

SERFF Tracking Number: AMLC-125892510 State: Arkansas
Filing Company: American Income Life Ins Co State Tracking Number: 40809
Company Tracking Number: R2400
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Critical Illness Accelerated Death Benefit Rider
Project Name/Number: R2400/R2400

Filing at a Glance

Company: American Income Life Ins Co

Product Name: Critical Illness Accelerated Death Benefit Rider SERFF Tr Num: AMLC-125892510 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 40809

Sub-TOI: L08.000 Life - Other

Co Tr Num: R2400

State Status: Approved-Closed

Filing Type: Form

Co Status: Pending

Reviewer(s): Linda Bird

Author: Angela Fincher

Disposition Date: 11/10/2008

Date Submitted: 11/07/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: R2400

Status of Filing in Domicile: Pending

Project Number: R2400

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This filing is being made concurrently in Indiana, our state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/10/2008

State Status Changed: 11/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: R2400 – Critical Illness Accelerated Death Benefit Rider

PI-433 (R08) - Accelerated Benefit Endorsement

AG-2549 – Application

AG-2592 – Conditional Receipt

<i>SERFF Tracking Number:</i>	<i>AMLC-125892510</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Income Life Ins Co</i>	<i>State Tracking Number:</i>	<i>40809</i>
<i>Company Tracking Number:</i>	<i>R2400</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Critical Illness Accelerated Death Benefit Rider</i>		
<i>Project Name/Number:</i>	<i>R2400/R2400</i>		

Enclosed are copies of the above referenced forms for your review. These forms are new forms and are not intended to replace any previously approved forms. They have been filed concurrently in Indiana, our state of domicile.

Forms AG-2549 and AG-2592 will be used with individual life and individual accident and health policies sold by a licensed agent. These forms have a combined FLESCH readability score of 45.5. Form R2400 is for general use with our individual life portfolio approved in your state and has a FLESCH readability score of 45.0. Form PI-433 (R08) will be sent to the Policyowner upon acceleration of benefits and the FLESCH readability score is 56.2.

Also enclosed are the following notice and service forms that will be used with form R2400:
 AG-2593 – Critical Illness Accelerated Death Benefit Disclosure and Acknowledgement
 C-124 (R08) – Preliminary Accelerated Benefit Payment Disclosure

We wish to thank you for your cooperation in this matter, and trust you will find this filing acceptable for approval. Please contact me if you have any questions.

Company and Contact

Filing Contact Information

Angela Fincher, Contract Analyst	afincher@aillife.com
PO Box 2608	(254) 761-6761 [Phone]
Waco, TX 76797	(254) 741-5723[FAX]

Filing Company Information

American Income Life Ins Co	CoCode: 60577	State of Domicile: Indiana
P.O. Box 2608	Group Code: 290	Company Type: Life and Health
Waco, TX 76797	Group Name: Liberty National	State ID Number: 498
(254) 761-6761 ext. [Phone]	FEIN Number: 74-1365936	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$80.00
Retaliatory?	No
Fee Explanation:	\$20/form * 4 forms = \$80

SERFF Tracking Number: *AMLC-125892510* *State:* *Arkansas*
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Per Company: *No*

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Income Life Ins Co	\$80.00	11/07/2008	23794389

SERFF Tracking Number: AMLC-125892510 State: Arkansas
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Company Tracking Number: R2400
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Critical Illness Accelerated Death Benefit Rider
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/10/2008	11/10/2008

SERFF Tracking Number: *AMLC-125892510* *State:* *Arkansas*
Filing Company: *American Income Life Ins Co* *State Tracking Number:* *40809*
Company Tracking Number: *R2400*
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Product Name: *Critical Illness Accelerated Death Benefit Rider*
Project Name/Number: *R2400/R2400*

Disposition

Disposition Date: 11/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	AG-2593		Yes
Supporting Document	C-124 (R08)		Yes
Form	Critical Illness Accelerated Death Benefit Rider		Yes
Form	Accelerated Benefit Endorsement		Yes
Form	Application		Yes
Form	Conditional Receipt		Yes

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Form Schedule

Lead Form Number: R2400

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	R2400	Policy/Cont Critical Illness ract/Fratern Accelerated Death al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45	R2400.pdf
	PI-433 (R08)	Policy/Cont Accelerated Benefit ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56	PI-433 (R08).pdf
	AG-2549	Application/ Application Enrollment Form	Initial		46	AG-2549.pdf
	AG-2592	Application/ Conditional Receipt Enrollment Form	Initial		0	AG-2592.pdf

CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

PLEASE NOTE: ANY ACCELERATED DEATH BENEFIT PAID UNDER THIS RIDER MAY BE TAXABLE. A PERSONAL TAX ADVISOR SHOULD BE CONSULTED.

