

SERFF Tracking Number: AMMS-125613734 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 38735
Company Tracking Number: SA-S-1366R
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: GRI Term Life and Accidental Death
Project Name/Number: TL and AD Filing/SA-S-1366R

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: GRI Term Life and Accidental Death SERFF Tr Num: AMMS-125613734 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 38735

Sub-TOI: L08.000 Life - Other

Co Tr Num: SA-S-1366R

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Jean Davis, Jennifer

Disposition Date: 04/24/2008

Konschake, Debra Schneider,

Sondra Grosse

Date Submitted: 04/17/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: TL and AD Filing

Status of Filing in Domicile:

Project Number: SA-S-1366R

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 04/24/2008

Deemer Date:

State Status Changed: 04/24/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

Company and Contact

Filing Contact Information

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Jennifer Konschake, Product Compliance Jennifer.konschake@eams.com
Analyst
3100 AMS Blvd. (800) 232-5432 [Phone]
Green Bay, WI 54313 (920) 661-9861[FAX]

Filing Company Information

Golden Rule Insurance Company CoCode: 62286 State of Domicile: Indiana
7440 Woodland Drive Group Code: 707 Company Type: Life and Health
Indianapolis, IN 46278 Group Name: State ID Number:
(317) 297-0358 ext. [Phone] FEIN Number: 37-6028756

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$50.00	04/17/2008	19646589

<i>SERFF Tracking Number:</i>	<i>AMMS-125613734</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>38735</i>
<i>Company Tracking Number:</i>	<i>SA-S-1366R</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>GRI Term Life and Accidental Death</i>		
<i>Project Name/Number:</i>	<i>TL and AD Filing/SA-S-1366R</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/24/2008	04/24/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Term Life Rider	Form	Jennifer Konschake	04/18/2008	04/18/2008
Accidental Death Rider	Form	Jennifer Konschake	04/18/2008	04/18/2008
Cover Letter	Supporting Document	Jennifer Konschake	04/18/2008	04/18/2008

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Disposition

Disposition Date: 04/24/2008

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 (revised)	Cover Letter		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Sample Data Pages		Yes
Form (revised)	Term Life Rider		Yes
Form	Term Life Rider		Yes
Form (revised)	Accidental Death Rider		Yes
Form	Accidental Death Rider		Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 04/18/2008

Comments:

Please see the revised cover letter and riders. I apologize I amended the same Exclusion to state "Death due to an accident" and removed 'Death by accident'.

Thank you.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
SA-S-1366R	Certificate Amendment, Rider Insert Page, Endorsement or Rider	Term Life	Initial					SA-S-1366R 4-18-08.pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
SA-S-1367R	Certificate Amendment, Death Rider Insert Page, Endorsement or Rider	Accidental	Initial					SA-S-1367R.pdf SA-S-1367R 4-18-08.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter

Comment:
 Cover letter 4-18-08.pdf

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Form Schedule

Lead Form Number: SA-S-1366R

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SA-S-1366R	Certificate	Term Life Rider	Initial			SA-S-1366R
		Amendmen					4-18-08.pdf
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	SA-S-1367R	Certificate	Accidental Death	Initial			SA-S-
		Amendmen	Rider				1367R.pdf
		t, Insert					SA-S-1367R
		Page,					4-18-08.pdf
		Endorseme					
		nt or Rider					

TERM LIFE INSURANCE RIDER

By attachment of this rider, the *policy* or certificate is amended as follows:

If a *covered person* dies while insured under this rider, we will pay, subject to the terms and conditions of this rider, to the *covered person's beneficiary* the term life *proceeds* in one lump sum.

DEFINITIONS

As used in this rider:

"*Beneficiary*" means the person designated by the *covered person*, on a form approved by us, to receive any amount of the term life *proceeds* becoming payable under the terms of the *policy* or certificate due to a *covered person's* death.

"*Covered Person*" means the *primary insured* and/or *spouse* who has applied for and been approved under this rider.

"*Due proof of death*" shall mean sufficient information to allow us to determine if *proceeds* are payable and in the form of written documentation such as a certified copy of the death certificate, autopsy report, police/accident report[s] and other information and proof necessary to establish liability.]

"*Proceeds*" means the amount for which a *covered person's* life is insured under this rider at the time of death. The respective term life *proceeds* for each *covered person* under this rider are shown in [Section 1].

"*Spouse*" means the person named as *your* spouse in the application or any amendment. This term does not include a spouse who is not a *covered person*.

PREMIUM

The premiums for this rider are [shown on the Data Page, Section 1]. This premium is to be paid at the same time and in the same manner as the premium for the *policy* or certificate. The premium for this rider will cease when the rider ends. If the type of plan shown on the Data Page of the *policy* or certificate is changed because of an addition or removal of a *covered person* insured by this rider, the premium for this rider will change. The new premium for this rider will be shown in the written notice sent to *you*.

NOTICE OF DEATH

We will pay to the *beneficiary* the term life *proceeds* of this rider upon receipt of due proof of death. Written proof of death must be furnished to us within 90 days from the *covered person's* date of death or as soon as reasonably possible.

BENEFICIARY

The *covered person* can name any person, other than the *covered person's* employer, as *beneficiary*. The *covered person* can change the *beneficiary* at any time without the consent of the designated *beneficiary* by notifying us in writing on a form furnished by us. The new designation will be effective when the notice is received by us. If we pay the *proceeds* before we receive the *covered person's* change request, we are released from further liability to the extent of our payment. A new designation of *beneficiary* terminates the interests of the previous *beneficiary*.

