

<i>SERFF Tracking Number:</i>	<i>ASWX-125634713</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>38913</i>
<i>Company Tracking Number:</i>	<i>ILFAR00679U1F01</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Life</i>		
<i>Project Name/Number:</i>	<i>Individual Life/ILFAR00679U1F01</i>		

## Filing at a Glance

Company: Union Security Insurance Company

Product Name: Individual Life

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Filing Type: Form

SERFF Tr Num: ASWX-125634713 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38913

Co Tr Num: ILFAR00679U1F01

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: SPI

Disposition Date: 05/12/2008

AssurantHealthandEmployeeBenef

Date Submitted: 05/05/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: Individual Life

Project Number: ILFAR00679U1F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/12/2008

State Status Changed: 05/12/2008

Corresponding Filing Tracking Number:

Filing Description:

We are revising our individual whole life policy to recognize the use of the 2001 CSO Mortality Table and are enclosing replacement pages coded L23(Rev.02-02)(2001 CSO) for approval.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 04/17/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

These pages will be used with form L23(AR)(Rev.02-02), approved by your Department on April 29, 2002. Revisions made to the previously approved pages 1, 2, 3, and 7 due to using the 2001 CSO Mortality Table have been highlighted.

SERFF Tracking Number: ASWX-125634713 State: Arkansas  
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Company Tracking Number: ILFAR00679U1F01  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Individual Life  
Project Name/Number: Individual Life/ILFAR00679U1F01

We will use the enclosed pages for policies issued January 1, 2009 and later.

This product will not be marketed with a sales illustration.

The whole life policy is issued to persons who were insured under a group life insurance policy and who exercised their option to convert their group life insurance to an individual whole life policy.

An actuarial memorandum is included.

Please advise us of your action on this form in accordance with your usual practices.

## Company and Contact

### Filing Contact Information

Rhonda Pierson, Compliance Analyst rhonda.pierson@assurant.com  
2323 Grand Blvd (816) 881-8658 [Phone]  
Kansas City, MO 64108 (816) 881-8755[FAX]

### Filing Company Information

Union Security Insurance Company CoCode: 70408 State of Domicile: Iowa  
2323 Grand Blvd Group Code: 19 Company Type:  
Kansas City, MO 64108 Group Name: State ID Number:  
(800) 800-1212 ext. [Phone] FEIN Number: 810170040  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Security Insurance Company	\$20.00	05/05/2008	20091339

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/12/2008	05/12/2008

*SERFF Tracking Number:* ASWX-125634713      *State:* Arkansas  
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*Product Name:* Individual Life  
*Project Name/Number:* Individual Life/ILFAR00679U1F01

## **Disposition**

Disposition Date: 05/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASWX-125634713 State: Arkansas  
 Filing Company: Union Security Insurance Company State Tracking Number: 38913  
 Company Tracking Number: ILFAR00679U1F01  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Individual Life  
 Project Name/Number: Individual Life/ILFAR00679U1F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Application		Yes
Supporting Document	Reinstatement Application		Yes
Supporting Document	Cover Letter		Yes
Form	2001 CSO		Yes

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## Form Schedule

Lead Form Number: L23(Rev.02-02)(2001 CSO)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L23(Rev.02-02)(2001 CSO)	Policy/Cont	2001 CSO ract/Fraternal Certificate	Initial		57	L23(Rev_02-02)(2001 CSO).PDF

**POLICY SCHEDULE  
SCHEDULE OF BENEFITS AND PREMIUMS**

Form #	Base Plan	Amount of Insurance	Final Age Payable To	Final Expiry or Maturity Date
L23	Whole Life	\$100,000	121	January 1, 2095

Initial Premium:	Annual	<b>\$1,550.00</b>
	Semi-Annual	<b>\$791.10</b>
	Quarterly	<b>\$403.60</b>

***Policy Information:***

THE PREMIUM FOR THIS POLICY IS:	\$1,550.00	Payable	ANNUAL
Insured:	JOHN DOE	Issue Age:	35
Owner:	The Insured	Policy Date:	January 1, 2009
Payor:	The Insured	Sex	M
Policy Number:	12345	Premium Class:	STANDARD

## Table of Guaranteed Values

Insured:	John Doe	Issue Age:	35
Policy Date:	January 1, 2009	Policy Number:	12345
Amount of Insurance:	\$100,000	Form Number:	L23

Policy Anniversary in Year	End of Policy Year	Age of Insured	Cash Value	Paid Up Insurance	Extended Term Years	Extended Term Days
2010	1	36	\$0	\$0	0	0
2011	2	37	\$0	\$0	0	0
2012	3	38	\$800	\$3,500	5	64
2013	4	39	\$1,800	\$7,500	9	187
2014	5	40	\$2,900	\$11,700	13	64
2015	6	41	\$4,000	\$15,500	15	234
2016	7	42	\$5,200	\$19,500	17	229
2017	8	43	\$6,400	\$23,200	19	33
2018	9	44	\$7,600	\$26,600	20	38
2019	10	45	\$8,900	\$30,100	20	356
2020	11	46	\$10,200	\$33,400	21	227
2021	12	47	\$11,500	\$36,400	22	39
2022	13	48	\$12,800	\$39,200	22	161
2023	14	49	\$14,200	\$42,100	22	272
2024	15	50	\$15,700	\$45,100	23	0
2025	16	51	\$17,200	\$47,800	23	45
2026	17	52	\$18,700	\$50,400	23	53
2027	18	53	\$20,200	\$52,700	23	31
2028	19	54	\$21,800	\$55,100	23	11
2029	20	55	\$23,400	\$57,400	22	329

Policy Loan Interest Rate: 8% Variable  
 Policy Reinstatement Loan Interest Rate: 6% Fixed

## DEFINITIONS

### **We, Us, Our**

Union Security Insurance Company.

### **You, Your**

The current owner of this policy. The owner may be someone other than the Insured.

### **The Insured**

The person whose life is insured under this policy, as shown on the Policy Schedule.

