10	36	0.15	0.11	0.08
37	0.19	0.14	0.11	37	0.16	0.12	0.08
38	0.22	0.16	0.12	38	0.19	0.13	0.10
39	0.25	0.18	0.13	39	0.22	0.15	0.11
40	0.29	0.20	0.15	40	0.25	0.17	0.13
41	0.33	0.22	0.16	41	0.30	0.20	0.14
42	0.38	0.24	0.18	42	0.34	0.22	0.16
43	0.41	0.27	0.21	43	0.39	0.26	0.20
44	0.45	0.31	0.24	44	0.45	0.30	0.23
45	0.50	0.35	0.27	45	0.52	0.35	0.27
46	0.54	0.39	0.30	46	0.59	0.41	0.32
47	0.60	0.44	0.34	47	0.68	0.48	0.38
48	0.64	0.47	0.37	48	0.77	0.55	0.43
49	0.69	0.51	0.40	49	0.88	0.63	0.50
50	0.74	0.55	0.43	50	1.00	0.72	0.57
51	0.80	0.59	0.46	51	1.13	0.82	0.65
52	0.85	0.63	0.49	52	1.28	0.94	0.74
53	0.85	0.62	0.47	53	1.32	0.96	0.73
54	0.83	0.61	0.45	54	1.36	0.98	0.72

Female Smoker				Male Smoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	0.09	0.07	0.05	18-30	0.10	0.08	0.05
31	0.13	0.10	0.07	31	0.13	0.10	0.07
32	0.18	0.14	0.09	32	0.17	0.12	0.09
33	0.20	0.15	0.11	33	0.18	0.14	0.11
34	0.22	0.17	0.13	34	0.20	0.15	0.12
35	0.25	0.19	0.15	35	0.22	0.17	0.14
36	0.28	0.21	0.17	36	0.24	0.19	0.16
37	0.31	0.24	0.20	37	0.26	0.21	0.18
38	0.36	0.27	0.22	38	0.31	0.24	0.21
39	0.42	0.30	0.25	39	0.37	0.27	0.23
40	0.48	0.34	0.28	40	0.44	0.31	0.26
41	0.55	0.39	0.32	41	0.51	0.35	0.29
42	0.64	0.43	0.36	42	0.60	0.39	0.32
43	0.71	0.50	0.41	43	0.70	0.48	0.39
44	0.80	0.57	0.47	44	0.82	0.57	0.46
45	0.90	0.65	0.53	45	0.95	0.68	0.55
46	1.00	0.74	0.61	46	1.09	0.80	0.65
47	1.11	0.84	0.69	47	1.26	0.94	0.77
48	1.22	0.92	0.75	48	1.43	1.07	0.88
49	1.32	1.00	0.81	49	1.63	1.21	1.00
50	1.43	1.08	0.88	50	1.85	1.37	1.13
51	1.55	1.17	0.95	51	2.09	1.55	1.28
52	1.67	1.26	1.03	52	2.36	1.75	1.44
53	1.99	1.48	1.15	53	3.05	2.23	1.71
54	2.36	1.74	1.28	54	3.84	2.77	2.01

Disability Waiver of Premium attached to Twenty Year Renewable Term Coverage with Return of Premium
Gross Annual Premium per \$1,000 of Face Amount

Female Nonsmoker				Male Nonsmoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	0.13	0.09	0.06	18-30	0.15	0.09	0.08
31	0.17	0.12	0.09	31	0.17	0.12	0.09
32	0.23	0.15	0.12	32	0.19	0.15	0.10
33	0.25	0.17	0.14	33	0.21	0.16	0.11
34	0.28	0.19	0.15	34	0.23	0.18	0.12
35	0.32	0.22	0.17	35	0.26	0.19	0.14
36	0.36	0.24	0.19	36	0.29	0.21	0.15
37	0.40	0.27	0.22	37	0.32	0.22	0.17
38	0.46	0.31	0.24	38	0.38	0.26	0.19
39	0.53	0.34	0.27	39	0.44	0.29	0.22
40	0.61	0.38	0.30	40	0.52	0.33	0.25
41	0.69	0.42	0.33	41	0.60	0.37	0.28
42	0.79	0.47	0.37	42	0.70	0.41	0.31
43	0.87	0.53	0.42	43	0.82	0.49	0.37
44	0.96	0.60	0.47	44	0.96	0.57	0.44
45	1.05	0.68	0.53	45	1.11	0.67	0.52
46	1.16	0.77	0.60	46	1.29	0.78	0.61
47	1.27	0.86	0.67	47	1.49	0.91	0.71
48	1.37	0.94	0.73	48	1.68	1.05	0.82
49	1.47	1.02	0.79	49	1.90	1.21	0.94
50	1.59	1.11	0.86	50	2.14	1.40	1.09
51	1.70	1.20	0.93	51	2.42	1.62	1.25
52	1.83	1.30	1.00	52	2.74	1.86	1.43
53	1.70	1.27	0.95	53	2.60	1.87	1.39
54	1.57	1.23	0.89	54	2.46	1.88	1.34
55	1.44	1.18	0.82	55	2.31	1.87	1.26
56	1.30	1.12	0.73	56	2.17	1.85	1.18
57	1.17	1.05	0.63	57	2.03	1.83	1.07
58	1.11	0.99	0.54	58	2.04	1.82	0.98
59	1.06	0.93	0.47	59	2.06	1.80	0.90