Benefits. We will pay the Insured one of the following accelerated death benefits upon receiving due proof of First Diagnosis of the Insured's covered critical illness while this Rider is in force subject to the following provisions. Written certification of the First Diagnosis of the covered critical illness will be required from the Insured's personal Physician. We may obtain a second medical opinion. We reserve the right to rely solely on our Physician's opinion for claim purposes. No benefit will be payable if the covered critical illness is a result of self-inflicted injuries, alcoholism, alcohol abuse, drug dependency or drug abuse.

Benefit amount. We will pay:

- 1) The applicable accelerated death benefit shown on Page 3A; less
- 2) Any outstanding Policy Loan and Loan Interest in the same proportion as the ratio of the amount accelerated to the total death benefit; less
- 3) Any overdue premium if a claim occurs during the grace period of an unpaid premium.

Applicability to Base Policy Only. Amounts referred to in this Rider apply to the base policy and do not include amounts for any other attached rider, which includes, but is not limited to, Term Riders, Waiver of Premium Benefits, Accidental Death Benefits, etc.

Effect on Policy Benefits. On the date the accelerated death benefit is paid, the death benefit will be reduced by the accelerated benefit amount paid. The Premium, Cash Value, Policy Loan and Loan Interest will reduce in the same proportion as the death benefit reduction.

Definitions.

Waiting Period - No benefit is payable if the covered critical illness first manifests itself before this Rider has been in force for 30 days from the Rider Date shown on Page 3A. An illness is manifested when symptoms exist which relate to a covered critical illness and would cause an ordinary prudent person to seek diagnosis, care, or treatment.

First Diagnosis - The first time the Insured is diagnosed by a Physician as having a covered critical illness which (1) has never been diagnosed by a physician; and (2) is first manifested after the Waiting Period and while this Rider is in force. Multiple occurrences of Coronary Angioplasty, Coronary Artery Bypass Surgery, Non-Invasive Carcinoma In-Situ, Stage 1 of Hodgkins Disease or Stage A Prostate Cancer will be considered as a First Diagnosis as each separate procedure is performed or separate tumor is diagnosed.

Physician - Any licensed medical practitioner, other than yourself or a member of your immediate family or household, who is acting within the scope of such license.

1) Maximum Critical Illness Accelerated Death Benefit on Page 3A for:

- Cancer - Leukemia, Hodgkin's Disease, or any form of malignant growth positively diagnosed as Cancer (malignant neoplasm) by a legally licensed doctor of medicine certified by the American Board of Pathology or a certified Osteopathic Pathologist. This diagnosis must be based on a microscopic study of body tissue or fluid. Criteria for malignancy are those accepted by the American Board of Pathology or the Osteopathic Board of Pathology. Premalignant conditions or conditions with malignant potential are not to be construed as Cancer in interpreting this Rider. The following are not covered under this benefit:
 1. Skin Cancer (except invasive malignant melanoma into dermis or deeper)
 2. Non-Invasive Carcinoma In-Situ
 3. Stage 1 of Hodgkin's Disease
 4. Stage A Prostate Cancer
 5. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75 mm.
- Heart Attack - An acute myocardial infarction (the death of a portion of the heart muscle) resulting from a blockage of one or more coronary arteries. Cardiac arrest not caused by a myocardial infarction is not considered a heart attack for purposes of this Rider, nor is any other disease or injury involving the cardiovascular system. The diagnosis must include all of the following: (a) chest pain; and (b) associated new electrocardiographic (EKG) changes supporting a diagnosis of acute myocardial infarction; and (c) elevation of cardiac enzymes above standard laboratory levels; and (d) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.



- Stroke - A cerebrovascular incident caused by hemorrhage, embolism, thrombosis or infarction of brain tissue producing measurable neurological deficit persisting for at least thirty (30) days following the occurrence of such incident. We must receive evidence of permanent neurological damage from confirming neuroimaging studies. The following conditions are not covered:

1. Transient Ischemic Attack (TIA)
2. Attacks of vertebrobasilar ischemia
3. Cerebral symptoms due to migraine
4. Cerebral injury resulting from trauma or hypoxia
5. Vascular disease affecting the eye or optic nerve

- Major Organ Transplant - Undergoing surgery to transplant a heart, lung, liver, kidney, pancreas, or bone marrow from a human donor to the Insured as a recipient.
- Paralysis - The complete and permanent functional loss of two or more limbs through neurological injury.
- Total Loss of Eyesight - The total and permanent loss of sight in both eyes. The diagnosis of Total Loss of Eyesight must be made by a board certified ophthalmologist.