### **Policy Date**

The date coverage takes effect under this policy. The Suicide and Incontestable Provisions, premium due dates, policy anniversaries, policy years and policy months are measured from this date.

### **Proceeds**

The amount We must pay under the terms of this policy when You surrender it prior to the Maturity Date, the Insured dies or upon the Maturity Date of the policy. The Proceeds are payable on death and will be the sum insured as shown on the Policy Schedule less any indebtedness and less any premium due if the Insured dies during the grace period.

### **Date of Default**

The date Your premium is due, if You have not paid it.

### **Lapse**

Occurs when a premium is in default and is not paid by the end of the grace period. The Insured's life is no longer insured, except as may be provided in the Policy Values and Reserves section.

### **Age**

The Insured's Age at his or her last birthday.

### **Maturity Date**

The policy anniversary on which the Insured will be Age 121. It is the date on which insurance coverage will terminate. No more premiums may be paid and the Proceeds payable at maturity will be paid to You. The Proceeds payable on the Maturity Date will be the net cash value.

## TABLE OF GUARANTEED POLICY VALUES

The values shown on the Table of Guaranteed Policy Values are for the face amount of insurance shown on the Policy Schedule. They are based on these assumptions: (1) Your policy has been in force and all premiums due are paid to the end of the policy year shown in the table; and (2) there are no unpaid loans against Your policy.

During a policy year, policy values will be determined as of a date no later than the date to which premiums have been paid. We will refund premiums paid for any period beyond the date when You surrender this policy. All values will be furnished upon request.

### POLICY VALUES AND RESERVES

#### Cash Value

Your policy will have a cash value starting in the first year for which a value is shown in the Table of Guaranteed Policy Values.

You may surrender Your policy. To do this You must make written request and send Your policy to Our administrative office. The surrender value will be the cash value, less any unpaid loans against Your policy and less any interest due.

We have the right to delay payment of the surrender value for up to 6 months after We receive Your written request.

#### Non-Forfeiture Options

This policy will Lapse as of the Date of Default if You don't pay the premium due before the grace period ends and You have not requested automatic premium loans. But if this policy has been in force long enough to have a cash value, You may choose one of the options described below. You must do this by written request to Us within 60 days after the due date of a premium in default.

#### Option 1. Extended Term Life Insurance

You may use this policy's surrender value as a net single premium to buy extended term life insurance. The amount of this life insurance will be equal to the face amount of this policy, less any unpaid loans and interest due. The term will begin on the Date of Default and will last as long as the surrender value will provide for the cost of insurance at the Insured's Age. You may not choose this option if the Policy Schedule states this policy is Special Class.

#### Option 2. Paid-Up Life Insurance

You may use this policy's surrender value as a net single premium to buy reduced paid-up life insurance. The amount of this life insurance will be as much as

Your surrender value will provide on the Date of Default at the Insured's Age.

#### Option 3. Cash Surrender

You may surrender this policy for cash as described in the Cash Value section above.

If You don't choose an option within 60 days after the due date of a premium in default, We will put Option 1 into effect. But if Your policy is Special Class, We will put Option 2 into effect.

Insurance under Options 1 and 2 will have a cash value equal to the reserve on the insurance.

If You surrender Your insurance under Options 1 or 2 within 31 days after a policy anniversary, the cash value will at least equal the reserve on the insurance as of that anniversary.

We will pay You the surrender value of insurance under Option 1 or 2 if You make written request and send this policy to Us at Our administrative office.

#### Basis of Calculation

Calculations of Your policy values, reserves and net single premiums are based on: the Commissioner's 2001 Standard Ordinary Mortality Table.

We calculate policy values using curtate functions and an interest rate of 4% per year. Reserves and net premiums are based on immediate payment of claims and an interest rate of 4% per year.

We calculate reserves and net premiums by the Commissioner's Reserve Valuation Method. Cash values equal the present value of the future life insurance benefits less the present value of the applicable non-forfeiture factors for each year remaining in the premium paying period.

Your policy values and benefits are at least equal to those required by law.

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*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* Individual Life  
*Project Name/Number:* Individual Life/ILFAR00679U1F01

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:** 05/05/2008  
**Satisfied -Name:** Certification/Notice  
**Comments:** Readability Certification  
**Attachment:** AR - READABILITY CERTIFICATION.PDF

**Review Status:** 05/05/2008  
**Satisfied -Name:** Life & Annuity - Actuarial Memo  
**Comments:** Actuarial Memorandum  
**Attachment:** Actuarial Memorandum.PDF

**Review Status:** 05/05/2008  
**Satisfied -Name:** Application  
**Comments:**  
**Attachment:** Application.PDF

**Review Status:** 05/05/2008  
**Satisfied -Name:** Reinstatement Application  
**Comments:** Reinstatement Application  
**Attachment:** Reinstatement Application.PDF

**Review Status:** 05/05/2008  
**Satisfied -Name:** Cover Letter  
**Comments:** Cover Letter

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**Attachment:**  
Cover Letter.PDF



**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME: Union Security Insurance Company**

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
L23(Rev.02-02)(2001 CSO)	57.41

Signed:   
Name: Julia Hix-Royer  
Title: Vice President  
Date: April 30, 2008



**UNION SECURITY INSURANCE COMPANY**  
**Statement of Actuarial Basis**

**Non-Participating Whole Life Insurance Policy**  
**Policy Form Number: L23(Rev.02-02)(2001 CSO)**

**Kansas City**

Gary L. Rose, F.S.A.  
Terry M. Long, F.S.A.  
David L. Batchelder, A.S.A.  
Leon L. Langlitz, F.S.A.  
Gary R. McElwain, FLMI  
Christopher H. Davis, F.S.A.  
Anthony G. Proulx, F.S.A.  
Thomas L. Handley, F.S.A.  
Karen E. Elsom, F.S.A.  
D. Patrick Glenn, A.S.A.  
Jan E. DeClue, A.S.A.  
Woodrow H. McDonald, F.S.A. (of Counsel)

**Dallas**

Glenn A. Tobleman, F.S.A., F.C.A.S.  
S. Scott Gibson, F.S.A.  
Cabe W. Chadick, F.S.A.  
Steven D. Bryson, F.S.A.  
Michael A. Mayberry, F.S.A.  
Gregory S. Wilson, F.C.A.S.  
David M. Dillon, F.S.A.  
Bonnie S. Albritton, F.S.A.  
Brian D. Rankin, F.S.A.  
Robert B. Thomas, Jr., F.S.A., C.F.A. (of Counsel)

**London**

Roger K. Annin, F.S.A., F.I.A.  
Timothy A. DeMars, F.S.A., F.I.A.  
Scott E. Morrow, F.S.A.