Female Smoker				Male Smoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	0.20	0.14	0.11	18-30	0.19	0.14	0.12
31	0.28	0.19	0.15	31	0.26	0.19	0.15
32	0.38	0.26	0.19	32	0.33	0.24	0.20
33	0.44	0.29	0.23	33	0.37	0.27	0.23
34	0.50	0.33	0.27	34	0.42	0.31	0.26
35	0.58	0.38	0.32	35	0.47	0.35	0.30
36	0.67	0.43	0.37	36	0.53	0.40	0.35
37	0.76	0.49	0.43	37	0.59	0.45	0.41
38	0.87	0.56	0.48	38	0.70	0.51	0.45
39	0.99	0.63	0.53	39	0.82	0.57	0.49
40	1.13	0.70	0.59	40	0.95	0.63	0.53
41	1.28	0.79	0.65	41	1.11	0.70	0.58
42	1.44	0.88	0.72	42	1.28	0.77	0.63
43	1.59	1.02	0.83	43	1.49	0.93	0.76
44	1.75	1.17	0.95	44	1.74	1.12	0.92
45	1.93	1.33	1.08	45	2.01	1.34	1.09
46	2.11	1.51	1.23	46	2.31	1.58	1.29
47	2.31	1.70	1.39	47	2.64	1.85	1.51
48	2.49	1.86	1.51	48	2.94	2.09	1.70
49	2.68	2.02	1.64	49	3.27	2.36	1.91
50	2.87	2.19	1.77	50	3.64	2.65	2.15
51	3.08	2.36	1.90	51	4.05	2.99	2.42
52	3.29	2.54	2.05	52	4.51	3.36	2.73
53	3.80	3.02	2.29	53	5.60	4.30	3.20
54	4.36	3.56	2.56	54	6.76	5.37	3.72
55	4.95	4.16	2.87	55	7.99	6.59	4.29
56	5.58	4.84	3.19	56	9.32	7.99	4.95
57	6.26	5.60	3.56	57	10.75	9.59	5.68
58	7.34	6.51	3.97	58	13.14	11.63	6.61
59	8.62	7.58	4.44	59	16.05	14.09	7.69

Union Labor Life Insurance Company
Rider Form: ULLGR-DCC-0308
Dependent Child Coverage Rider
Gross Annual Premium per \$1,000 of Face Amount

<u>Issue</u>	<u>Gross</u>
<u>Age</u>	<u>Annual Premium</u>
All	4.05

Union Labor Life Insurance Company
Forms: ULLG-RTL-0308; ULLC-RTL-0308; ULLGR-ADB-TI-0308; ULLGR-ADB-OT-0308; ULLGR-LDWP-0308
Fifteen Year Renewable Term Coverage
Gross Annual Premium per \$1,000 of Face Amount

Female Nonsmoker				Male Nonsmoker			
Issue Age	Face Amount Band			Issue Age	Face Amount Band		
	\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	1.97	1.33	1.07	18-30	2.73	1.95	1.56
31	2.11	1.46	1.17	31	2.81	1.99	1.59
32	2.28	1.60	1.28	32	2.90	2.03	1.62
33	2.33	1.64	1.33	33	2.97	2.08	1.68
34	2.38	1.68	1.38	34	3.04	2.13	1.75
35	2.44	1.73	1.45	35	3.12	2.18	1.82
36	2.51	1.79	1.52	36	3.21	2.24	1.90
37	2.58	1.85	1.60	37	3.31	2.31	1.99
38	2.74	1.89	1.64	38	3.52	2.36	2.03
39	2.91	1.94	1.68	39	3.76	2.41	2.07
40	3.11	2.00	1.72	40	4.03	2.47	2.13
41	3.33	2.05	1.77	41	4.35	2.54	2.19
42	3.57	2.12	1.83	42	4.68	2.61	2.25
43	3.69	2.26	1.95	43	4.85	2.81	2.42
44	3.82	2.42	2.09	44	5.03	3.02	2.60
45	3.95	2.59	2.23	45	5.23	3.26	2.81
46	4.10	2.77	2.38	46	5.46	3.53	3.04
47	4.25	2.95	2.54	47	5.71	3.83	3.30
48	4.54	3.15	2.74	48	6.15	4.13	3.58
49	4.84	3.36	2.94	49	6.65	4.47	3.90
50	5.16	3.58	3.15	50	7.21	4.85	4.26
51	5.48	3.81	3.36	51	7.83	5.26	4.65
52	5.82	4.04	3.59	52	8.49	5.71	5.07
53	5.87	4.35	3.87	53	8.62	6.26	5.55
54	5.93	4.69	4.17	54	8.76	6.85	6.08
55	6.00	5.09	4.52	55	8.91	7.49	6.65
56	6.08	5.54	4.92	56	9.09	8.24	7.32
57	6.17	6.04	5.37	57	9.29	9.09	8.07
58	6.83	6.69	5.94	58	10.38	10.16	9.02
59	7.57	7.41	6.58	59	11.52	11.27	10.00
60	8.38	8.20	7.28	60	12.68	12.41	11.01
61	9.27	9.07	8.05	61	13.86	13.56	12.03
62	10.25	10.03	8.90	62	15.15	14.83	13.15
63	11.22	10.98	9.74	63	16.49	16.14	14.31
64	12.28	12.01	10.66	64	18.03	17.65	15.65