2) Bypass Accelerated Death Benefit on Page 3A for:

- Coronary Artery Bypass Surgery - Heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Angiographic evidence of underlying disease must be provided. Angioplasty and all other non-bypass techniques are excluded from this definition.

3) Carcinoma In-Situ Accelerated Death Benefit on Page 3A for:

- Non-Invasive Carcinoma In-Situ - The earliest stage of a cancer (excluding skin cancer) in which it is confined to its site of origin and is microscopically defined as such by pathological reports.
- Stage 1 of Hodgkin's Disease
- Stage A Prostate Cancer

4) Angioplasty Accelerated Death Benefit on Page 3A for:

- Coronary Angioplasty - the first occurrence of coronary angioplasty, artery stent placement, arterectomy, or laser treatment that is deemed medically necessary by a cardiologist to treat coronary artery disease.

The Bypass, Carcinoma In-Situ and Angioplasty Accelerated Death Benefits may be payable more than once up to the Maximum Critical Illness Accelerated Death Benefit on Page 3A.

Payment of Benefits. The accelerated death benefits will be paid to the Insured unless otherwise instructed. Such instruction must be in writing and signed by the Insured. We must receive written consent from all irrevocable beneficiaries, if any. We reserve the right to require written consent from any individuals who may have a claim to the policy benefits.

The accelerated death benefit will be paid in one lump sum. So far as the law allows, no payment of benefits will be subject to the claims of creditors. There are no restrictions on the use of the proceeds.

Incontestability. We cannot contest the validity of this Rider after it has been in force during the lifetime of the Insured for 2 years except for failure to pay premiums.

Waiver of Premium. If the policy to which this Rider is attached has any benefits for total and permanent disability, we will waive the payment of premiums for this Rider when the payment of premiums for the policy is waived. Premium for the Waiver of Premium Benefit is shown on Page 3.

Reinstatement. This Rider may be reinstated (put back in full force) within 5 years after it ceases to be in full force. The policy this Rider is attached to must be concurrently reinstated. Evidence of insurability satisfactory to us is required.

Termination. This Rider will stop at the first of the following:

1. The Expiry Date on Page 3A;
2. The end of the grace period for any premium due on the policy or this Rider;
3. The written request of the Policyowner.
4. The date the policy is terminated, or exchanged; or continued in force under an Extended Term Insurance or Reduced Paid-Up Insurance Option; or
5. The date the Maximum Critical Illness Accelerated Death Benefit on Page 3A has been paid due to one or more covered critical illnesses.

Consideration. We have issued this Rider in return for the application and the payment of the additional premium on Page 3. A copy of the application is attached to the policy. The additional premium is payable until this Rider stops unless a shorter premium period is stated in the policy. If we receive premiums for this Rider after it has stopped, we will refund such premiums and the insurance coverage will not continue.

MORTALITY TABLE - 2001 COMMISSIONER'S STANDARD ORDINARY, AGE LAST BIRTHDAY
 VALUATION INTEREST RATE - 4.00 PERCENT
 VALUATION METHOD - COMMISSIONERS RESERVE
 NONFORFEITURE INTEREST RATE - 5.00 PERCENT
 POLICY LOAN INTEREST RATE - 8.00 PERCENT ANNUAL RATE, PAYABLE IN ARREARS
 NONFORFEITURE FACTOR - 95.77210 ALL YEARS

TABLE OF NONFORFEITURE VALUES

END OF POLICY YEAR	CASH OR LOAN VALUE	PAID UP INSURANCE	EXTENDED TERM		END OF POLICY YEAR
	\$	\$	YEARS	DAYS	
1					1
2					2
3	40.00	240	2	282	3
4	130.00	740	7	193	4
5	220.00	1,190	11	29	5
6	320.00	1,660	14	42	6
7	410.00	2,040	15	332	7
8	520.00	2,480	17	284	8
9	620.00	2,840	18	334	9
10	730.00	3,210	19	326	10
11	840.00	3,550	20	220	11
12	960.00	3,900	21	104	12
13	1,070.00	4,180	21	233	13
14	1,200.00	4,500	22	43	14
15	1,330.00	4,800	22	151	15
16	1,460.00	5,060	22	204	16
17	1,600.00	5,340	22	254	17
18	1,740.00	5,580	22	264	18
19	1,880.00	5,810	22	241	19
20	2,030.00	6,040	22	223	20
AT 60	2,820.00	7,020	21	216	AT 60
AT 65	3,680.00	7,780	19	315	AT 65
AT 70	4,580.00	8,350	17	259	AT 70