If more than one *beneficiary* is designated, but their respective interests are not specified, the *beneficiaries* will share the *proceeds* equally. The interest of a *beneficiary* who dies before the *covered person* will terminate and be shared equally by the *beneficiaries* surviving the *covered person*, unless otherwise provided in the *beneficiary* designation. If the *beneficiary* dies at the same time as the *covered person*, or within 15 days after the date the *covered person* dies, payment will be made by us as if the *covered person* survived the *beneficiary*. If there is not a designated *beneficiary* surviving at the death of the *covered person*, payment will be made in a single sum to the *covered person's* estate; however, at our option, payment may be made to one or more of the following surviving relatives of the *covered person*:

1. *spouse*;
2. children, including legally adopted children;
3. parents; or
4. brothers and sisters.

In the absence of a parent or the appointment of a legal guardian, if any *beneficiary* is:

1. A minor; or

2. In our opinion, legally incapable of giving valid receipt for any payment due

we may pay term life *proceeds* in monthly installments to the person or persons who, in *our* opinion, have assumed custody and principal support of the *beneficiary*.

If *proceeds* are not paid within 30 days after we received due proof of death we will pay interest on the *proceeds*. Interest will be paid at the rate of [3%] a year from the date we receive due proof of death until the date the *proceeds* are paid. If the law in the state where the *policy* or certificate is issued requires payment of a greater amount, we will pay that amount.

We may, at *our* option, pay an amount of up to [\$250] to any person appearing to be entitled to the payment who incurred expense because of the last illness or burial of the *covered person*. Any payment we make in good faith fully discharges us to the extent of the payment.

[[Community Property states only]

BENEFICIARY

The *covered person* can name any person as *beneficiary*. The *covered person* can change the *beneficiary* at any time without the consent of the designated *beneficiary* by notifying us in writing on a form furnished by us. If *your* spouse is not named as *your beneficiary*, you must obtain *your spouse's* signature on the enrollment form. The new designation will be effective when the notice is received by us. If we pay the *proceeds* before we receive the *covered person's* change request, we are released from further liability to the extent of *our* payment. A new designation of *beneficiary* terminates the interests of the previous *beneficiary*.

If more than one *beneficiary* is designated, but their respective interests are not specified, the *beneficiaries* will share the *proceeds* equally. The interest of a *beneficiary* who dies before the *covered person* will terminate and be shared equally by the *beneficiaries* surviving the *covered person*, unless otherwise provided in the *beneficiary* designation. If the *beneficiary* dies at the same time as the *covered person*, or within 15 days after the date the *covered person* dies, payment will be made by us as if the *covered person* survived the *beneficiary*. If there is not a designated *beneficiary* surviving at the death of the *covered person*, payment will be made in a single sum to the *covered person's* estate; however, at our option, payment may be made to one or more of the following surviving relatives of the *covered person*:

1. *spouse*;
2. children, including legally adopted children;
3. parents; or
4. brothers and sisters.

In the absence of a parent or the appointment of a legal guardian, if any *beneficiary* is:

1. a minor; or
2. in our opinion, legally incapable of giving valid receipt for any payment due

we may pay term life *proceeds* in monthly installments to the person or persons who, in *our* opinion, have assumed custody and principal support of the *beneficiary*.

If *proceeds* are not paid within 30 days after we received due proof of death we will pay interest on the *proceeds*. Interest will be paid at the rate of [3%] a year from the date we receive due proof of death until the date the *proceeds* are paid. If the law in the state where the *policy* or certificate is issued requires payment of a greater amount, we will pay that amount.

We may, at *our* option, pay an amount of up to [\$250] to any person appearing to be entitled to the payment who incurred expense because of the last illness or burial of the *covered person*. Any payment we make in good faith fully discharges us to the extent of the payment.]

TERMINATION OF THIS RIDER

All insurance under this rider will cease on its termination. This rider will terminate on the earlier of:

1. The date we receive a written request from the *covered person* for its termination, or on any later date stated in *your* request;
2. The date no *covered person* remains insured under this rider; or
3. The date the *covered person's* coverage under the *policy* or certificate terminates.

We will refund any premium paid and not earned due to termination of this rider. The refund will be based on the number of full months that remain in the premium period.

TERMINATION OF COVERED PERSONS

You will cease to be a *covered person* under this rider at the end of the premium period in which *you* attain [65] years of age.

Your spouse will cease to be a *covered person* under this rider at the end of the premium period in which any of these events occur:

1. He or she attains [65] years of age; [or]
2. [*You* attain [65] years of age; or]
3. *You* become legally divorced, if earlier.

[ASSIGNING YOUR RIDER

During *your* life, *you* may assign some or all of *your* rights under this rider to someone else.

A signed copy of the assignment trust must be sent to *our* home office on a form *we* accept. The assignment will go into effect when it is signed, subject to any payments *we* make or other actions *we* take before *we* record it. *We* are not responsible for the validity or effect of any assignment.]

MISTAKE OF AGE, SEX OR TOBACCO STATUS

If *your* or *your spouse's* age, sex or tobacco status is misstated in the application, *we* will adjust the *proceeds*. The *proceeds* of this rider will then be those *your* premiums would have bought at the correct age, sex and tobacco status. By age, *we* mean age as of *your* or *your spouse's* last birthday on the *policy's* or certificate's *effective date*.

GENERAL TERMS

This rider is made a part of *your policy* or certificate in consideration of *your* application and payment of the first premium for this rider. The following clauses indicate whether the *policy* or certificate provisions will apply to this rider. The *policy* or certificate provisions will either apply to this rider, not apply to this rider, or apply to this rider as modified below.

