



SERFF Tracking Number: FNWW-125631262 State: Arkansas  
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 39138  
 Company Tracking Number: CLA 2008-ADB AMEND  
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
 Dismemberment  
 Product Name: ADB Freestanding  
 Project Name/Number: 2008-ADB Amend/2008-ADB Amend

## Company and Contact

### Filing Contact Information

Christine Andreason, Contract Specialist christine\_andreason@farmersinsurance.com  
 3003 77th Ave SE (206) 275-8084 [Phone]  
 Mercer Island, WA 98040 (206) 236-6526[FAX]

### Filing Company Information

Farmers New World Life Insurance Company CoCode: 63177 State of Domicile: Washington  
 3003 77th Avenue S.E. Group Code: 212 Company Type: Life  
 Mercer Island, WA 98040 Group Name: State ID Number:  
 (206) 275-8131 ext. [Phone] FEIN Number: 91-0335750  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers New World Life Insurance Company	\$20.00	05/28/2008	20542977

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/06/2008	06/06/2008



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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	ADB Contract	Approved-Closed	Yes
<b>Supporting Document</b>	Flesch Score	Approved-Closed	Yes
<b>Supporting Document</b>	Filing Letter	Approved-Closed	Yes
<b>Form</b>	2008-ADB Amend	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: Policy Amendment

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	2008-ADB Amend	Policy/Contract/Fraternal	2008-ADB Amend	Initial		49	2008-ADB Amend.pdf
		Certificate: Amendment, Insert Page, Endorsement or Rider					

# - POLICY AMENDMENT -

## CHANGE IN COVERAGE . . .

It is mutually understood and agreed that Policy No. L99999999,  
issued to Sample A. Sample,  
is changed as follows —

### Accidental Death Benefit is changed as follows:

Under age 65:	\$100,000.00
Age 65 through 69:	\$ 75,000.00
Age 70 through 74:	\$ 50,000.00
Age 75 through 79:	\$ 25,000.00

[Coverage ends at age 80]

Premium is changed to [\$0.00] per month  
(increased by [\$0.00])

**THIS CHANGE IS EFFECTIVE Month XX, XXXX**

Attached to and forming part of Policy No. L99999999, underwritten  
by Farmers New World Life Insurance Company.

Except as may be modified by the above, the provisions and conditions of the policy remain  
the same.

— THE ABOVE CHANGE IN BENEFIT WILL BE IN EFFECT ONLY WHEN A VALID AUTHORIZATION  
HAS BEEN PROCESSED AND THE FIRST INCREASED PREMIUM HAS BEEN PAID —

[FNWA&Bcf]

DETACH AND AFFIX TO YOUR ORIGINAL POLICY

[0/00]

## — INCREASED COVERAGE AUTHORIZATION —

Policy owner: **Sample A. Sample**  
Insured: **Sample A. Sample**  
Policy Number: **L99999999**

Additional Accidental Death Benefit: **\$00,000.00**  
Additional Premium: **\$0.00/month**



**FARMERS**

PLEASE INCREASE MY ADDITIONAL INSURANCE COVERAGE BY:

**\$00,000.00\***

I wish to activate the \$00,000.00 Accidental Death Insurance issued by Farmers New World Life Insurance Company® for the insured named above. I understand that the premium for this additional coverage is \$0.00/month, and that the Policy Amendment that has been issued is not valid unless this AUTHORIZATION has been submitted to the Company by Month XX, XXXX and the first premium has been paid. (I authorize payment by the same means as the current premium is paid.)

~~X~~ \_\_\_\_\_ Date   /  /    
Signature of policy owner **Sample A. Sample**

~~X~~ \_\_\_\_\_ Date   /  /    
Signature of insured (if over 16) **Sample A. Sample**

\*Benefits begin to decrease at age 65, coverage ends at age 80.