Female Smoker				Male Smoker			
Issue Age	Face Amount Band			Issue Age	Face Amount Band		
	\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	2.65	1.91	1.56	18-30	3.47	2.71	2.21
31	2.97	2.18	1.78	31	3.89	3.02	2.46
32	3.35	2.50	2.04	32	4.36	3.37	2.75
33	3.51	2.63	2.18	33	4.60	3.57	2.95
34	3.70	2.78	2.33	34	4.87	3.80	3.18
35	3.92	2.96	2.51	35	5.16	4.04	3.43
36	4.15	3.14	2.70	36	5.47	4.30	3.70
37	4.41	3.35	2.92	37	5.83	4.60	4.00
38	4.78	3.49	3.04	38	6.32	4.76	4.14
39	5.19	3.65	3.18	39	6.87	4.95	4.30
40	5.64	3.82	3.33	40	7.52	5.16	4.49
41	6.15	4.02	3.50	41	8.26	5.41	4.71
42	6.72	4.24	3.69	42	9.03	5.67	4.93
43	7.18	4.67	4.06	43	9.67	6.24	5.43
44	7.68	5.14	4.47	44	10.35	6.86	5.96
45	8.20	5.64	4.90	45	11.07	7.51	6.52
46	8.75	6.15	5.35	46	11.83	8.20	7.12
47	9.32	6.69	5.81	47	12.67	8.95	7.77
48	10.20	7.35	6.43	48	13.79	9.78	8.54
49	11.07	8.01	7.05	49	15.04	10.69	9.40
50	11.99	8.70	7.70	50	16.41	11.70	10.35
51	12.94	9.42	8.37	51	17.88	12.79	11.36
52	13.93	10.16	9.07	52	19.47	13.96	12.46
53	14.31	11.14	9.95	53	19.97	15.30	13.65
54	14.74	12.22	10.91	54	20.51	16.74	14.92
55	15.18	13.34	11.90	55	21.09	18.28	16.29
56	15.63	14.51	12.94	56	21.76	20.06	17.87
57	16.14	15.81	14.10	57	22.50	22.04	19.62
58	17.67	17.30	15.42	58	24.81	24.29	21.61
59	19.34	18.94	16.87	59	27.20	26.63	23.67
60	21.14	20.71	18.44	60	29.64	29.01	25.78
61	23.08	22.60	20.12	61	32.17	31.48	27.95
62	25.16	24.64	21.92	62	34.96	34.21	30.36
63	27.08	26.52	23.59	63	37.83	37.02	32.86
64	29.11	28.51	25.37	64	41.07	40.19	35.67

Union Labor Life Insurance Company
Forms: ULLG-RTL-0308; ULLC-RTL-0308; ULLGR-ADB-TI-0308; ULLGR-ADB-OT-0308; ULLGR-LDWP-0308
Twenty Year Renewable Term Coverage
Gross Annual Premium per \$1,000 of Face Amount

Female Nonsmoker				Male Nonsmoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 -	\$100,000 -	\$200,000 -		\$0 -	\$100,000 -	\$200,000 -
Age	<u>\$99,999</u>	<u>\$199,999</u>	<u>\$250,000</u>	Age	<u>\$99,999</u>	<u>\$199,999</u>	<u>\$250,000</u>
18-30	2.09	1.45	1.17	18-30	2.89	2.11	1.69
31	2.28	1.61	1.30	31	3.01	2.19	1.75
32	2.50	1.80	1.45	32	3.15	2.27	1.82
33	2.57	1.86	1.52	33	3.24	2.34	1.90
34	2.64	1.93	1.59	34	3.34	2.41	1.99
35	2.73	2.00	1.68	35	3.46	2.50	2.09
36	2.83	2.09	1.78	36	3.58	2.59	2.21
37	2.93	2.18	1.88	37	3.72	2.69	2.33
38	3.12	2.25	1.94	38	3.97	2.77	2.40
39	3.33	2.32	2.01	39	4.25	2.85	2.47
40	3.57	2.41	2.08	40	4.58	2.95	2.56
41	3.82	2.50	2.16	41	4.95	3.07	2.66
42	4.10	2.60	2.25	42	5.34	3.19	2.76
43	4.26	2.79	2.41	43	5.57	3.45	2.99
44	4.43	2.99	2.59	44	5.83	3.74	3.24
45	4.62	3.20	2.78	45	6.11	4.07	3.52
46	4.82	3.43	2.97	46	6.43	4.42	3.83
47	5.02	3.67	3.18	47	6.77	4.81	4.16
48	5.40	3.96	3.46	48	7.35	5.23	4.56
49	5.80	4.26	3.74	49	7.98	5.70	5.00
50	6.22	4.58	4.05	50	8.69	6.21	5.49
51	6.68	4.92	4.38	51	9.47	6.78	6.03
52	7.16	5.29	4.73	52	10.35	7.42	6.63
53	7.35	5.75	5.14	53	10.66	8.18	7.30
54	7.55	6.25	5.59	54	11.01	9.01	8.04
55	7.78	6.83	6.09	55	11.38	9.90	8.84
56	8.04	7.46	6.66	56	11.80	10.91	9.74
57	8.33	8.17	7.29	57	12.26	12.01	10.72
58	9.07	8.90	7.94	58	13.43	13.15	11.74
59	9.88	9.69	8.65	59	14.67	14.37	12.83