- A. **Policy or certificate provisions that do not apply to this rider** – The following *policy* or certificate provisions do not apply to this rider:
1. The Preexisting Conditions Limitations section, and the Reimbursement section; and
 2. The Dependent Coverage section, except for the Dependent Eligibility clause and the Adding Other Dependents clause.
- B. **Policy or certificate provisions that apply to this rider with modification** – The following *policy* or certificate provision applies to this rider as modified below:
- The Reinstatement clause, as found in the [Termination section of the *policy* or certificate], will apply to this rider. However, death/accidental death occurring between the date the *policy* or certificate lapses and the date the *policy* or certificate is reinstated will not be covered under this rider.
- C. **Policy or certificate provisions that do not apply to this rider** – Other than as stated in (A) or (B) above, all other [policy][certificate] provisions will apply to this rider.

BENEFIT EXCLUSIONS

No *proceeds* are payable if a loss results from:

1. Suicide or intentionally self-inflicted *injury* or *illness* while sane or insane [if committed during the first [24 months] of coverage under this rider];
2. Service in the armed forces of any country, including non-military units supporting such forces;
3. An act of declared or undeclared war; or
4. Death due to an accident occurring while riding in or on, boarding or alighting from any aircraft as a:
 - a. pilot, crewmember, or student pilot; or
 - b. a flight instructor or examiner

LIFE INSURANCE CONVERSION PRIVILEGE

A *covered person* will be eligible to convert [coverage under this rider/this term life insurance coverage] to an [individual policy of life insurance ("*conversion policy*")], made available, without evidence of insurability, under this provision, if:

1. The *covered person's* coverage under this rider terminates for reasons other than:
 - a. Termination of the *policy*; or
 - b. Failure to make the required premium payment when due; or
 - c. The attainment of age 65.
2. The *covered person* has been continuously insured under this rider for at least [one(1) year] immediately prior to the termination.

This privilege is subject to the following additional terms and conditions:

1. Written application and the first premium payment are submitted as directed on the *conversion policy* application by the later of:
 - a. 31 days after termination of coverage under this rider; or
 - b. a later date as required by the statutes or regulations of the state in which the *covered person* resides at that time; but
 - c. in no event later than 60 days after the date of termination of coverage under this rider.
2. The amount of coverage under the *conversion policy* will not exceed the amount of coverage for which the *covered person* is insured under this rider. The terms of coverage under the conversion policy will not be the same as the terms of coverage under this rider.
3. The *conversion policy* will be a policy offered by a life insurer designated by *us* in the state in which the *covered person* resides.
4. The premium to be paid for the *conversion policy* by the former *covered person* will depend on:
 - a. Rates for that *conversion policy* in that state at that time;
 - b. The attained age of the *covered person*;
 - c. The class of risk to which the *covered person* belongs; and
 - d. The form and amount of the *conversion policy* coverage.
5. Any *conversion policy* issued in accordance with the provisions of this rider:
 - a. Will become effective the date immediately following termination of coverage under this rider; and
 - b. Will be in place of the terminated coverage under this rider.
6. A *covered person's* insurance under this rider will remain in force during the thirty-one (31) days within which the *covered person* is eligible to exercise the conversion privilege, whether or not there has been an application for conversion. If the *covered person* dies during that period, we will:
 - a. Pay, as a death benefit, the maximum amount eligible for conversion;
 - b. Void any *conversion policy* issued in accordance with this conversion privilege; and
 - c. Return any premium paid for that *conversion policy*.
7. If the life insurer designated by *us* to offer *conversion policies* in the state in which a *covered person* resides ceases to offer conversion policies in that state, no *conversion policies* will be available in that state under this provision.

This rider will not change, waive, or extend any part of the *policy* or certificate, other than as stated herein.

This rider is effective at the same time as the *policy* or certificate to which it is attached, unless a later date is shown below.

By:

GOLDEN RULE INSURANCE COMPANY

Secretary

ACCIDENTAL DEATH INSURANCE RIDER

By attachment of this rider, the *policy* or certificate is amended as follows:

If a *covered person* suffers an *accidental death* while insured under this rider, we will pay, subject to the terms and conditions of this rider, to the *covered person's beneficiary* the *accidental death proceeds* in one lump sum.

In order to qualify for a benefit:

1. The death must occur within 180 consecutive days after the accident that caused the death; and
2. The accident must occur while the *covered person* is covered under this rider.

DEFINITIONS

As used in this rider:

"*Accidental death*" means loss of life resulting directly from:

- a. *Injury*;
- b. Infection caused by *injury*, or resulting from accidental ingestion of contaminated substances; or
- c. Drowning.

"*Beneficiary*" means the person designated by the *covered person*, on a form approved by us, to receive any amount of the *accidental death proceeds* becoming payable under the terms of the *policy* or certificate due to a *covered person's* death.

"*Covered Person*" means the *primary insured* and/or *spouse* who has applied for and been approved under this rider.

"*Due proof of death*" shall mean sufficient information to allow us to determine if *accidental death proceeds* are payable and in the form of written documentation such as a certified copy of the death certificate, autopsy report, police/accident report[s] and other information and proof necessary to establish liability.]

"*Proceeds*" means the amount for which a *covered person's* life is insured under this rider at the time of death. The respective *accidental death proceeds* for each *covered person* under this rider are shown in [Section 1].

"*Spouse*" means the person named as *your* spouse in the application or any amendment. This term does not include a spouse who is not a *covered person*.

PREMIUM

The premiums for this rider are [shown on the Data Page, Section 1]. This premium is to be paid at the same time and in the same manner as the premium for the *policy*. The premium for this rider will cease when the rider ends. If the type of plan shown on the Data Page of the *policy* or certificate is changed because of an addition or removal of a *covered person* insured by this rider, the premium for this rider will change. The new premium for this rider will be shown in the written notice sent to *you*.

NOTICE OF DEATH

We will pay to the *beneficiary* the *accidental death proceeds* of this rider upon receipt of *due proof of death*. Written proof of death must be furnished to us within 90 days from the *covered person's* date of death or as soon as reasonably possible.