PLAN-FORM	BENEFIT DESCRIPTION	ANNUAL PREMIUM
1220 NS	- WHOLE LIFE	\$ 164.20 FOR LIFE
4240 NS	- CRITICAL ILLNESS ACCELERATED BENEFIT	45.24 FOR 35 YEARS

TOTAL ANNUAL PREMIUM	\$ 209.44
ISSUED METHOD OF PAYMENT-----ANNUAL	\$ 209.44
OTHER METHODS OF PAYMENT	
SEMI-ANNUAL	\$ 104.72
QUARTERLY	\$ 52.36
MONTHLY	\$ 18.85
BANK DRAFT MONTHLY	\$ 17.45

NAME AND ADDRESS OF INSURED
 JOHN DOE
 1200 WOODDED ACRES
 WACO TX 76797

MALE ISSUE AGE 35
 FACE AMOUNT \$10,000
 POLICY NUMBER 1234567
 POLICY DATE NOV 01, 2008
 EFFECTIVE DATE NOV 01, 2008



CRITICAL ILLNESS ACCELERATED BENEFIT RIDER

DESCRIPTION OF BENEFIT	ACCELERATION AMOUNT
MAXIMUM CRITICAL ILLNESS ACCELERATED DEATH BENEFIT	\$ 5,000
BYPASS ACCELERATED DEATH BENEFIT	\$ 1,250
CARCINOMA IN-SITU ACCELERATED DEATH BENEFIT	\$ 1,250
ANGIOPLASTY ACCELERATED DEATH BENEFIT	\$ 500

NAME AND ADDRESS OF POLICYOWNER

JOHN DOE
1200 WOODDED ACRES
WACO TX 76797

MALE ISSUE AGE

35

POLICY NUMBER

1234567

RIDER DATE

NOV 1, 2008

EFFECTIVE DATE

NOV 1, 2008

EXPIRY DATE

NOV 1, 2043



AMERICAN INCOME LIFE INSURANCE COMPANY
Executive Office: P.O. Box 2608, Waco, Texas 76797 www.aillife.com 254-761-6400

ACCELERATED BENEFIT ENDORSEMENT

Insured _____ Policy Number _____

Effective Date of Changes _____

Payment has been made under an Accelerated Benefit Rider on the policy shown above. The attached revised Specifications pages amend those in your policy. These revised pages reflect all changes to the contract values resulting from the payment of the Accelerated Benefit.

This endorsement should be permanently attached to your policy.



President



Application to AMERICAN INCOME LIFE INSURANCE COMPANY

P.O. Box 2608 Waco, TX 76797

Affiliation

ID No.

*Complete shaded areas for spouse coverage.

UN CU Assoc V-PRIV SR Lics Prof GL POS Ref F-CHSF DC

1. Names of Proposed Insureds (A, B, C1, C2, C3) with fields for D.O.B., Age, Birthplace, Ht, Wt, Sex, NTU, SS#, Driver's License, etc. 4. Person to be Owner of Policy. 5. Occupation/Duties. 6. Employer's Name. 7. Address of Owner of Policy. 8. Phone# and Cell#. 9. E-mail Address. 10. Complete B, C1, C2 & C3 ONLY if applying for separate life policies. 11. Is any insurance applied for intended to replace or change any insurance or annuities in this or any other company? 12. Amount of insurance on each proposed Insured. 13. Is proposed Insured a U.S. citizen? 14. Do you wish the Automatic Premium Loan Provision on your life policy/policies?

Life Insurance - Complete B, C1, C2 & C3 ONLY if applying for separate Life policies. Table with columns for Proposed Insured (A, B, C), Plan (Base, WL, PR, EX, SL, LPU65), Face Amount, Premium, Riders and Benefits (10 R&C, ADB, B2000, WP, CIR, Spouse, Child, TIR), and C1, C2, C3 (under 18) with Benefits (ADB, B2000, GIO, TIR), Face Amount, Premium, and Total Premium.