Female Smoker				Male Smoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 -	\$100,000 -	\$200,000 -		\$0 -	\$100,000 -	\$200,000 -
Age	<u>\$99,999</u>	<u>\$199,999</u>	<u>\$250,000</u>	Age	<u>\$99,999</u>	<u>\$199,999</u>	<u>\$250,000</u>
18-30	2.87	2.12	1.74	18-30	3.78	3.01	2.47
31	3.28	2.48	2.03	31	4.28	3.39	2.79
32	3.75	2.88	2.37	32	4.83	3.82	3.14
33	3.98	3.07	2.56	33	5.11	4.05	3.40
34	4.23	3.28	2.77	34	5.43	4.33	3.70
35	4.51	3.52	3.01	35	5.79	4.63	4.04
36	4.80	3.76	3.25	36	6.18	4.97	4.41
37	5.12	4.03	3.52	37	6.63	5.35	4.83
38	5.55	4.22	3.69	38	7.22	5.58	5.01
39	6.02	4.43	3.87	39	7.86	5.83	5.19
40	6.54	4.66	4.07	40	8.57	6.10	5.40
41	7.11	4.91	4.30	41	9.35	6.41	5.64
42	7.74	5.19	4.54	42	10.18	6.73	5.88
43	8.27	5.69	4.98	43	10.90	7.39	6.50
44	8.84	6.23	5.45	44	11.71	8.12	7.19
45	9.44	6.80	5.94	45	12.57	8.92	7.94
46	10.06	7.39	6.46	46	13.48	9.74	8.71
47	10.71	8.01	6.99	47	14.43	10.61	9.53
48	11.71	8.79	7.73	48	15.74	11.62	10.43
49	12.74	9.60	8.49	49	17.14	12.70	11.39
50	13.81	10.44	9.28	50	18.68	13.89	12.45
51	14.94	11.32	10.12	51	20.39	15.20	13.63
52	16.13	12.25	10.99	52	22.27	16.65	14.92
53	16.66	13.38	12.07	53	23.00	18.26	16.35
54	17.25	14.63	13.25	54	23.78	19.97	17.88
55	17.87	15.94	14.51	55	24.61	21.79	19.50
56	18.52	17.34	15.84	56	25.53	23.81	21.29
57	19.24	18.87	17.30	57	26.52	26.00	23.24
58	20.67	20.27	18.59	58	28.67	28.11	25.13
59	22.22	21.79	19.98	59	30.94	30.33	27.11

Union Labor Life Insurance Company
Forms: ULLG-RTL-0308; ULLC-RTL-0308; ULLGR-ADB-TI-0308; ULLGR-ADB-OT-0308; ULLGR-LDWP-0308
Twenty-Five Year Renewable Term Coverage
Gross Annual Premium per \$1,000 of Face Amount

Female Nonsmoker				Male Nonsmoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	2.22	1.57	1.27	18-30	3.03	2.24	1.81
31	2.47	1.79	1.44	31	3.22	2.37	1.91
32	2.74	2.03	1.63	32	3.43	2.52	2.03
33	2.84	2.12	1.73	33	3.56	2.62	2.14
34	2.95	2.22	1.84	34	3.70	2.73	2.27
35	3.07	2.33	1.96	35	3.85	2.85	2.41
36	3.20	2.44	2.09	36	4.02	2.99	2.56
37	3.34	2.57	2.23	37	4.21	3.14	2.73
38	3.56	2.67	2.31	38	4.51	3.26	2.85
39	3.80	2.77	2.40	39	4.84	3.40	2.98
40	4.06	2.88	2.50	40	5.21	3.55	3.14
41	4.35	3.01	2.61	41	5.63	3.72	3.30
42	4.66	3.14	2.73	42	6.06	3.90	3.48
43	4.87	3.37	2.95	43	6.36	4.23	3.79
44	5.09	3.62	3.19	44	6.68	4.58	4.14
45	5.33	3.89	3.44	45	7.05	4.98	4.52
46	5.59	4.18	3.71	46	7.46	5.43	4.95
47	5.86	4.49	4.00	47	7.91	5.93	5.43
48	6.34	4.87	4.37	48	8.65	6.51	5.98
49	6.85	5.27	4.77	49	9.47	7.14	6.59
50	7.39	5.71	5.20	50	10.36	7.83	7.25
51	7.98	6.17	5.66	51	11.33	8.58	7.96
52	8.61	6.67	6.15	52	12.39	9.40	8.75
53	9.30	7.20	6.64	53	13.57	10.30	9.58
54	10.05	7.79	7.18	54	14.86	11.28	10.50