BENEFICIARY

The *covered person* can name any person, other than the *covered person's* employer, as a *beneficiary*. The *covered person* can change the *beneficiary* at any time without the consent of the designated *beneficiary* by notifying us in writing on a form furnished by us. The new designation will be effective when the notice is received by us. If we pay the *proceeds* before we receive the *covered person's* change request, we are released from further liability to the extent of *our* payment. A new designation of *beneficiary* terminates the interests of the previous *beneficiary*.

If more than one *beneficiary* is designated, but their respective interests are not specified, the *beneficiaries* will share the *proceeds* equally. The interest of a *beneficiary* who dies before the *covered person* will terminate and be shared equally by the *beneficiaries* surviving the *covered person*, unless otherwise provided in the *beneficiary* designation. If the *beneficiary* dies at the same time as the *covered person*, or within 15 days after the date the *covered person* dies, payment will be made by us as if the *covered person* survived the *beneficiary*. If there is not a designated *beneficiary* surviving at the death of the *covered person*, payment will be made in a single sum to the *covered person's* estate; however, at our option, payment may be made to one or more of the following surviving relatives of the *covered person*:

1. *spouse*;
2. children, including legally adopted children;
3. parents; or
4. brothers and sisters.

In the absence of a parent or the appointment of a legal guardian, if any *beneficiary* is:

1. A minor; or
2. In our opinion, legally incapable of giving valid receipt for any payment due

we may pay accidental death proceeds in monthly installments to the person or persons who, in our opinion, have assumed custody and principal support of the *beneficiary*.

If *proceeds* are not paid within 30 days after *we* received *due proof of death* *we* will pay interest on the *proceeds*. Interest will be paid at the rate of [3%] a year from the date *we* receive *due proof of death* until the date the *proceeds* are paid. If the law in the state where the *policy* is issued requires payment of a greater amount, *we* will pay that amount.

[*We* rely on an affidavit to determine payment of *proceeds*, unless *we* receive written notice of a valid claim from a person before *we* make the payment. The affidavit releases *us* from further liability.]

We may, at *our* option, pay an amount of up to [\$250] to any person appearing to be entitled to the payment who incurred expense because of the last illness or burial of the *covered person*. Any payment *we* make in good faith fully discharges *us* to the extent of the payment.

TERMINATION OF THIS RIDER

All insurance under this rider will cease on its termination. This rider will terminate on the earlier of:

1. The date *we* receive a written request from the *covered person* for its termination, or on any later date stated in *your* request;
2. The date no *covered person* remains insured under this rider; or
3. The date the *covered person's* coverage under the *policy* or certificate terminates.

We will refund any premium paid and not earned due to termination of this rider. The refund will be based on the number of full months that remain in the premium period.

TERMINATION OF COVERED PERSONS

You will cease to be a *covered person* under this rider at the end of the premium period in which *you* attain [65] years of age.

Your spouse will cease to be a *covered person* under this rider at the end of the premium period in which any of these events occur:

1. He or she attains [65] years of age; [or]
2. [*You* attain [65] years of age; or]
3. *You* become legally divorced, if earlier.

[ASSIGNING YOUR RIDER

During *your* life, *you* may assign some or all of *your* rights under this rider to someone else.

A signed copy of the assignment must be sent to *our* home office on a form *we* accept. The assignment will go into effect when it is signed, subject to any payments *we* make or other actions *we* take before *we* record it. *We* are not responsible for the validity or effect of any assignment.

If there are permanent *beneficiaries*, *you* need their consent before assigning the payment of *proceeds*.]

GENERAL TERMS

This rider is made a part of *your policy* or certificate in consideration of *your* application and payment of the first premium for this rider. The following clauses indicate whether the *policy* or certificate provisions will apply to this rider. The *policy* or certificate provisions will either apply to this rider, not apply to this rider, or apply to this rider as modified below.

- A. **Policy or certificate provisions that do not apply to this rider** – The following *policy* or certificate provisions do not apply to this rider:
1. The Preexisting Conditions Limitations section, and the Reimbursement section; and
 2. The Dependent Coverage section, except for the Dependent Eligibility clause and the Adding Other Dependents clause.
- B. **Policy or certificate provisions that apply to this rider with modification** – The following *policy* or certificate provision applies to this rider as modified below:
- The Reinstatement clause, as found in the Termination section of the *policy* or certificate, will apply to this rider. However, death/accidental death occurring between the date the *policy* or certificate lapses and the date the *policy* or certificate is reinstated will not be covered under this rider.
- C. **Policy or certificate provisions that do not apply to this rider** – Other than as stated in (A) or (B) above, all other [policy][certificate] provisions will apply to this rider.

BENEFIT EXCLUSIONS

No *proceeds* are payable if a loss results from:

1. Suicide or intentionally self-inflicted *injury* or *illness* while sane or insane [if committed during the first [24 months] of coverage under this rider];
2. Voluntary taking of any sedative or drug, or inhalation of any gas, unless taken or inhaled as *your doctor* prescribes or administers it;
3. Death by accident occurring while riding in or on, boarding or alighting from any aircraft as a:
 - a. pilot, crewmember, or student pilot; or
 - b. a flight instructor or examiner
4. *Your* committing or attempting to commit a civil or criminal battery or felony;
5. Service in the armed forces of any country, including non-military units supporting such forces;
6. An act of declared or undeclared war;
7. Participating in a riot, rebellion or insurrection. Participating means *you* are taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without authority of law;
8. Bodily or mental infirmity, or related surgery or medical treatment or any infection, unless direct result of *injury*, or unless resulting from accidental ingestion of a contaminated substance;
9. *Injury* or *illness* arising from any occupation or employment;
10. Participating in hazardous activities including but not limited to: auto or motorcycle racing; hang gliding; bungee jumping; rock climbing; skydiving and any extreme sports; or
11. Driving while legally intoxicated from alcohol, or driving while under the influence of drugs unless taken as prescribed by a doctor.