**Phoenix**

Martin F. Gibson, A.S.A. (of Counsel)

**I. PLAN DESCRIPTION**

1. \$1,000 Level Ordinary Whole Life Insurance
2. Issue ages 0-95
3. Premiums are fully guaranteed (see Appendix A)
4. \$40.00 annual policy fee
5. Non-participating

**II. BASIS OF CALCULATIONS**

Reserves are calculated using 2001 CSO, Male/Female, Age Last Birthday, Immediate Payment of Claims, without Selection Factors with interest at a rate not greater than the maximum interest rate permitted by law (for 2007 and 2008 issues this is 4.0%). Reserves are calculated according to the Commissioners' Reserve Valuation Method taking into account the 1999 Valuation of Life Insurance Policies Model Regulation as adopted by the NAIC.

Cash Values are calculated using 2001 CSO, Male/Female, 4.00%, Age Last Birthday, Curtate, without Selection Factors. Cash Values are Minimum according to the 1980 Amended Standard Nonforfeiture Method based on a level premium ordinary whole life policy.

Reduced Paid-Up Insurance is level whole life insurance rounded to the high dollar using 2001 CSO Male/Female, 4.0%, Age Last Birthday, Curtate functions.

Extended Term Insurance is for \$1,000. Values are based on 2001 CSO Male/Female, 4.0%, Age Last Birthday, Curtate functions.

Distinct values are provided for male and female insureds. No Selection Factors were used for the basic reserve calculations. The Twenty Year Selection Factors were used for the minimum reserve calculations.

The benefits provided are not less than required by law.

Terminal and mean reserves per \$1,000 are rounded to the near cent. Cash values per \$1,000 are rounded to the high dollar.

Appendix B summarizes a sample table of guaranteed values showing cash values, reduced paid up and extended term insurance values.



### III. BASIC RESERVES

(2001 CSO, Age Last Birthday, 4.00%, male/female, immediate payment of claims, no selection factors)

Age at issue = x                      Policy year = t

#### Present Value of Benefits

$$PV_x^B = 1000\bar{A}_x$$

#### Present Value of Premiums

$$PV_x^P = \ddot{a}_x$$

#### Equivalent Level Amount

$$RELA_x = ({}_1DB_x + {}_2DB_x + \dots + {}_{10}DB_x) / 10 = 1000$$

#### Valuation Net Premiums

$$\alpha_x^{FPT} = 1000\bar{c}_x$$

$$\beta_x^{FPT} = (PV_x^B - \alpha_x^{FPT}) / (PV_x^P - 1)$$

$$E_x = \beta_x^{FPT} - \alpha_x^{FPT} \leq 1000E_x^{20PL}$$

where  $E_x^{20PL}$  = CRVM expense allowance for a 20 Pay Life product

$$\beta_x^{CRVM} = (PV_x^B + E_x) / PV_x^P$$

$$\alpha_x^{CRVM} = \beta_x^{CRVM} - E_x$$

$${}_1P_x = \alpha_x^{CRVM}$$

$${}_tP_x = \beta_x^{CRVM} \quad \text{for } t > 1$$

#### Terminal Reserves

$${}_tV_x = ({}_{t-1}V_x + {}_tP_x)(u_{x+t-1}) - 1000\bar{k}_{x+t-1}$$

where  ${}_0V_x = 0$  unless deficiency reserves present

#### Mean Reserves

$${}_tMV_x = (1/2)({}_{t-1}V_x + {}_tV_x + {}_tP_x) \geq (1/2)(1000\bar{c}_{x+t-1})$$

where  ${}_tV_x \geq 0$

**Sample Calculation - male issue age 35**

$$PV_{35}^B = 1000 \bar{A}_{35} = 214.400414$$

$$PV_{35}^P = 20.534191$$

$$\alpha_{35}^{FPT} = 1000 \bar{c}_{35} = 1.215998$$

$$\beta_{35}^{FPT} = (214.400414 - 1.215998) / (20.534191 - 1) \\ = 10.913399$$

$$E_{35} = \beta_{35}^{FPT} - \alpha_{35}^{FPT} = 10.913399 - 1.215998 = 9.697401$$

$$\beta_{35}^{CRVM} = (PV_{35}^B + E_{35}) / PV_{35}^P \\ = (214.400414 + 9.697401) / 20.534191 \\ = 10.913399$$

$$\alpha_{35}^{CRVM} = \beta_{35}^{CRVM} - E_{35} = 10.913399 - 9.697401 = 1.215998$$

$${}_1P_{35} = \alpha_{35}^{CRVM} = 1.215998$$

$${}_tP_{35} = \beta_{35}^{CRVM} \\ = 10.913399 \quad \text{for } t > 1$$

$${}_0V_{35} = 0$$

$${}_1V_{35} = (0 + 1.215998)(1.041291) - 1.266208 \\ = 0.00$$

$${}_2V_{35} = (0.00 + 10.913399)(1.041364) - 1.337781 \\ = 10.027040 = 10.03$$

$${}_3V_{35} = (10.027040 + 10.913399)(1.041448) - 1.419592 \\ = 20.388786 = 20.39$$

$${}_1MV_{35} = (1/2)(0.00 + 0.00 + 1.215998) \\ = 0.607999 = 0.61$$

$${}_2MV_{35} = (1/2)(0.00 + 10.027040 + 10.913399) \\ = 10.470220 = 10.47$$

$${}_3MV_{35} = (1/2)(10.027040 + 20.388786 + 10.913399) \\ = 20.664613 = 20.66$$

#### IV. MINIMUM RESERVES

(2001 CSO Select & Ultimate, Age Last Birthday, 4.00%, male/female, immediate payment of claims, Twenty Year Selection Factors)

Deficiency reserves, if any, are calculated as the excess, if greater than zero, of the quantity A over the basic reserve. The quantity A is obtained by recalculating the basic reserve assuming (a) the Commissioners Reserve Valuation Method, (b) the maximum allowable valuation interest rate and (c) the minimum mortality standards allowable for calculating deficiency reserves.