Accident Ins. Policy (A71, Individual/Family, Optional Recup. Rider, Single/Double), Cancer Ins. Policy (CNM, C20, Ind./Fam.), Hospital Indemnity Ins. Policy (H34, Optional Recup. Rider, Spouse, Child X, Policy Fee), Proposed Insureds (Mode Premium, Total Paid with application).

Critical Illness Ins. Policy (CI, Benefit, Adult, Spouse, Policy Fee, CI Prem.), 15. I have received an outline of coverage? (A71, CNM, C20, H34, CI), 16. Does proposed Insured have a Medicaid Eligibility Card or otherwise eligible for benefits under Medicaid (Title XIX)?, 17. Age 65 and Older Only - I have received the Important Notice to Persons on Medicare - This Insurance Duplicates Some Medicare Benefits.

AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

American Income Life Insurance Company is authorized to initiate debit entries to the account indicated below, and the depository institution named below is authorized to debit the same to such account. This authority can be terminated by the undersigned at any time by written notification to the Company, provided only that the Company and the depository will have a reasonable opportunity to act on such notification.

Depository Name, City, State, Transit/ABA No., Account No., Type of Account: Checking, Savings

X Signature of Payor, Date, Requested draw date, if any:

PLEASE ATTACH A VOIDED PERSONAL CHECK



PLACE AN 'X' IN THE BOX WITH THE CORRECT ANSWER

ANSWER ALL QUESTIONS IF APPLYING FOR LIFE, HOSPITAL INDEMNITY OR CRITICAL ILLNESS POLICY

ANSWER **ONLY SECTION "A"** IF APPLYING ONLY FOR **ACCIDENT** POLICY

ANSWER **ONLY SECTION "B"** IF APPLYING ONLY FOR **CANCER** POLICY

SECTION A

- 18. Has any proposed Insured ever been treated or advised to be treated for alcoholism or alcohol abuse, including membership in A.A. or been advised by a physician to reduce alcohol consumption? Yes No
- 19. Has any proposed Insured ever used drugs not prescribed by a physician, such as cocaine, amphetamines, barbiturates, hallucinogens, tranquilizers, narcotics or sedatives? Yes No
- 20. Has any proposed Insured ever had their driver's license suspended or revoked because of a moving violation or been arrested (including arrests for driving while intoxicated or under the influence)? Yes No
- 21. Has any proposed Insured flown within the last 2 years, or intend to fly in the future, as other than a passenger on a scheduled airline? Yes No
- 22. Has any proposed Insured participated within the last 2 years, or intend to participate, in any of the following activities: Auto, Motorcycle, or Boat Racing; Parachute Jumping; Skin, Scuba, or Sky Diving? Yes No
- 23. Has any proposed Insured ever been advised to take tests and not done so or not received the results, been diagnosed as having, or received treatment for high blood pressure, chest pain, heart attack, stroke or any heart, blood or circulatory disorder? Yes No
- 24. Has any proposed Insured ever had or been treated for any of the following conditions:
 - a. Diabetes or other endocrine disorder? Yes No
 - b. Paralysis, epilepsy, mental disease or disorder or any other nervous system or brain disorder? Yes No
- 25. Has any proposed Insured ever had arthritis or any injury to or trouble with your back, knees or any of your joints? Yes No
- 26. To the best of your knowledge and belief, do you have any physical impairment or departure from good health? (give details) Yes No

SECTION B

- 27. Has any proposed Insured ever been advised to take tests and not done so or not received the results, been diagnosed as having, or received treatment for cancer, tumor or unexplained masses? Yes No

- 28. Has any proposed Insured ever been rejected for life or medical-hospital insurance, rated, or failed to receive a policy as applied for? Yes No
- 29. Has any proposed Insured in the last 5 years:
 - a. Had a physical examination? Yes No
 - b. Had any medical treatment? (includes prescription medications) Yes No
 - c. Been hospitalized? Yes No
- 30. Is any proposed Insured currently a resident in a nursing home or ever been diagnosed as having a terminal illness, including Alzheimer's disease? Yes No
- 31. Has any proposed Insured ever had or been treated for any of the following conditions:
 - a. Asthma, emphysema, sleep apnea or other respiratory disorder? Yes No
 - b. Ulcer, colitis or other digestive tract disorder? Yes No
 - c. Cirrhosis, hepatitis or other liver disorder or any blood disorder or received a bone marrow transplant? Yes No
 - d. Kidney, prostate, urinary bladder or other genitourinary disorder? Yes No
 - e. Disease of the breasts, uterus or ovaries? Yes No
 - f. Rheumatoid arthritis or any other musculoskeletal disorder? Yes No
 - g. Loss of hearing or loss of sight? Yes No
 - h. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or AIDS related conditions? Yes No
- 32. Has any proposed Insured ever tested positive for antibodies to the "AIDS" (HIV) virus? Yes No
- 33. Does any proposed Insured smoke cigarettes or use tobacco in any other form? Yes No
- 34. If a former user of tobacco, when did proposed Insured quit?
Name/Date _____
Name/Date _____
- 35. Has any proposed Insured used marijuana in the past year? Yes No