This rider will not change, waive, or extend any part of the *policy* or certificate, other than as stated herein.

This rider is effective at the same time as the *policy* or certificate to which it is attached, unless a later date is shown below.

By:

GOLDEN RULE INSURANCE COMPANY

Secretary

ACCIDENTAL DEATH INSURANCE RIDER

By attachment of this rider, the *policy* or certificate is amended as follows:

If a *covered person* suffers an *accidental death* while insured under this rider, we will pay, subject to the terms and conditions of this rider, to the *covered person's beneficiary* the *accidental death proceeds* in one lump sum.

In order to qualify for a benefit:

1. The death must occur within 180 consecutive days after the accident that caused the death; and
2. The accident must occur while the *covered person* is covered under this rider.

DEFINITIONS

As used in this rider:

"*Accidental death*" means loss of life resulting directly from:

- a. *Injury*;
- b. Infection caused by *injury*, or resulting from accidental ingestion of contaminated substances; or
- c. Drowning.

"*Beneficiary*" means the person designated by the *covered person*, on a form approved by us, to receive any amount of the *accidental death proceeds* becoming payable under the terms of the *policy* or certificate due to a *covered person's* death.

"*Covered Person*" means the *primary insured* and/or *spouse* who has applied for and been approved under this rider.

"*Due proof of death*" shall mean sufficient information to allow us to determine if *accidental death proceeds* are payable and in the form of written documentation such as a certified copy of the death certificate, autopsy report, police/accident report[s] and other information and proof necessary to establish liability.]

"*Proceeds*" means the amount for which a *covered person's* life is insured under this rider at the time of death. The respective *accidental death proceeds* for each *covered person* under this rider are shown in [Section 1].

"*Spouse*" means the person named as *your* spouse in the application or any amendment. This term does not include a spouse who is not a *covered person*.

PREMIUM

The premiums for this rider are [shown on the Data Page, Section 1]. This premium is to be paid at the same time and in the same manner as the premium for the *policy*. The premium for this rider will cease when the rider ends. If the type of plan shown on the Data Page of the *policy* or certificate is changed because of an addition or removal of a *covered person* insured by this rider, the premium for this rider will change. The new premium for this rider will be shown in the written notice sent to *you*.

NOTICE OF DEATH

We will pay to the *beneficiary* the *accidental death proceeds* of this rider upon receipt of *due proof of death*. Written proof of death must be furnished to us within 90 days from the *covered person's* date of death or as soon as reasonably possible.

BENEFICIARY

The *covered person* can name any person, other than the *covered person's* employer, as a *beneficiary*. The *covered person* can change the *beneficiary* at any time without the consent of the designated *beneficiary* by notifying us in writing on a form furnished by us. The new designation will be effective when the notice is received by us. If we pay the *proceeds* before we receive the *covered person's* change request, we are released from further liability to the extent of our payment. A new designation of *beneficiary* terminates the interests of the previous *beneficiary*.

If more than one *beneficiary* is designated, but their respective interests are not specified, the *beneficiaries* will share the *proceeds* equally. The interest of a *beneficiary* who dies before the *covered person* will terminate and be shared equally by the *beneficiaries* surviving the *covered person*, unless otherwise provided in the *beneficiary* designation. If the *beneficiary* dies at the same time as the *covered person*, or within 15 days after the date the *covered person* dies, payment will be made by us as if the *covered person* survived the *beneficiary*. If there is not a designated *beneficiary* surviving at the death of the *covered person*, payment will be made in a single sum to the *covered person's* estate; however, at our option, payment may be made to one or more of the following surviving relatives of the *covered person*:

1. spouse;
2. children, including legally adopted children;
3. parents; or
4. brothers and sisters.

In the absence of a parent or the appointment of a legal guardian, if any *beneficiary* is:

1. A minor; or
2. In our opinion, legally incapable of giving valid receipt for any payment due

we may pay *accidental death proceeds* in monthly installments to the person or persons who, in our opinion, have assumed custody and principal support of the *beneficiary*.

If *proceeds* are not paid within 30 days after we received *due proof of death* we will pay interest on the *proceeds*. Interest will be paid at the rate of [3%] a year from the date we receive *due proof of death* until the date the *proceeds* are paid. If the law in the state where the *policy* is issued requires payment of a greater amount, we will pay that amount.

[We rely on an affidavit to determine payment of *proceeds*, unless we receive written notice of a valid claim from a person before we make the payment. The affidavit releases us from further liability.]

We may, at our option, pay an amount of up to [\$250] to any person appearing to be entitled to the payment who incurred expense because of the last illness or burial of the *covered person*. Any payment we make in good faith fully discharges us to the extent of the payment.

[[Community property states only]

BENEFICIARY

The *covered person* can name any person as *beneficiary*. The *covered person* can change the *beneficiary* at any time without the consent of the designated *beneficiary* by notifying us in writing on a form furnished by us. If your spouse is not named as your *beneficiary*, you must obtain your spouse's signature on the enrollment form. The new designation will be effective when the notice is received by us. If we pay the *proceeds* before we receive the *covered person's* change request, we are released from further liability to the extent of our payment. A new designation of *beneficiary* terminates the interests of the previous *beneficiary*.

If more than one *beneficiary* is designated, but their respective interests are not specified, the *beneficiaries* will share the *proceeds* equally. The interest of a *beneficiary* who dies before the *covered person* will terminate and be shared equally by the *beneficiaries* surviving the *covered person*, unless otherwise provided in the *beneficiary* designation. If the *beneficiary* dies at the same time as the *covered person*, or within 15 days after the date the *covered person* dies, payment will be made by us as if the *covered person* survived the *beneficiary*. If there is not a designated *beneficiary* surviving at the death of the *covered person*, payment will be made in a single sum to the *covered person's* estate; however, at our option, payment may be made to one or more of the following surviving relatives of the *covered person*:

1. spouse;
5. children, including legally adopted children;
6. parents; or
7. brothers and sisters.