Female Smoker				Male Smoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - Age \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	3.11	2.35	1.99	18-30	4.06	3.28	2.70
31	3.63	2.81	2.35	31	4.66	3.76	3.12
32	4.21	3.32	2.74	32	5.32	4.29	3.58
33	4.49	3.57	3.01	33	5.67	4.60	3.96
34	4.81	3.84	3.30	34	6.06	4.93	4.38
35	5.14	4.13	3.62	35	6.48	5.30	4.83
36	5.49	4.43	3.95	36	6.92	5.69	5.32
37	5.87	4.76	4.30	37	7.43	6.13	5.87
38	6.34	4.98	4.55	38	8.06	6.40	6.09
39	6.84	5.23	4.82	39	8.76	6.71	6.34
40	7.39	5.49	5.10	40	9.54	7.04	6.61
41	7.99	5.77	5.42	41	10.37	7.41	6.90
42	8.63	6.08	5.76	42	11.24	7.78	7.20
43	9.21	6.63	6.28	43	12.03	8.55	7.99
44	9.84	7.23	6.84	44	12.89	9.38	8.84
45	10.50	7.86	7.43	45	13.82	10.28	9.76
46	11.20	8.52	8.05	46	14.81	11.25	10.75
47	11.94	9.22	8.71	47	15.89	12.29	11.82
48	13.05	10.12	9.58	48	17.38	13.43	12.90
49	14.20	11.04	10.47	49	18.97	14.65	14.06
50	15.42	12.02	11.42	50	20.69	15.96	15.31
51	16.69	13.04	12.41	51	22.54	17.38	16.65
52	18.03	14.12	13.45	52	24.54	18.91	18.11
53	19.28	15.10	14.38	53	26.49	20.41	19.55
54	20.63	16.16	15.39	54	28.58	22.02	21.09

Union Labor Life Insurance Company
Forms: ULLG-RTL-0308; ULLC-RTL-0308; ULLGR-ADB-TI-0308; ULLGR-ADB-OT-0308; ULLGR-LDWP-0308; ULLGR-ROP-0308
Twenty Year Renewable Term Coverage with Return of Premium
Gross Annual Premium per \$1,000 of Face Amount

Female Nonsmoker				Male Nonsmoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 -	\$100,000 -	\$200,000 -		\$0 -	\$100,000 -	\$200,000 -
Age	\$99,999	\$199,999	\$250,000	Age	\$99,999	\$199,999	\$250,000
18-30	3.71	2.58	2.20	18-30	5.27	3.70	3.37
31	4.07	2.90	2.49	31	5.55	3.91	3.52
32	4.48	3.27	2.81	32	5.85	4.14	3.69
33	4.81	3.50	3.05	33	6.23	4.40	3.96
34	5.18	3.76	3.31	34	6.66	4.70	4.26
35	5.60	4.05	3.61	35	7.15	5.04	4.60
36	6.05	4.37	3.94	36	7.68	5.41	4.97
37	6.55	4.72	4.30	37	8.27	5.82	5.38
38	6.97	4.88	4.44	38	8.81	6.00	5.53
39	7.43	5.05	4.59	39	9.41	6.20	5.70
40	7.94	5.25	4.76	40	10.09	6.42	5.89
41	8.49	5.46	4.95	41	10.88	6.68	6.11
42	9.10	5.69	5.15	42	11.72	6.96	6.35
43	9.49	6.09	5.52	43	12.42	7.51	6.87
44	9.90	6.52	5.91	44	13.18	8.11	7.44
45	10.35	6.98	6.33	45	14.04	8.79	8.07
46	10.82	7.46	6.77	46	15.00	9.54	8.78
47	11.31	7.97	7.24	47	16.02	10.34	9.54
48	12.29	8.79	8.01	48	17.31	11.41	10.53
49	13.31	9.64	8.82	49	18.73	12.60	11.62
50	14.40	10.55	9.68	50	20.31	13.91	12.82
51	15.56	11.51	10.59	51	22.06	15.36	14.16
52	16.80	12.55	11.57	52	24.02	16.99	15.66
53	17.11	13.49	12.44	53	24.31	18.37	16.93
54	17.46	14.54	13.40	54	24.62	19.89	18.33
55	17.84	15.72	14.49	55	24.96	21.54	19.84
56	18.28	17.03	15.70	56	25.34	23.37	21.53
57	18.76	18.49	17.04	57	25.76	25.39	23.38
58	20.43	20.13	18.55	58	28.21	27.81	25.60
59	22.26	21.94	20.22	59	30.83	30.39	27.98

Female Smoker				Male Smoker			
Issue	Face Amount Band			Issue	Face Amount Band		
	\$0 -	\$100,000 -	\$200,000 -		\$0 -	\$100,000 -	\$200,000 -
Age	\$99,999	\$199,999	\$250,000	Age	\$99,999	\$199,999	\$250,000
18-30	6.90	4.74	4.51	18-30	7.90	6.09	5.75
31	7.63	5.27	4.99	31	9.11	6.97	6.59
32	8.47	5.88	5.54	32	10.46	7.95	7.52
33	9.34	6.46	6.12	33	11.39	8.73	8.31
34	10.31	7.12	6.76	34	12.46	9.64	9.22
35	11.38	7.84	7.47	35	13.67	10.67	10.25
36	12.51	8.60	8.22	36	14.99	11.79	11.38
37	13.72	9.42	9.03	37	16.49	13.06	12.65
38	14.47	9.77	9.36	38	17.56	13.29	12.82
39	15.29	10.17	9.72	39	18.70	13.53	13.00
40	16.19	10.59	10.11	40	19.96	13.80	13.21
41	17.18	11.06	10.54	41	21.37	14.10	13.43
42	18.26	11.58	11.02	42	22.86	14.42	13.67
43	19.04	12.57	11.97	43	24.23	15.80	15.04
44	19.88	13.63	12.99	44	25.77	17.35	16.57
45	20.77	14.75	14.06	45	27.42	19.00	18.22
46	21.69	15.92	15.18	46	29.14	20.74	19.93
47	22.65	17.13	16.34	47	30.96	22.56	21.74
48	24.49	18.80	17.91	48	32.95	24.35	23.40
49	26.37	20.52	19.53	49	35.07	26.28	25.17
50	28.35	22.32	21.22	50	37.41	28.38	27.12
51	30.43	24.22	23.00	51	39.99	30.72	29.28
52	32.61	26.20	24.86	52	42.85	33.30	31.66
53	33.38	27.96	26.63	53	43.58	35.55	33.59
54	34.22	29.90	28.58	54	44.36	37.95	35.65
55	35.12	31.95	30.65	55	45.19	40.50	37.84
56	36.07	34.12	32.84	56	46.11	43.32	40.26
57	37.11	36.50	35.24	57	47.10	46.38	42.89
58	39.87	39.21	37.86	58	50.92	50.14	46.37
59	42.85	42.15	40.69	59	54.95	54.11	50.03