Guaranteed gross premiums are substituted for the net premiums when the guaranteed gross premiums are less than the corresponding net premiums for each contract year. For these calculations, X-factors were not considered as they were set equal to 1.00.

##### Sample Calculation - male issue age 35 (Deficiency)

$$PV_{[35]}^B = 1000\bar{A}_{[35]} = 210.040683$$

$$PV_{[35]}^P = 20.645336$$

$$\alpha_{[35]}^{FPT} = 1000\bar{c}_{[35]} = 0.578580$$

$$\begin{aligned}\beta_{[35]}^{FPT} &= (210.040683 - 0.578580) / (20.645336 - 1) \\ &= 10.662180\end{aligned}$$

$$E_{[35]} = \beta_{[35]}^{FPT} - \alpha_{[35]}^{FPT} = 10.662180 - 0.578580 = 10.083600$$

$$\begin{aligned}\beta_{[35]}^{CRVM} &= (PV_{[35]}^B + E_{[35]}) / PV_{[35]}^P \\ &= (210.040683 + 10.083600) / 20.645336 \\ &= 10.662180\end{aligned}$$

$$\alpha_{[35]}^{CRVM} = \beta_{[35]}^{CRVM} - E_{[35]} = 10.662180 - 10.083600 = 0.578580$$

$${}_1P_{[35]}^{Min} = \alpha_{[35]}^{CRVM} = 0.578580$$

$$\begin{aligned}{}_tP_{[35]}^{Min} &= \beta_{[35]}^{CRVM} \\ &= 10.662180 \quad \text{for } t \geq 2\end{aligned}$$

Deficiencies do not exist because  ${}_tP_{[35]}^{Min} > {}_tG_{35}$  as  $10.662180 < 15.10$ .

## V. POLICY RESERVES

### Mean Reserves

Use the larger of the Basic Mean Reserve and the Minimum Mean Reserve by duration as the Policy Reserve.

$${}_tMV_x^{Pol} = {}_tMV_x \quad \text{when } {}_tMV_x \geq {}_tMV_{[x]}^{Min}$$

$${}_tMV_x^{Pol} = {}_tMV_{[x]}^{Min} \quad \text{when } {}_tMV_{[x]}^{Min} > {}_tMV_x$$

$${}_1MV_{35}^{Pol} = {}_1MV_{35} = 0.61$$

$${}_2MV_{35}^{Pol} = {}_2MV_{35} = 10.47$$

$${}_3MV_{35}^{Pol} = {}_3MV_{35} = 20.66$$

## VI. NONFORFEITURE VALUES

(2001 CSO, Age Last Birthday, 4.00%, male/female, curtate, no selection factors)

Age at issue = x

Policy year = t

### Present Value of Benefits

$$PV_x^B = 1000A_x$$

### Present Value of Premiums

$$PV_x^P = \ddot{a}_x$$

### Equivalent Level Amount

$$ADB_x = ({}_1DB_x + {}_2DB_x + \dots + {}_{10}DB_x) / 10 = 1000$$

### Minimum Nonforfeiture Factor

$$\Theta_x^M = [(PV_x^B + (.01)(ADB_x) + (1.25)\{P_x^{NL}, (.04)(ADB_x)\}] / PV_x^P$$

where  $\{\}$  denotes least quantity and  $P_x^{NL} = PV_x^B / PV_x^P$

$$E_x = \beta_x^{FPT} - \alpha_x^{FPT} \leq 1000E_x^{20PL}$$

where  $E_x^{20PL} =$  CRVM expense allowance for a 20 Pay Life product

$$\beta_x^{CRVM} = (PV_x^B + E_x) / PV_x^P$$

$$\alpha_x^{CRVM} = \beta_x^{CRVM} - E_x$$

$${}_1P_x = \alpha_x^{CRVM}$$

$${}_tP_x = \beta_x^{CRVM} \quad \text{for } t > 1$$

**Cash Values (Nonforfeiture)**

$${}_0CV_x = PV_x^B - (\theta_x^M)(PV_x^P)$$

$${}_tCV_x = ({}_tCV_x + \theta_x^{Pol})(u_{x+t-1}) - 1000k_{x+t-1}$$

**Reduced Paid Up Insurance**

$${}_tRPU_x = {}_tCV_x / A_{x+t}$$

**Extended Term Insurance**

${}_tNY_x$  = number of years as an integer such that the cash value is greater than or equal to the net single premium for that number of years and less than the net single premium for that number of years plus 1

$$= 1000A_{x+t:NY}^1 \leq {}_tCV_x < 1000A_{x+t:NY+1}^1$$

${}_tND_x$  = number of days as an integer that the cash value is between the two net single premiums used to determine the number of years based on a 365 day year

$$= 365({}_tCV_x - 1000A_{x+t:NY}^1) / 1000(A_{x+t:NY+1}^1 - A_{x+t:NY}^1)$$

**Sample Calculation – male issue age 35 (Nonforfeiture)**

$$PV_{35}^B = 1000A_{35} = 210.223429$$

$$PV_{35}^P = \ddot{a}_x = 20.534191$$

$$P_{35}^{NL} = 210.223429 / 20.534191 \\ = 10.237726$$

$$\theta_{35}^M = [210.223429 + (.01)(1000) + (1.25)(10.237726)] / 20.534191 \\ = 11.347931$$