In the absence of a parent or the appointment of a legal guardian, if any *beneficiary* is:

1. a minor; or
2. in our opinion, legally incapable of giving valid receipt for any payment due

we may pay *accidental death proceeds* in monthly installments to the person or persons who, in our opinion, have assumed custody and principal support of the *beneficiary*.

If *proceeds* are not paid within 30 days after we received *due proof of death* we will pay interest on the *proceeds*. Interest will be paid at the rate of [3%] a year from the date we receive *due proof of death* until the date the *proceeds* are paid. If the law in the state where the *policy* is issued requires payment of a greater amount, we will pay that amount.

[We rely on an affidavit to determine payment of *proceeds*, unless we receive written notice of a valid claim from a person before we make the payment. The affidavit releases us from further liability.]

We may, at our option, pay an amount of up to [\$250] to any person appearing to be entitled to the payment who incurred expense because of the last illness or burial of the *covered person*. Any payment we make in good faith fully discharges us to the extent of the payment.]

TERMINATION OF THIS RIDER

All insurance under this rider will cease on its termination. This rider will terminate on the earlier of:

1. The date we receive a written request from the *covered person* for its termination, or on any later date stated in your request;
2. The date no *covered person* remains insured under this rider; or
3. The date the *covered person's* coverage under the *policy* or certificate terminates.

We will refund any premium paid and not earned due to termination of this rider. The refund will be based on the number of full months that remain in the premium period.

TERMINATION OF COVERED PERSONS

You will cease to be a *covered person* under this rider at the end of the premium period in which you attain [65] years of age.

Your spouse will cease to be a *covered person* under this rider at the end of the premium period in which any of these events occur:

1. He or she attains [65] years of age; [or]
2. [You attain [65] years of age; or]
3. You become legally divorced, if earlier.

[ASSIGNING YOUR RIDER

During your life, you may assign some or all of your rights under this rider to someone else.

A signed copy of the assignment must be sent to our home office on a form we accept. The assignment will go into effect when it is signed, subject to any payments we make or other actions we take before we record it. We are not responsible for the validity or effect of any assignment.

If there are permanent *beneficiaries*, you need their consent before assigning the payment of *proceeds*.]

GENERAL TERMS

This rider is made a part of your *policy* or certificate in consideration of your application and payment of the first premium for this rider. The following clauses indicate whether the *policy* or certificate provisions will apply to this rider. The *policy* or certificate provisions will either apply to this rider, not apply to this rider, or apply to this rider as modified below.

- A. **Policy or certificate provisions that do not apply to this rider** – The following *policy* or certificate provisions do not apply to this rider:
 1. The Preexisting Conditions Limitations section, and the Reimbursement section; and
 2. The Dependent Coverage section, except for the Dependent Eligibility clause and the Adding Other Dependents clause.
- B. **Policy or certificate provisions that apply to this rider with modification** – The following *policy* or certificate provision applies to this rider as modified below:

The Reinstatement clause, as found in the Termination section of the *policy* or certificate, will apply to this rider. However, death/accidental death occurring between the date the *policy* or certificate lapses and the date the *policy* or certificate is reinstated will not be covered under this rider.

- C. **Policy or certificate provisions that do not apply to this rider** – Other than as stated in (A) or (B) above, all other [policy][certificate] provisions will apply to this rider.

BENEFIT EXCLUSIONS

No *proceeds* are payable if a loss results from:

1. Suicide or intentionally self-inflicted *injury* or *illness* while sane or insane [if committed during the first [24 months] of coverage under this rider];
2. Voluntary taking of any sedative or drug, or inhalation of any gas, unless taken or inhaled as *your doctor* prescribes or administers it;
3. Death due to an accident occurring while riding in or on, boarding or alighting from any aircraft as a:
 - a. pilot, crewmember, or student pilot; or
 - b. a flight instructor or examiner
4. *Your* committing or attempting to commit a civil or criminal battery or felony;
5. Service in the armed forces of any country, including non-military units supporting such forces;
6. An act of declared or undeclared war;
7. Participating in a riot, rebellion or insurrection. Participating means *you* are taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without authority of law;
8. Bodily or mental infirmity, or related surgery or medical treatment or any infection, unless direct result of *injury*, or unless resulting from accidental ingestion of a contaminated substance;
9. *Injury* or *illness* arising from any occupation or employment;
10. Participating in hazardous activities including but not limited to: auto or motorcycle racing; hang gliding; bungee jumping; rock climbing; skydiving and any extreme sports; or
11. Driving while legally intoxicated from alcohol, or driving while under the influence of drugs unless taken as prescribed by a doctor.

This rider will not change, waive, or extend any part of the *policy* or certificate, other than as stated herein.

This rider is effective at the same time as the *policy* or certificate to which it is attached, unless a later date is shown below.