Union Labor Life Insurance Company
Forms: ULLG-RTL-0308; ULLC-RTL-0308; ULLGR-ADB-TI-0308; ULLGR-ADB-OT-0308; ULLGR-LDWP-0308;
ULLGR-ROP-0308;ULLGR-DWP-0308
Twenty Year Renewable Term Coverage with Return of Premium and Disability Waiver of Premium
Gross Annual Premium per \$1,000 of Face Amount

Female Nonsmoker				Male Nonsmoker			
Issue Age	Face Amount Band			Issue Age	Face Amount Band		
	\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	3.96	2.76	2.32	18-30	5.57	3.88	3.53
31	4.41	3.14	2.66	31	5.88	4.14	3.70
32	4.93	3.57	3.05	32	6.23	4.44	3.89
33	5.30	3.83	3.32	33	6.65	4.72	4.18
34	5.73	4.13	3.61	34	7.12	5.05	4.50
35	6.22	4.48	3.95	35	7.66	5.41	4.87
36	6.75	4.84	4.32	36	8.25	5.82	5.27
37	7.33	5.25	4.73	37	8.90	6.26	5.71
38	7.87	5.48	4.91	38	9.56	6.50	5.91
39	8.46	5.72	5.12	39	10.27	6.76	6.13
40	9.12	5.99	5.34	40	11.10	7.07	6.38
41	9.82	6.27	5.59	41	12.05	7.40	6.66
42	10.62	6.60	5.86	42	13.08	7.76	6.96
43	11.16	7.11	6.32	43	14.01	8.46	7.59
44	11.74	7.68	6.82	44	15.04	9.22	8.29
45	12.36	8.28	7.35	45	16.19	10.08	9.08
46	13.03	8.93	7.93	46	17.48	11.04	9.96
47	13.73	9.61	8.52	47	18.88	12.09	10.92
48	14.90	10.58	9.42	48	20.54	13.43	12.11
49	16.12	11.59	10.34	49	22.37	14.92	13.43
50	17.43	12.67	11.33	50	24.41	16.59	14.92
51	18.81	13.81	12.38	51	26.69	18.46	16.57
52	20.30	15.04	13.50	52	29.24	20.54	18.41
53	20.37	15.93	14.28	53	29.27	21.96	19.62
54	20.48	16.91	15.13	54	29.33	23.50	20.92
55	20.62	18.00	16.08	55	29.40	25.14	22.29
56	20.80	19.21	17.13	56	29.52	26.95	23.82
57	21.03	20.54	18.28	57	29.68	28.93	25.48
58	22.59	22.06	19.62	58	32.17	31.34	27.53
59	24.33	23.76	21.15	59	34.82	33.89	29.75

Female Smoker				Male Smoker			
Issue Age	Face Amount Band			Issue Age	Face Amount Band		
	\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000		\$0 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$250,000
18-30	7.29	5.01	4.72	18-30	8.28	6.37	5.99
31	8.18	5.65	5.28	31	9.62	7.34	6.89
32	9.21	6.39	5.92	32	11.11	8.42	7.91
33	10.19	7.03	6.57	33	12.12	9.26	8.76
34	11.29	7.77	7.29	34	13.28	10.25	9.74
35	12.51	8.58	8.10	35	14.60	11.36	10.85
36	13.81	9.45	8.95	36	16.03	12.58	12.07
37	15.20	10.38	9.87	37	17.65	13.95	13.45
38	16.16	10.86	10.29	38	18.93	14.29	13.70
39	17.21	11.39	10.75	39	20.30	14.65	13.97
40	18.37	11.96	11.26	40	21.82	15.04	14.25
41	19.65	12.59	11.81	41	23.54	15.47	14.57
42	21.04	13.29	12.42	42	25.35	15.92	14.90
43	22.11	14.53	13.57	43	27.14	17.61	16.53
44	23.26	15.88	14.83	44	29.15	19.52	18.36
45	24.48	17.31	16.15	45	31.31	21.60	20.34
46	25.74	18.82	17.55	46	33.61	23.79	22.44
47	27.07	20.39	19.02	47	36.05	26.13	24.66
48	29.26	22.37	20.82	48	38.60	28.38	26.69
49	31.51	24.39	22.68	49	41.35	30.81	28.87
50	33.85	26.52	24.63	50	44.39	33.48	31.27
51	36.33	28.74	26.66	51	47.75	36.45	33.95
52	38.91	31.07	28.81	52	51.48	39.74	36.92
53	40.63	33.73	31.05	53	54.20	43.73	39.73
54	42.49	36.67	33.51	54	57.08	48.09	42.77
55	44.47	39.84	36.16	55	60.11	52.85	46.02
56	46.56	43.25	38.96	56	63.38	58.20	49.66
57	48.83	47.03	42.06	57	66.87	64.12	53.65
58	53.54	51.41	45.46	58	74.90	71.51	58.85
59	58.83	56.29	49.17	59	83.98	79.80	64.50