$${}_0CV_{35} = 210.223429 - (11.347931)(20.534191) \\ = -22.797154$$

$${}_1CV_{35} = (-22.797154 + 11.347931)(1.041291) - 1.241540 \\ = -13.163513 = 0.00$$

$${}_2CV_{35} = (-13.163513 + 11.347931)(1.041364) - 1.311718 \\ = -3.202400 = 0.00$$

$${}_3CV_{35} = (-3.202400 + 11.347931)(1.041448) - 1.391935 \\ = 7.09 = 8.00$$

$${}_3RPU_{35} = 8.00 / .233302421 = 34.290257 = 35.00$$

$$1000A_{38:\overline{5}|}^1 = 7.689477$$

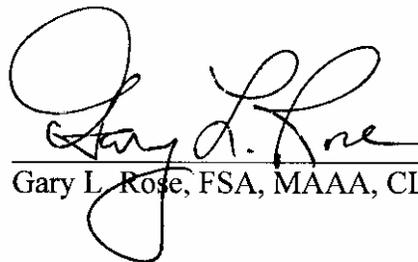
$$1000A_{38:\overline{6}|}^1 = 9.467902$$

$$7.689477 \leq 8.00 < 9.467902$$

$${}_3NY_{35} = 5 \text{ years}$$

$${}_3ND_{35} = (365)(8.00 - 7.689477) / (9.467902 - 7.689477) \\ = 63.731051 = 64 \text{ days}$$

LEWIS & ELLIS, INC.  
Actuaries & Consultants



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Gary L. Rose, FSA, MAAA, CLU

April 11, 2008

**Appendix A**

UNION SECURITY INSURANCE COMPANY  
 Non-Participating Whole Life Insurance  
 Gross Annual Premiums per \$1,000 of Face Amount  
 Add \$40 Policy Fee

Issue Age	Male	Female	Issue Age	Male	Female
0	\$4.49	\$3.37	50	\$33.09	\$23.21
1	4.65	3.39	51	34.99	24.25
2	4.81	3.42	52	37.04	25.37
3	4.98	3.47	53	39.22	26.56
4	5.16	3.53	54	41.50	27.81
5	5.34	3.61	55	43.88	29.11
6	5.52	3.70	56	46.32	30.45
7	5.71	3.80	57	48.82	31.82
8	5.90	3.92	58	51.36	33.22
9	6.09	4.05	59	53.92	34.63
10	6.29	4.20	60	56.47	36.04
11	6.49	4.36	61	59.08	37.59
12	6.70	4.52	62	61.83	39.42
13	6.92	4.69	63	64.70	41.51
14	7.15	4.87	64	67.71	43.84
15	7.39	5.08	65	70.85	46.41
16	7.63	5.30	66	74.13	49.19
17	7.88	5.55	67	77.54	52.18
18	8.13	5.82	68	81.08	55.35
19	8.38	6.13	69	84.76	58.71
20	8.63	6.47	70	88.58	62.22
21	8.90	6.83	71	92.77	66.44
22	9.20	7.20	72	97.52	71.02
23	9.53	7.57	73	102.79	75.97
24	9.88	7.95	74	108.54	81.30
25	10.25	8.33	75	114.71	87.06
26	10.63	8.72	76	121.26	93.28
27	11.03	9.10	77	128.13	100.04
28	11.44	9.49	78	135.29	107.41
29	11.85	9.87	79	142.67	115.48
30	12.26	10.26	80	150.24	124.30
31	12.71	10.65	81	162.46	130.96
32	13.22	11.03	82	175.70	137.95
33	13.79	11.42	83	190.04	145.34
34	14.42	11.81	84	205.51	153.13
35	15.10	12.21	85	222.06	161.45
36	15.82	12.61	86	237.28	172.61
37	16.59	13.02	87	253.11	184.25
38	17.39	13.43	88	269.41	196.35
39	18.22	13.85	89	286.04	209.06
40	19.07	14.27	90	303.12	223.48
41	20.00	14.78	91	320.91	240.40
42	21.05	15.43	92	339.37	259.26
43	22.22	16.20	93	358.39	279.32
44	23.50	17.07	94	377.68	299.29
45	24.88	18.03	95	397.41	318.03
46	26.36	19.03			
47	27.92	20.08			
48	29.57	21.14			
49	31.30	22.19			

**Appendix B**

Table of Guaranteed Values

Insured: John Doe Issue Age: 35  
 Policy Date: January 1, 2009 Policy Number: 12345  
 Amount of Insurance: \$100,000

Policy Anniversary in Year	End of Policy Year	Age of Insured	Cash Value	Paid Up Insurance	Extended Term Years	Extended Term Days
2010	1	36	\$0	\$0	0	0
2011	2	37	0	0	0	0
2012	3	38	800	3,500	5	64
2013	4	39	1,800	7,500	9	187
2014	5	40	2,900	11,700	13	64
2015	6	41	4,000	15,500	15	234
2016	7	42	5,200	19,500	17	229
2017	8	43	6,400	23,200	19	33
2018	9	44	7,600	26,600	20	38
2019	10	45	8,900	30,100	20	356
2020	11	46	10,200	33,400	21	227
2021	12	47	11,500	36,400	22	39
2022	13	48	12,800	39,200	22	161
2023	14	49	14,200	42,100	22	272
2024	15	50	15,700	45,100	23	0
2025	16	51	17,200	47,800	23	45
2026	17	52	18,700	50,400	23	53
2027	18	53	20,200	52,700	23	31
2028	19	54	21,800	55,100	23	11
2029	20	55	23,400	57,400	22	329
2030	21	56	25,000	59,500	22	260
2031	22	57	26,700	61,600	22	195
2032	23	58	28,400	63,700	22	109
2033	24	59	30,100	65,500	22	3
2034	25	60	31,800	67,300	21	246
2035	26	61	33,600	69,100	21	132
2036	27	62	35,300	70,600	20	351
2037	28	63	37,100	72,200	20	221
2038	29	64	38,900	73,800	20	83
2039	30	65	40,700	75,200	19	303
2040	31	66	42,500	76,600	19	153
2041	32	67	44,300	77,900	18	357
2042	33	68	46,100	79,100	18	195
2043	34	69	47,900	80,200	18	21
2044	35	70	49,800	81,500	17	229
2045	36	71	51,600	82,500	17	45
2046	37	72	53,500	83,600	16	247
2047	38	73	55,300	84,500	16	65
2048	39	74	57,200	85,600	15	268
2049	40	75	59,000	86,400	15	90
2050	41	76	60,800	87,300	14	280
2051	42	77	62,600	88,100	14	111
2052	43	78	64,400	88,900	13	309
2053	44	79	66,100	89,600	13	142
2054	45	80	67,800	90,400	12	340