If questions are answered "yes", give explanations, dates, names & addresses of physicians & hospital (if any) below.

Proposed Insured	Explanation or Medication	Date	Hospital	How Long	Physician	Address
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Name, Address, and Phone Number of Personal Physician	Date Last Seen	Medical Records ID#
() -		
* () -	*	*

Any person who knowingly and with intent to injure, defraud or deceive any insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a crime.

I agree that no insurance shall be in effect until: (a) a policy has been issued; and (b) the first premium is paid while my insurability remains unchanged and then only if I am actually in the state of health represented in this application. I state that the answers set forth above, are full, complete and true to the best of my knowledge and belief. The answers are to be the basis of any insurance issued. No agent may bind, alter, change or waive any underwriting requirements or other provisions of the application or policy. Final application acceptance is made by the Underwriting Department of the Company. I also acknowledge that I have received the Investigative Consumer Reports notification and MIB Notice and authorize obtaining medical or other information, including MIB, in order to evaluate my application for insurance. American Income Life may also request or obtain additional information to establish or verify my identity. I further acknowledge that American Income Life may report information to MIB or to other insurers which I have or may apply.

X _____ Date _____ at _____
 Proposed Insured (if 18 or over) _____ City _____ State _____
X _____
 Signature of Owner _____ Signature of Spouse (if a proposed Insured) _____ Signature of Agent _____
 (if other than proposed Insured)

AGENT'S STATEMENT

I certify that I have asked all questions and truly and accurately recorded the information supplied by the Applicant. To the best of my knowledge and belief, the insurance applied for is is not intended to replace any insurance now in effect.

 Agent L. Name (5 ltrs) _____ Agent# _____ Signature of Agent _____

REMARKS OR INSTRUCTIONS

Best time to call _____

★ Driver's License # for children age 16 + – For separate life policies ONLY:

Mail Policy To: Agency Policyholder

AMERICAN INCOME LIFE INSURANCE COMPANY

P.O. Box 2608 Waco, Tx 76797

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT.

Received of _____ the sum of \$ _____ as first payment on this application.
Date _____ Agent _____

If (1) an amount equal to the first full premium is submitted; (2) all underwriting requirements, including any medical examinations required by the Company's rules, are completed; (3) the proposed insured is on the effective date indicated a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then insurance under the policy applied for shall become effective on the latest of (a) the date of application, (b) the date of completion of all underwriting requirements, and (c) any date of issue requested in the application.

THE AMOUNT OF INSURANCE WHICH MAY BECOME EFFECTIVE PRIOR TO POLICY DELIVERY SHALL NOT EXCEED \$50,000.

If any of the above conditions are not met, the liability of the Company shall be limited to the return of the amount submitted.

"ALL CHECKS MUST BE MADE PAYABLE TO THE COMPANY: DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK."

INVESTIGATIVE CONSUMER REPORTS NOTIFICATION

As part of our routine underwriting procedure, an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. This information will be obtained through personal interviews with your friends, neighbors, and associates. You may request to be interviewed in connection with the preparation of the report and upon request may receive a copy of the report.

MIB NOTICE

Information regarding your insurability will be treated as confidential. American Income Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

American Income Life Insurance Company may also release information from its file to its reinsurers or to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

NOTICE OF INFORMATION PRACTICES

Personal information may be collected from other parties. Such information, and other personal or privileged information later collected, may be disclosed to third parties without authorization. You have the right of access and correction with respect to all personal information collected, and a full notice of your rights will be furnished upon request.