SERFF Tracking Number: ULCC-125825538 State: Arkansas
Filing Company: The Union Labor Life Insurance Company State Tracking Number: 40385
Company Tracking Number: RTL-0308
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: ULLG-RTL-0308
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 09/22/2008

Comments:

Policy and Certificates issued in this state will comply with Rule and Regulation 49, as well as ACA-23-79-138 and Bulletin 11-88.

Attachments:

AR Certification Rule 19.pdf
AR Flesch Certification.pdf

Review Status:

Satisfied -Name: Consent to File Rates 09/22/2008

Comments:

Attachment:

AR Consent to Submit Rates.pdf

READABILITY CERTIFICATION

Arkansas

I certify that the following forms submitted with this filing achieved the following scores using the Flesch Test Reading Score standards.

<u>Form</u>	<u>Description</u>	<u>Flesch Score</u>
ULLG-RTL-0308	Group Term Life Policy	52.0
ULLC-RTL-0308	Group Term Life Certificate	53.4
ULLGR-ADB-TI-0308	Policy/Certificate Rider	52.4
ULLGR-ADB-OT-0308	Policy/Certificate Rider	53.0
ULLGR-CTR-0308	Policy/Certificate Rider	54.1
ULLGR-DWP-0308	Policy/Certificate Rider	57.7
ULLGR-ROP-0308	Policy/Certificate Rider	53.7

THE UNION LABOR LIFE INSURANCE COMPANY



By: _____

Title: James Messinger, Insurance Operations

Date: September 22, 2008

**CONSENT TO SUBMIT RATES AND/OR
COST BASES FOR APPROVAL**

Bulletin 11-83

The Union Labor Life Insurance Company (Company) of Baltimore Maryland
(Company Name) (City and State)

does hereby consent and agree that all premium rates and/or cost bases both "maximum" and "current or projected" used in relation to policy form number ULLG-RTL-0308 et al. must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

The Union Labor Life Insurance Company
(Company Name)



(Signature)

By: James P. Messinger
(Name)

Vice President Insurance Operations
(Title or Position)

SERFF Tracking Number: *ULCC-125825538* State: *Arkansas*
 Filing Company: *The Union Labor Life Insurance Company* State Tracking Number: *40385*
 Company Tracking Number: *RTL-0308*
 TOI: *L04G Group Life - Term* Sub-TOI: *L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
 Product Name: *ULLG-RTL-0308*
 Project Name/Number: */*

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Policy/Certificate Rider	09/22/2008	ULLGR-ADB-TI-0308.pdf
No original date	Form	Policy/Certificate Rider	09/22/2008	ULLGR-ADB-OT-0308.pdf



ADMINISTRATIVE OFFICE: 8403 Colesville Rd., Silver Spring, Maryland 20910

ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

Rider Effective Date:

Attached to [Policy] [Certificate] No.:

Name of Policyholder:

This Rider is a part of the [Policy] [Certificate] to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Accelerated Death Benefit For Terminal Illness** is added to the [Policy] [Certificate]:

The Insured has the right to receive a portion of his Term Life Insurance Benefit during his lifetime. We will pay an Accelerated Death Benefit if the Insured chooses to use this option. It is paid if the Insured has a medical condition which is diagnosed by a physician and which results in an expected life span of 12 months or less.

The Insured may elect to receive up to 100% of the available Face Amount. The amount elected is called the Available Proceeds. We deduct from the Available Proceeds a processing charge equal to 5% of the Available Proceeds chosen by the Insured. We then pay the balance to the Insured.

This benefit is subject to the following:

1. The Insured must be covered for at least [\$5,000] of term life insurance under his Certificate.
2. We must receive statements from two physicians certifying: (a) the diagnosis of the Insured's medical condition; and (b) a statement that because of the nature and severity of the condition, the Insured is not expected to live more than twelve months. We have the right to require documentation from the two physicians which supports their diagnosis. The physicians giving the diagnosis must be someone other than the Insured's spouse, parent, child, brother or sister, aunt or uncle, or any person living with the Insured.
3. We have the right to require, at our expense, that the Insured be examined in the United States or Canada by a physician of our choosing in order to verify the diagnosis.
4. The initial diagnosis that the Insured has less than twelve months to live must be made on or after the Certificate Effective Date.
5. We must receive the Insured's request for payment under this benefit prior to when the Certificate stops.
6. The Certificate may not be assigned.
7. The Insured may elect this benefit only once.
8. The Insured cannot change the amount elected after the date we pay the benefit.

After we pay the Accelerated Death Benefit, the Face Amount is reduced by the amount of Available Proceeds elected. If less than 100% of the available Face Amount is elected, premiums will then be waived for the Term Life Insurance Benefit for the Insured for the duration of the Term Period.