By:

GOLDEN RULE INSURANCE COMPANY

Secretary

<i>SERFF Tracking Number:</i>	<i>AMMS-125613734</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>38735</i>
<i>Company Tracking Number:</i>	<i>SA-S-1366R</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>GRI Term Life and Accidental Death</i>		
<i>Project Name/Number:</i>	<i>TL and AD Filing/SA-S-1366R</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMS-125613734
Filing Company: Golden Rule Insurance Company
Company Tracking Number: SA-S-1366R
TOI: L08 Life - Other
Product Name: GRI Term Life and Accidental Death
Project Name/Number: TL and AD Filing/SA-S-1366R

State: Arkansas
State Tracking Number: 38735
Sub-TOI: L08.000 Life - Other

Supporting Document Schedules

Review Status: 04/17/2008
Satisfied -Name: Certification/Notice
Comments:
Attachment:
Readability 4-08.pdf

Review Status: 04/17/2008
Bypassed -Name: Application
Bypass Reason: Not a policy filing.
Comments:

Review Status: 04/18/2008
Satisfied -Name: Cover Letter
Comments:
Attachment:
Cover letter 4-18-08.pdf

Review Status: 04/17/2008
Satisfied -Name: Sample Data Pages
Comments:
Attachment:
sample data pages.pdf

READABILITY CERTIFICATION

We do hereby certify that in our judgement this filing is:

READABLE (simple sentence structure, shortness of sentences, use of common words, avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided, minimum cross references);

LEGIBLE (ample type size for text with contrasting type for headings and subheadings, ample space between lines, ample white space in margins and between sections, ample ink to paper contact); and

IN LOGICAL ORDER AND FORMAT (table of contents included, sections and subsections self-contained and arranged in logical flow, extensive use of headings and subheadings to facilitate location of particular items, outline form used where desirable for clarity).

Further, this filing meets or exceeds the requirements of the policy readability legislation currently effective in your state.

Certified by:



April 16, 2008

Date

Julie A. Van Straten
Vice-President, General Counsel and Secretary

April 18, 2008

Filed via SERFF

Ms. Rosalind Minor
Rate and Form Analyst
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Filing Submitted for Approval

Golden Rule Insurance Company
NAIC # 707-62286
Company Tracking No.: SA-S-1366R

SA-S-1366R Term Life Benefit Rider
SA-S-1367R Accidental Death Benefit Rider

Readability Certification

Dear Ms. Minor:

We respectfully submit the enclosed forms for your formal approval. These forms were previously approved by your Department on September 10, 2007. We are refileing them to amend one of the Benefit Exclusions. This would be exclusion number 3 on the Accidental Death Rider (SA-S-1367R) and exclusion number 4 on the Term Life Benefit Rider (SA-S-1366R). The change is as follows:

Previous approved language.

BENEFIT EXCLUSIONS

No *proceeds* are payable if a loss results, directly or indirectly from:

Death caused or contributed to by accident occurring while riding in or on, boarding or alighting from any aircraft as a:

- a. pilot, crewmember, or student pilot; or
- b. a flight instructor or examiner

New proposed language.

BENEFIT EXCLUSIONS

No *proceeds* are payable if a loss results from:

Death due to an accident occurring while riding in or on, boarding or alighting from any aircraft as a:

- a. pilot, crewmember, or student pilot; or
- b. a flight instructor or examiner

There are no other changes to the forms since the original approval.

Term Life Benefit Rider SA-S-1366 and Accidental Death Benefit Rider SA-S-1367 will be offered as optional benefits under new insurance policies/certificates in your state. An illustration of the benefits that will be included on the insurance policy/certificate Data Pages are attached for your reference. The Data Pages will be tailored to reflect the term life and accidental death benefits made available and selected by each primary insured and/or spouse.

Coverage under these forms is designed for sale by independent brokers. Evidence of insurability will be required.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

We appreciate your time and attention to this filing.

If you have any questions or need additional information, please contact me at 1-800-232-5432 extension 12867, by email at Jennifer.Konschake@eAMS.com, or by fax at 920-661-9730. Our mailing address is P.O. Box 19032, Green Bay, WI 54307-9032.

Sincerely,



Jennifer L. Konschake, HIA
Compliance Analyst

Attachments

Section 1
Data Page
For
Accidental Death Insurance

Accidental Death Proceeds

<u>Attained Age*</u>	<u>Primary Insured Accidental Death Proceeds</u>	<u>Spouse Accidental Death Proceeds</u>
Thru 64	[\$50,000]	[\$50,000]
65 and older	\$0	\$0

*For purposes of determining the accidental death proceeds, *attained age* means the age of the *primary insured* or *spouse* at the start of the *premium period* in which death occurs.

Annual Renewal Premiums

<u>Primary Insured</u>	<u>Spouse</u>
\$XX.XX	\$XX.XX

Quarterly - .25 x Annual

Monthly - .08333 x Annual

Covered Persons: Primary Insured and Spouse Only

Section 1
Data Page
For
Accidental Death Insurance

Accidental Death Proceeds

Primary Insured
Attained Age*
Thru 64
65 and older

Primary Insured
Accidental Death Proceeds
[\$50,000]
\$0

*For purposes of determining the accidental death proceeds, *attained age* means the age of the *primary insured* at the start of the *premium period* in which death occurs.

Annual Renewal Premiums

Primary Insured
\$XX.XX

Quarterly - .25 x Annual

Monthly - .08333 x Annual

Covered Persons: Insured Only

Section 1
Data Page
For
Accidental Death Insurance

Accidental Death Proceeds

Spouse
Attained Age*
Thru 64
65 and older

Spouse
Accidental Death Proceeds
[\$50,000]
\$0

*For purposes of determining the accidental death proceeds, *attained age* means the age of the *spouse* at the start of the *premium period* in which death occurs.

Annual Renewal Premiums

Spouse
\$XX.XX

Quarterly - .25 x Annual

Monthly - .08333 x Annual

Covered Persons: Spouse Only

Section 1
Data Page
For
Term Life Insurance

Term Life Proceeds

<u>Attained Age*</u>	<u>Primary Insured Term Life Proceeds</u>	<u>Spouse Term Life Proceeds</u>
Thru 64	\$XXX,XXX	\$XXX,XXX
65 and older	\$0	\$0

*For purposes of determining the term life proceeds, *attained age* means the age of the *primary insured* or *spouse* at the start of the *premium period* in which death occurs.