**Appendix B**

Table of Guaranteed Values

Insured: John Doe Issue Age: 35  
 Policy Date: January 1, 2009 Policy Number: 12345  
 Amount of Insurance: \$100,000

Policy Anniversary in Year	End of Policy Year	Age of Insured	Cash Value	Paid Up Insurance	Extended Term Years	Extended Term Days
2055	46	81	\$69,400	\$91,000	12	183
2056	47	82	70,900	91,500	12	4
2057	48	83	72,500	92,200	11	239
2058	49	84	73,900	92,600	11	74
2059	50	85	75,300	93,100	10	293
2060	51	86	76,600	93,600	10	150
2061	52	87	77,900	94,000	10	10
2062	53	88	79,000	94,400	9	243
2063	54	89	80,100	94,700	9	118
2064	55	90	81,100	95,100	8	349
2065	56	91	82,000	95,300	8	238
2066	57	92	82,900	95,600	8	125
2067	58	93	83,700	95,800	7	357
2068	59	94	84,500	96,100	7	271
2069	60	95	85,200	96,300	7	170
2070	61	96	85,800	96,400	7	45
2071	62	97	86,500	96,700	6	328
2072	63	98	87,100	96,900	6	249
2073	64	99	87,600	97,000	6	149
2074	65	100	88,100	97,100	6	48
2075	66	101	88,600	97,300	5	335
2076	67	102	89,000	97,400	5	257
2077	68	103	89,400	97,400	5	168
2078	69	104	89,800	97,500	5	62
2079	70	105	90,300	97,700	4	348
2080	71	106	90,700	97,800	4	284
2081	72	107	91,100	98,000	4	210
2082	73	108	91,400	98,000	4	97
2083	74	109	91,800	98,100	3	357
2084	75	110	92,200	98,200	3	307
2085	76	111	92,500	98,300	3	233
2086	77	112	92,800	98,300	3	135
2087	78	113	93,200	98,500	3	19
2088	79	114	93,500	98,600	2	326
2089	80	115	93,800	98,600	2	270
2090	81	116	94,000	98,600	2	167
2091	82	117	94,300	98,700	1	363
2092	83	118	94,600	98,800	1	332
2093	84	119	94,800	98,800	1	270
2094	85	120	95,100	99,000	0	361
2095	86	121	100,000	100,000	0	0

# Request for Conversion of Group Life Insurance



# FORTIS

Solid partners, flexible solutions<sup>SM</sup>

In accordance with the provisions governing the conversion of group insurance to individual insurance contained in:

Group Policy no. \_\_\_\_\_ issued to \_\_\_\_\_ Certificate no. \_\_\_\_\_

Original effective date \_\_\_\_/\_\_\_\_/\_\_\_\_. POLICYHOLDER

I hereby request the FORTIS BENEFITS INSURANCE COMPANY to convert the insurance on the life of the Insured Person or Dependent under said Group Policy to insurance under the form of policy specified below in accordance with the information provided below.

**(Please read the instructions on the reverse side.) MAKE SURE ALL SECTIONS ARE COMPLETED IN FULL.**

1. Conversion of group insurance on the life of (Check one.): <input type="checkbox"/> Insured person <input type="checkbox"/> Dependent spouse <input type="checkbox"/> Dependent child			13. Send premium notices and communications to: Proposed insured's: <input type="checkbox"/> Residence <input type="checkbox"/> Business, or <input type="checkbox"/> Person exercising conversion privilege Otherwise: _____		
2. Name of proposed insured LAST _____ FIRST _____ MIDDLE INITIAL _____			14. Insurance to be converted to whole life coverage: a. Death benefit amount \$ _____ b. Automatic premium loan provision is _____ to be operative. (Insert "not" if not desired.)		
3. Birthdate _____ MO. DAY YEAR	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Social Security number _____	15. Is this coverage being converted from: Disability waiver <input type="checkbox"/> Yes <input type="checkbox"/> No Portability <input type="checkbox"/> Yes <input type="checkbox"/> No Minnesota Life Continuance <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Residence address STREET _____ CITY, STATE, ZIP CODE _____			16. Date of termination of present coverage (month, day, year) _____		
7. Residence phone number (Include area code.) (        )			17. Mode of payment: <input type="checkbox"/> Annual    Premium amount: <input type="checkbox"/> Semi-annual                                      \$ _____ <input type="checkbox"/> Quarterly		
8. Present employer (name and address) NAME _____ STREET _____ CITY, STATE, ZIP CODE _____			18. Amount paid with this conversion request must equal the first premium due \$ _____		
9. Occupation of proposed insured _____			19. Beneficiary (Print full name and relationship to proposed insured.) Primary*    Relationship  Otherwise, Secondary*                      Relationship		
Complete item 10 below only if the proposed insured does not have the right to exercise the Conversion Privilege. (See instruction no. 3 on reverse side.)					
10. a. Name of person exercising conversion privilege LAST _____ FIRST _____ MIDDLE INITIAL _____			*If living at midnight on the 15th day following the insured's death, or at the time claim is made, if earlier. (If not otherwise specified, beneficiaries named together shall be of the same class, and any proceeds payable to such beneficiaries shall be divided equally among those who survive the insured.)		
b. Address STREET _____ CITY, STATE, ZIP CODE _____			20. Corrections and amendments (for Home Office use only)		
c. Contingent Owner—Who shall own the policy upon the death of the person exercising the conversion privilege? _____			_____		
11. Social Security number for 10.a.		12. Social Security number for 10.c.			