Premiums for other optional coverage or for other covered family members are not waived by this provision.

An Accelerated Death Benefit may be paid only once during the Insured's lifetime. Benefits will be paid to the Insured in a single sum. If the Insured is not living when benefits are payable, the benefits will be paid to the Insured's Beneficiary.

RECEIPT OF AN ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS MAY AFFECT THE INSURED'S ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. THE INSURED SHOULD CONSULT A TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

We are not responsible for any effect on the Insured's state or federal taxes, or the Insured's loss of eligibility for any state or federal program.

Important Notice: Benefits which are paid under this Rider reduce the Certificate's Face Amount.

Conversion. The *Right to Convert* provision in the Certificate does not apply to this Rider.

Incontestability. Except for non-payment of premiums, this Rider cannot be contested after two years from its effective date. No statement made by the Insured relating to his insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Insured's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

Suicide. If the Insured commits suicide, while sane or insane, within two years from the effective date of this Rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this Rider without interest.

Right To Adjust Rider Rates. We reserve the right to change the Rider rates, on a class basis, on any date.

Reinstatement. If the Insured's Certificate lapses, and is reinstated, this Rider may be reinstated.

Termination of Rider. The benefit provided by this Rider will end on the earliest of the following dates: (a) the date the [Policy] [Certificate] ends; (b) the date the 31 day Grace Period ends, if the Insured fail to pay the premium when due; or (c) the date the Insured attains age 60.]

Benefits are subject to all terms and limitations of the [Policy] [Certificate]. This Rider does not waive, alter or extend any provisions or conditions of the [Policy] [Certificate] except to the extent shown above.



Chairman and Chief Executive Officer



ADMINISTRATIVE OFFICE: 8403 Colesville Rd., Silver Spring, Maryland 20910

ACCELERATED BENEFIT FOR ORGAN TRANSPLANT RIDER

Rider Effective Date:

Attached to [Policy] [Certificate] No.:

Name of Policyholder:

This Rider is a part of the [Policy] [Certificate] to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Accelerated Benefit For Organ Transplant** is added to the [Policy] [Certificate]:

The Insured has the right to receive a portion of his Term Life Insurance Benefit during his lifetime. We will pay an Accelerated Benefit if the Insured chooses to use this option. It is paid if the Insured undergoes a covered Organ Transplant Procedure. The Insured may elect up to 50% of the available Face Amount. The amount elected is called the Available Proceeds. We will deduct from the Available Proceeds a processing charge equal to 5% of the Available Proceeds chosen by the Insured. We then pay the balance to Insured.

An Organ Transplant Procedure means one of the following human organ transplants: (1) Heart; or (2) Lung; or (3) Heart-Lung; or (4) Liver. It does not include the implantation of any artificial or animal organ(s).

This benefit is subject to the following:

1. The Insured must be covered for at least [\$5,000] of term life insurance under his Certificate.
2. We must receive proof from the Insured's physician and surgeon that he has undergone a covered Organ Transplant Procedure. The physician and surgeon submitting the proof must be someone other than the Insured's spouse, parent, child, brother or sister, aunt or uncle, or any person living with the Insured.
3. The covered Organ Transplant Procedure must take place while the Insured's Certificate is in force.
4. We must receive the Insured's request for payment under this benefit prior to when the Certificate stops.
5. The Certificate may not be assigned.
6. The Insured may elect this benefit only once.
7. The Insured cannot change the amount elected after the date we pay the benefit.

After we pay the Accelerated Benefit, the Face Amount is reduced by the amount of Available Proceeds elected. Premiums will then be waived for the Term Life Insurance Benefit for the Insured. Premiums for other optional coverages or for other covered family members are not waived by this provision.

An Accelerated Benefit may be paid only once during the Insured's lifetime. Benefits will be paid to the Insured in a single sum. If the Insured is not living when benefits are payable, the benefits will be paid to the Insured's Beneficiary.

RECEIPT OF AN ACCELERATED BENEFIT FOR ORGAN TRANSPLANT MAY AFFECT THE INSURED'S ELIGIBILITY FOR A STATE OR FEDERAL PROGRAM, SUCH AS MEDICAID, AND BENEFITS MAY BE TAXABLE. THE INSURED SHOULD CONSULT A TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Important Notice: Benefits which are paid under this Rider reduce the Certificate's Face Amount.

Conversion. The *Right to Convert* provision in the Certificate does not apply to this Rider.

Incontestability. Except for non-payment of premiums, this Rider cannot be contested after two years from its effective date. No statement made by the Insured relating to his insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Insured's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

Suicide. If the Insured commits suicide, while sane or insane, within two years from the effective date of this Rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this Rider without interest.

Right To Adjust Rider Rates. We reserve the right to change the Rider rates, on a class basis, on any date.

Reinstatement. If the Insured's Certificate lapses, and is reinstated, this Rider may be reinstated.

Termination of Rider. The benefit provided by this Rider will end on the earliest of the following dates: (a) the date the [Policy] [Certificate] ends; (b) the date the 31 day Grace Period ends, if the Insured fail to pay the premium when due; or (c) the date the Insured attains age 60.]

Benefits are subject to all terms and limitations of the [Policy] [Certificate]. This Rider does not waive, alter or extend any provisions or conditions of the [Policy] [Certificate] except to the extent shown above.



Chairman and Chief Executive Officer