Annual Renewal Premiums

<u>Attained Age**</u>	<u>Primary Insured</u>				<u>Spouse</u>			
	(Male)	(Female)	(Tobacco)	(Non-Tobacco)	(Male)	(Female)	(Tobacco)	(Non-Tobacco)
0-29	\$XXX.XX				\$XXX.XX			
30-34	\$XXX.XX				\$XXX.XX			
35-39	\$XXX.XX				\$XXX.XX			
40-44	\$XXX.XX				\$XXX.XX			
45-49	\$XXXX.XX				\$XXXX.XX			
50-54	\$XXXX.XX				\$XXXX.XX			
55-59	\$XXXX.XX				\$XXXX.XX			
60-64	\$XXXX.XX				\$XXXX.XX			

**For purposes of calculating renewal premiums, *attained age* means the age of the *primary insured* or *spouse* at the beginning of any *premium period*.

Quarterly - .25 x Annual

Monthly - .08333 x Annual

Covered Persons: Primary Insured and Spouse Only

Section 1
Data Page
For
Term Life Insurance

Term Life Proceeds

Primary Insured <u>Attained Age*</u>	Primary Insured <u>Term Life Proceeds</u>
Thru 64	\$XXX,XXX
65 and older	\$0

*For purposes of determining the term life proceeds, *attained age* means the age of the *primary insured* at the start of the *premium period* in which death occurs.

Annual Renewal Premiums ([Male] [Female] [Tobacco] [Non-Tobacco])

<u>Attained Age**</u>	<u>Primary Insured</u>
0-29	\$XXX.XX
30-34	\$XXX.XX
35-39	\$XXX.XX
40-44	\$XXX.XX
45-49	\$XXXX.XX
50-54	\$XXXX.XX
55-59	\$XXXX.XX
60-64	\$XXXX.XX

**For purposes of calculating renewal premiums, *attained age* means the age of the *primary insured* at the beginning of any *premium period*.

Quarterly - .25 x Annual

Monthly - .08333 x Annual

Covered Persons: Insured Only

Section 1
Data Page
For
Term Life Insurance

Term Life Proceeds

<u>Spouse Attained Age*</u>	<u>Spouse Term Life Proceeds</u>
Thru 64	\$XXX,XXX
65 and older	\$0

*For purposes of determining the term life proceeds, *attained age* means the age of the *spouse* at the start of the *premium period* in which death occurs.

Annual Renewal Premiums ([Male] [Female] [Tobacco] [Non-Tobacco])

<u>Attained Age**</u>	<u>Spouse</u>
0-29	\$XXX.XX
30-34	\$XXX.XX
35-39	\$XXX.XX
40-44	\$XXX.XX
45-49	\$XXXX.XX
50-54	\$XXXX.XX
55-59	\$XXXX.XX
60-64	\$XXXX.XX

**For purposes of calculating renewal premiums, *attained age* means the age of the *spouse* at the beginning of any *premium period*.

Quarterly - .25 x Annual

Monthly - .08333 x Annual

Covered Persons: Spouse Only

<i>SERFF Tracking Number:</i>	<i>AMMS-125613734</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>38735</i>
<i>Company Tracking Number:</i>	<i>SA-S-1366R</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>GRI Term Life and Accidental Death</i>		
<i>Project Name/Number:</i>	<i>TL and AD Filing/SA-S-1366R</i>		

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	Supporting Document	Cover Letter	04/17/2008	Coverletter 4-8.pdf

Golden Rule®

A UnitedHealthcare Company

April 16, 2008

Filed via SERFF

Mr. John A. MacBain, Consulting Actuary
State of Alabama
Department of Insurance
201 Monroe Street, Suite 1700
Montgomery, Alabama 36104

Re: Filing Submitted for Approval

Golden Rule Insurance Company
NAIC # 707-62286
Company Tracking No.: SA-S-1366R

SA-S-1366R Term Life Benefit Rider
SA-S-1367R Accidental Death Benefit Rider

Readability Certification

Dear Mr. MacBain:

We respectfully submit the enclosed forms for your formal approval. These forms were previously approved by your Department on September 5, 2007. We are refileing them to amend one of the Benefit Exclusions. This would be exclusion number 3 on the Accidental Death Rider (SA-S-1367R) and exclusion number 4 on the Term Life Benefit Rider (SA-S-1366R). The change is as follows:

Previous approved language.

BENEFIT EXCLUSIONS

No *proceeds* are payable if a loss results, directly or indirectly from:

Death caused or contributed to by accident occurring while riding in or on, boarding or alighting from any aircraft as a:

- a. pilot, crewmember, or student pilot; or
- b. a flight instructor or examiner

April 16, 2008

Page 2

New proposed language.

BENEFIT EXCLUSIONS

No *proceeds* are payable if a loss results from:

Death by accident occurring while riding in or on, boarding or alighting from any aircraft as a:

- a. pilot, crewmember, or student pilot; or
- b. a flight instructor or examiner

There are no other changes to the forms since the original approval.

Term Life Benefit Rider SA-S-1366 and Accidental Death Benefit Rider SA-S-1367 will be offered as optional benefits under new insurance policies/certificates in your state. An illustration of the benefits that will be included on the insurance policy/certificate Data Pages are [enclosed][attached] for your reference. The Data Pages will be tailored to reflect the term life and accidental death benefits made available and selected by each primary insured and/or spouse.

Coverage under these forms is designed for sale by independent brokers. Evidence of insurability will be required.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Certification of the forms' readability is attached.

We appreciate your time and attention to this filing.

If you have any questions or need additional information, please contact me at 1-800-232-5432 extension 12867, by email at Jennifer.Konschake@eAMS.com, or by fax at 920-661-9730. Our mailing address is P.O. Box 19032, Green Bay, WI 54307-9032.

Sincerely,



Jennifer L. Konschake, HIA
Compliance Analyst

Attachments