**APPROVED**  
 APR 29 2002

In consideration of the conversion of the term insurance provided under the Group Policy by the issuance of an individual policy, I hereby relinquish all rights, privileges and benefits under said Group Policy. My acceptance of the policy issued hereon shall constitute a ratification of any change or addition to this request for conversion indicated by the Company in the corrections above entitled "Corrections and Amendments." I represent that, with respect to the Certificate specified above, I am the sole owner of the right to exercise the Conversion Privilege of the Group Policy.

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Signed at \_\_\_\_\_ State of \_\_\_\_\_ on \_\_\_\_\_ MONTH DAY YEAR

WITNESS \_\_\_\_\_ SIGNATURE IN FULL OF THE PERSON REQUESTING CONVERSION \_\_\_\_\_  
 THE GROUP INSURANCE CERTIFICATE MUST ACCOMPANY THIS CONVERSION REQUEST.  
 PAYMENT OF FIRST PREMIUM MUST ACCOMPANY THIS CONVERSION REQUEST.

**INSTRUCTIONS**

- All required entries (except the signature) should be typed or printed. When completing the form by hand, please print with a pen (preferably black ink).
- The person who requests the conversion must own the right to exercise the conversion privilege under the group policy. This person will be the owner of the individual policy issued. **Ownership cannot be transferred on this conversion request form.** Unless the group insurance is assigned or the person is a dependent child under age 15, the proposed insured (as named in item 2 on the other side) can exercise the conversion privilege. Conversion on behalf of a dependent child under age 15 can be exercised by the insured person (or surviving dependent spouse if the insured person has died) under the group policy.
- Item 10 should be completed only if the group insurance being converted (a) has been assigned or (b) is on a dependent child who is under age 15. If the insurance has been assigned, only the person to whom the group insurance is assigned can exercise the conversion privilege.
- In item 19, list "primary" and "secondary" beneficiaries separately, as indicated. Be sure to give the full name and relationship to the proposed insured. Payment of any death benefit will be made to the primary beneficiary or beneficiaries (unless specified otherwise, in equal shares if more than one is named). If no primary beneficiary survives, payment will be made to the surviving secondary beneficiary or beneficiaries (unless specified otherwise, in equal shares if more than one is named).
- The group insurance may be converted to any individual life insurance policy without disability or other supplementary benefits, on any plan of insurance, except term insurance, currently being issued by the Company for the purpose of conversion. Premium rates for the whole life plan are provided below. The minimum face amount is \$1,000.

**ANNUAL PREMIUM RATES FOR WHOLE LIFE PER \$1,000 OF INSURANCE**

Age	Male	Female	Age	Male	Female	Age	Male	Female
0	\$4.49	\$3.37	31	\$12.71	\$10.65	61	\$59.08	\$37.59
1	4.65	3.39	32	13.22	11.03	62	61.83	39.42
2	4.81	3.42	33	13.79	11.42	63	64.70	41.51
3	4.98	3.47	34	14.42	11.81	64	67.71	43.84
4	5.16	3.53	35	15.10	12.21	65	70.85	46.41
5	5.34	3.61	36	15.82	12.61	66	74.13	49.19
6	5.52	3.70	37	16.59	13.02	67	77.54	52.18
7	5.71	3.80	38	17.39	13.43	68	81.08	55.35
8	5.90	3.92	39	18.22	13.85	69	84.76	58.71
9	6.09	4.05	40	19.07	14.27	70	88.58	62.22
10	6.29	4.20	41	20.00	14.78	71	92.77	66.44
11	6.49	4.36	42	21.05	15.43	72	97.52	71.02
12	6.70	4.52	43	22.22	16.20	73	102.79	75.97
13	6.92	4.69	44	23.50	17.07	74	108.54	81.30
14	7.15	4.87	45	24.88	18.03	75	114.71	87.06
15	7.39	5.08	46	26.36	19.03	76	121.26	93.28
16	7.63	5.30	47	27.92	20.08	77	128.13	100.04
17	7.88	5.55	48	29.57	21.14	78	135.29	107.41
18	8.13	5.82	49	31.30	22.19	79	142.67	115.48
19	8.38	6.13	50	33.09	23.21	80	150.24	124.30
20	8.63	6.47	51	34.99	24.25			
21	8.90	6.83	52	37.04	25.37			
22	9.20	7.20	53	39.22	26.56			
23	9.53	7.57	54	41.50	27.81			
24	9.88	7.95	55	43.88	29.11			
25	10.25	8.33	56	46.32	30.45			
26	10.63	8.72	57	48.82	31.82			
27	11.03	9.10	58	51.36	33.22			
28	11.44	9.49	59	53.92	34.63			
29	11.85	9.87	60	56.47	36.04			
30	12.26	10.26						

**HOW TO CALCULATE AN ANNUAL PREMIUM:**

To calculate the annual premium, find the rate per \$1,000 from the table for your age (last birthday). Multiply this rate times the number of thousands of insurance you wish to convert. A policy fee of \$40.00 must be added to this premium.

A female, age 21, buys a \$15,000 policy:

- The basic premium is 15 X \$6.83, or ..... \$102.45
- The policy fee is ..... 40.00
- The total annual premium is ..... \$142.45

**PREMIUM MODES OTHER THAN ANNUAL**

SEMI-ANNUAL: Multiply the annual premium by .51 (round to nearer cent) and add \$.60.

QUARTERLY: Multiply the annual premium by .26 (round to nearer cent) and add \$.60.

The minimum premium for any mode is \$10.00.

# Application for Reinstatement



# FORTIS

Solid partners, flexible solutions<sup>SM</sup>

Insured's name \_\_\_\_\_ Policy no. \_\_\_\_\_

Insured's residence address \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security no. \_\_\_\_\_ Sex:  Male  Female

## HEALTH QUESTIONS

Please answer the following questions. If you answer "YES" to any questions, please provide details in REMARKS below.