SERFF Tracking Number: *AMLC-125892510* *State:* *Arkansas*
Filing Company: *American Income Life Ins Co* *State Tracking Number:* *40809*
Company Tracking Number: *R2400*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Critical Illness Accelerated Death Benefit Rider*
Project Name/Number: *R2400/R2400*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-125892510 State: Arkansas
Filing Company: American Income Life Ins Co State Tracking Number: 40809
Company Tracking Number: R2400
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Critical Illness Accelerated Death Benefit Rider
Project Name/Number: R2400/R2400

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 11/07/2008
Comments:
Attachment:
ARCert.pdf

Review Status:

Satisfied -Name: AG-2593 11/07/2008
Comments:
Critical Illness Accelerated Death Benefit Acknowledgement and Disclosure - Submitted for Informational Purposes
Attachment:
AG-2593.pdf

Review Status:

Satisfied -Name: C-124 (R08) 11/07/2008
Comments:
Preliminary Accelerated Benefit Payment Disclosure - Submitted for Informational Purposes
Attachment:
C-124 (R08).pdf

STATE OF ARKANSAS

CERTIFICATE OF COMPLIANCE

I, PAMELA D. MILLER, AN OFFICER OF THE AMERICAN INCOME LIFE INSURANCE COMPANY, HEREBY CERTIFY THAT THE FOLLOWING FORM(S) HAS (HAVE) THE FOLLOWING READABILITY SCORE(S) AS CALCULATED BY THE FLESCH READING EASE TEST AND THAT THE FORM(S) MEET ALL REQUIREMENTS SET FORTH IN ARKANSAS STATUTES 66-3251 THROUGH 66-3258, CITED AS THE LIFE AND DISABILITY INSURANCE POLICY LANGUAGE SIMPLIFICATION ACT.

FORM(S)	SCORE
R2400	45.0
AG-2549	Combined Score
AG-2592	45.5

DATED November 7, 2008

AMERICAN INCOME LIFE INSURANCE COMPANY



PAMELA D. MILLER, FLMI/M, AIRC, ACS
VICE PRESIDENT
COMPLIANCE

AMERICAN INCOME LIFE INSURANCE COMPANY
Executive Office: P.O. Box 2608, Waco, Texas 76797 www.aillife.com 254-761-6400

**CRITICAL ILLNESS ACCELERATED DEATH BENEFIT
DISCLOSURE AND ACKNOWLEDGEMENT**

The policy you have applied for contains an accelerated death benefit rider. We are required by law to provide you with this disclosure and obtain your signature, acknowledging your receipt of this document.

The accelerated death benefit rider on this policy allows the Insured to receive a portion of the policy's death benefit upon receiving due proof of First Diagnosis of the Insured's covered critical illness after the Waiting Period. Covered critical illnesses are defined on the back.

Amount of the Benefit: The amount we pay will be equal to the applicable accelerated death benefit less any outstanding Policy Loan and Loan Interest in the same proportion as the ratio of the amount accelerated to the total death benefit less any overdue premium if a claim occurs during the grace period of an unpaid premium.

"Sample Illustration." The calculation of the accelerated benefit amount and the effects on the remaining policy values are shown in the "sample illustration" below:

POLICY DEATH BENEFIT:	\$25,000
CASH VALUE:	1,000
POLICY LOAN:	500
BASE POLICY PREMIUM:	105

ACCELERATED BENEFIT AMOUNT CALCULATION:

$$500 \times (5,000/25,000) = \frac{\$5,000 \text{ Gross Amount} - 100 \text{ Policy Loan}}{4,900 \text{ Amount Payable}}$$

POLICY VALUES AFTER ACCELERATED BENEFIT PAYMENT:

\$25,000 - 5,000	=	\$20,000	Death Benefit
1,000 X (20,000/25,000)	=	800	Cash Value
500 - 100	=	400	Loan Value
105 X (20,000/25,000)	=	84	Base Policy Premium

THIS FORM IS NOT A CONTRACT. IT IS INTENDED ONLY AS A SUMMARY OF THE RIDER PROVISIONS SHOWN. IN ALL CASES, CONSULT YOUR RIDER FOR FULL DETAILS AND RESTRICTIONS.

ANY ACCELERATED BENEFIT PAID UNDER THIS CONTRACT MAY BE TAXABLE. A PERSONAL TAX ADVISOR SHOULD BE CONSULTED.

PAYMENT OF ANY ACCELERATED BENEFIT MAY ALSO ADVERSELY AFFECT THE RECIPIENT'S ELIGIBILITY FOR MEDICAID AND OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS.

I acknowledge receipt of this disclosure form.