- Applicant:** Height \_\_\_\_\_ Weight \_\_\_\_\_
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Have you gained or lost 10 or more pounds during the past 12 months?<br>If "Yes", how much _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you within the past 5 years:   |                          |                          |
| a) Received or been advised to receive any medication, treatment, surgery, therapy, testing, observation or consultation by a physician, surgeon or other health care provider (including psychologist, counselor, dentist, chiropractor, osteopath, etc.) in any clinic, hospital, sanitarium, health resort or any other health related facility?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Used any illegal drug?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past 5 years, have you ever had, been treated for or been advised to seek treatment for persistent cough, fatigue or swollen glands, pneumonia, chest discomfort, muscle weakness, unexplained weight loss of ten pounds or more, patches in mouth, skin lesions, prolonged night sweats, visual disturbance or recurring diarrhea, fever or infection?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you pregnant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you used tobacco, in any form in the past 12 months?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had, been medically diagnosed, treated or been advised to seek treatment for: arthritis; back, neck or joint disorder; asthma; emphysema or lung disorder; cancer or tumors; diabetes; alcohol, cocaine or drug abuse; high blood pressure; stroke or heart disease or disorder; depression; psychological counseling; mental, nervous or eating disorder; or seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the past 7 years, to the best of your knowledge, have you had or been told by a medical professional that you had an immune deficiency disorder, acquired immunodeficiency syndrome (AIDS) or AIDS related complex (ARC)?  | <input type="checkbox"/> | <input type="checkbox"/> |

"Disorder" is defined as a disease, illness, injury and/or condition differing in any way from the usual or normal state and/or structure.

Name, address and telephone number of personal physician \_\_\_\_\_

### REMARKS—If you answered "YES" to any health questions above, please provide details below.

Ques. No.	Description of illness, injury, or pregnancy, medication and treatment	Duration (details) & no. of episodes	Residual effects/ results	Name and address of attending physician or hospital (Include zip)
				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>APPROVED</b>                      APR 29 2002  <b>LIFE AND HEALTH</b>                      ARKANSAS INSURANCE DEPARTMENT                 </div>

**IMPORTANT NOTICE TO APPLICANTS – PLEASE READ CAREFULLY**

**MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:**

- 1) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief.
- 2) Have read, understood and received a copy of this application and the NOTICE REGARDING THE MEDICAL INFORMATION BUREAU, INSURANCE INFORMATION PRACTICES AND AUTHORIZATION TO OBTAIN AND FURNISH INFORMATION.
- 3) Agree that reinstatement is not effective until this application is approved by Fortis Benefits Insurance Company.

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**AUTHORIZATION TO RELEASE INFORMATION:** For underwriting and claim purposes, I give my permission to: Any physician or other medical practitioner, hospital, clinic, pharmacy, insurance company, consumer reporting agency, employer, Medical Information Bureau or any other organization to give Fortis Benefits or its reinsurers ALL INFORMATION on my behalf, including findings on medical care, dental care, alcohol or drug abuse information, psychiatric or psychological care or examination, or surgery, as they apply to me. I give my permission to Fortis Benefits or its reinsurers to release any information to other life insurance companies as I may come in contact with.

I understand that I or my authorized representative may request a copy of this authorization. A photocopy of this authorization will be as valid as the original. This authorization will be valid for two and one half years from the date shown below.

Insured's signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_  
(if other than insured)

**NOTICE REGARDING MEDICAL INFORMATION BUREAU  
INSURANCE INFORMATION PRACTICES AND AUTHORIZATION TO OBTAIN AND FURNISH INFORMATION**

To properly underwrite applications and issue insurance policies on an equitable basis, we must obtain information about our proposed insured. The nature of the information we seek includes age, occupation, physical condition, health history, habits, avocations and other personal characteristics. This information will be collected from you and various sources, including health professionals and health facilities. Information regarding factors affecting insurability will be treated as confidential.

In addition, we may obtain an investigative consumer report from an insurance support organization. This report may contain information as to your character, general reputation, personal characteristics and mode of living except as may be related directly or indirectly to your sexual orientation. If a report is prepared, you may request to be interviewed in connection with the report. Also, upon proper request to Fortis Benefits Insurance Company, you may obtain a copy of the report.

Further, we or our reinsurers may obtain a report from and make a report to the Medical Information Bureau, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another bureau member for life or health coverage, or a claim for benefits is submitted to such a company, the bureau, upon request, will supply information contained in its file.

Upon receipt of a request from you, the bureau will arrange disclosure of the information in its file. If the accuracy of the information is questioned, you may request that corrections be made by following the procedures set forth in the Fair Credit Reporting Act. The address of the Bureau's Information Office is PO Box 105, Essex Station, Boston, MA 02112, telephone (617) 426-3660.

The information which we collect may, under certain circumstances, be disclosed to third parties without your specific authorization. However, be assured that disclosure will be strictly limited to that which is reasonably required.

You have the right to gain access to and request correction of information contained in our files. However, we will not disclose information which relates to a claim or to a civil or criminal proceeding.

If you wish to receive a more detailed explanation of our information practices, including a description of access and correction rights as well as circumstances under which non-authorized disclosures or personal information may be made, please contact Senior Vice-President, Underwriting and Administration, 2323 Grand Boulevard, Kansas City, MO 64108-2670.



**ASSURANT**  
Employee  
Benefits

Union Security  
Insurance Company  
2323 Grand Blvd.  
Kansas City,  
Missouri  
64108-2670

April 21, 2008

Hon. Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

Re: 2001 CSO Filing

Dear Commissioner Bowman:

We are revising our individual whole life policy to recognize the use of the 2001 CSO Mortality Table and are enclosing replacement pages coded L23(Rev.02-02)(2001 CSO) for approval.

These pages will be used with form L23(AR)(Rev.02-02), approved by your Department on April 29, 2002. Revisions made to the previously approved pages 1, 2, 3, and 7 due to using the 2001 CSO Mortality Table have been highlighted. We will use the enclosed pages for policies issued January 1, 2009 and later.

This product will not be marketed with a sales illustration.

The whole life policy is issued to persons who were insured under a group life insurance policy and who exercised their option to convert their group life insurance to an individual whole life policy.

An actuarial memorandum is included.

Please advise us of your action on this form in accordance with your usual practices.

Sincerely,

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