Print Name of Applicant

Signature of Applicant

Date

Signature of Agent

Date

adding to existing coverage _____
Policy Number

DEFINITIONS OF COVERED CRITICAL ILLNESSES

1) Maximum Critical Illness Accelerated Death Benefit:

- Cancer - Leukemia, Hodgkin's Disease, or any form of malignant growth positively diagnosed as Cancer (malignant neoplasm) by a legally licensed doctor of medicine certified by the American Board of Pathology or a certified Osteopathic Pathologist. This diagnosis must be based on a microscopic study of body tissue or fluid. Criteria for malignancy are those accepted by the American Board of Pathology or the Osteopathic Board of Pathology. Premalignant conditions or conditions with malignant potential are not to be construed as Cancer in interpreting this Rider. The following are not covered under this benefit:
 1. Skin Cancer (except invasive malignant melanoma into dermis or deeper)
 2. Non-Invasive Carcinoma In-Situ
 3. Stage 1 of Hodgkin's Disease
 4. Stage A Prostate Cancer
 5. Melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75 mm.
- Heart Attack - An acute myocardial infarction (the death of a portion of the heart muscle) resulting from a blockage of one or more coronary arteries. Cardiac arrest not caused by a myocardial infarction is not considered a heart attack for purposes of this Rider, nor is any other disease or injury involving the cardiovascular system. The diagnosis must include all of the following: (a) chest pain; and (b) associated new electrocardiographic (EKG) changes supporting a diagnosis of acute myocardial infarction; and (c) elevation of cardiac enzymes above standard laboratory levels; and (d) confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.
- Stroke - A cerebrovascular incident caused by hemorrhage, embolism, thrombosis or infarction of brain tissue producing measurable neurological deficit persisting for at least thirty (30) days following the occurrence of such incident. We must receive evidence of permanent neurological damage from confirming neuroimaging studies. The following conditions are not covered:
 1. Transient Ischemic Attack (TIA)
 2. Attacks of vertebrobasilar ischemia
 3. Cerebral symptoms due to migraine
 4. Cerebral injury resulting from trauma or hypoxia
 5. Vascular disease affecting the eye or optic nerve
- Major Organ Transplant - Undergoing surgery to transplant a heart, lung, liver, kidney, pancreas, or bone marrow from a human donor to the Insured as a recipient.
- Paralysis - The complete and permanent functional loss of two or more limbs through neurological injury.
- Total Loss of Eyesight - The total and permanent loss of sight in both eyes. The diagnosis of Total Loss of Eyesight must be made by a board certified ophthalmologist.

2) Bypass Accelerated Death Benefit:

- Coronary Artery Bypass Surgery - Heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Angiographic evidence of underlying disease must be provided. Angioplasty and all other non-bypass techniques are excluded from this definition.

3) Carcinoma In-Situ Accelerated Death Benefit:

- Non-Invasive Carcinoma In-Situ - The earliest stage of a cancer (excluding skin cancer) in which it is confined to its site of origin and is microscopically defined as such by pathological reports.
- Stage 1 of Hodgkin's Disease
- Stage A Prostate Cancer

4) Angioplasty Accelerated Death Benefit:

- Coronary Angioplasty - the first occurrence of coronary angioplasty, artery stent placement, arterectomy, or laser treatment that is deemed medically necessary by a cardiologist to treat coronary artery disease.

AMERICAN INCOME LIFE INSURANCE COMPANY
Executive Office: P.O. Box 2608, Waco, Texas 76797 www.aillife.com 254-761-6400

**PRELIMINARY ACCELERATED BENEFIT
PAYMENT DISCLOSURE**

The Insured of this policy has requested payment of an Accelerated Benefit.

The information below indicates the potential Accelerated Benefit amount as well as the effect on other policy values if the Accelerated Benefit amount is paid.

Policy Number:
Insured:
Issue Age:

ACCELERATED BENEFIT AMOUNT:
CALCULATION DATE:

Contract Values Prior to
Accelerated Benefit Payment:

Death Benefit:
Cash Value:
Policy Loan:
Premium:

Contract Values After
Accelerated Benefit Payment:

Death Benefit:
Cash Value:
Policy Loan:
Premium:

**ANY ACCELERATED BENEFIT PAID UNDER THIS POLICY MAY BE TAXABLE. A
PERSONAL TAX ADVISOR SHOULD BE CONSULTED.**

**PAYMENT OF ANY ACCELERATED BENEFIT MAY ALSO ADVERSELY AFFECT THE
RECIPIENT'S ELIGIBILITY FOR MEDICAID AND OTHER GOVERNMENT BENEFITS
OR ENTITLEMENTS.**