**RETURN THIS PORTION BY MONTH XX, XXXX ONLY IF YOU WISH TO INCREASE YOUR COVERAGE**



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## Supporting Document Schedules

**Satisfied -Name:** Certification/Notice **Review Status:** Approved-Closed 06/06/2008  
**Comments:**  
**Attachment:**  
 AR Certification.pdf

**Bypassed -Name:** Application **Review Status:** Approved-Closed 06/06/2008  
**Bypass Reason:** This coverage is issued without an application to our existing customers.  
**Comments:**

**Bypassed -Name:** Health - Actuarial Justification **Review Status:** Approved-Closed 06/06/2008  
**Bypass Reason:** An Actuarial Memorandum has not been developed as this is only an amendment to increase the face amount of an already approved contract.  
**Comments:**

**Bypassed -Name:** Outline of Coverage **Review Status:** Approved-Closed 06/06/2008  
**Bypass Reason:** The Outline of Coverage was filed with the original contract.  
**Comments:**

**Satisfied -Name:** ADB Contract **Review Status:** Approved-Closed 06/06/2008  
**Comments:**  
 This contract was approved on 3/21/2001  
**Attachment:**  
 Standard.pdf

**Satisfied -Name:** Flesch Score **Review Status:** Approved-Closed 06/06/2008

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**Comments:**

**Attachment:**

AR Flesch Score.pdf

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**Satisfied -Name:** Filing Letter **Review Status:** Approved-Closed 06/06/2008  
**Comments:**  
**Attachment:**  
Amend Filing Letter.pdf

ARKANSAS

**Certification**

The undersigned certifies that to the best of his knowledge, information, and belief, the guidelines in Arkansas Bulletin No. 11-83 have been reviewed and that the following forms are in compliance with these guidelines.

The undersigned certifies that to the best of his knowledge, information, and belief, Rule and Regulation 19 has been reviewed and that the following forms are in compliance with this Rule.

<u>Form Number</u>	<u>Form</u>
2008-ADB Amend	Policy Amendment

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



By: \_\_\_\_\_

Name: Ryan R. Larson

Title: Vice President And Chief Actuary

Date: May 27, 2008

# ACCIDENTAL DEATH INSURANCE POLICY

Farmers New World Life Insurance Company  
Mercer Island, WA  
(a stock company)

**This policy is guaranteed renewable until age 80.**

**POLICY OWNER:** MARY A. SAMPLE

## SCHEDULE

**INSURED:** Mary A. Sample  
**INSURED'S DATE OF BIRTH:** 05/10/59  
**POLICY NO.:** L99999999

— SCHEDULE OF ACCIDENTAL DEATH BENEFITS —

<u>INSURED'S ATTAINED AGE</u>	<u>INSURED BENEFIT</u>
UNDER 65	\$ 100,000.00
65-69	\$ 75,000.00
70-74	\$ 50,000.00
75-79	\$ 25,000.00
80 AND OVER	\$ .00

**PREMIUM:** \$0.00/Month  
**EFFECTIVE DATE:** May 1, 2008

COVERAGE WILL TAKE EFFECT ON DATE SPECIFIED  
ONLY IF COMPLETED AUTHORIZATION HAS BEEN RECEIVED  
BY FARMERS NEW WORLD LIFE INSURANCE COMPANY

**This is an accidental death only policy. No benefits are paid for a loss from sickness.**  
It is a legal contract between you, the Policy Owner, and us, Farmers New World Life Insurance Company.  
We agree to pay to the beneficiary the benefits of this policy according to its provisions.

### Notice of 30 Day Right to Examine Policy

**You may return this policy within 30 days from the date you receive it. The policy will then become void from the beginning and any premium paid will be refunded to you.**

Signed at our Home Office  
Farmers New World Life Insurance Company



C. Paul Patsis  
President




John R. Patton  
Secretary

2001-ADB-I

## General Provisions

**Effective Date:** This policy and the insurance provided by it become effective at 12:01 A.M. Pacific Time on the Effective Date shown in the Schedule, provided the necessary premiums have been paid.

**Right to Renew:** Subject to the provisions in the Termination of Coverage section, this policy is renewable at your option subject to the payment of premiums when due.

**Covered Persons:** The "Insured" means the person named as the Insured in the Schedule.

**Attained Age:** The sum of the Insured's age on the Effective Date plus the number of complete years since the Effective Date.

**Payment:** The first premium is due on the Effective Date. Renewal premiums are payable in advance of their respective due dates. Your monthly renewal

premiums will be deducted automatically from your bank account. Direct bills for any other payment interval will be mailed to you prior to the due date.

**Grace Period:** A grace period of 31 days will be allowed for the payment of each premium after the first premium has been received. Coverage will continue in force during this period.

**Reinstatement:** If a premium due is not paid by the end of the grace period, this policy will lapse. You may reinstate this policy while the Insured is alive any time within 5 years after any premium is overdue. The coverage will be reinstated on the date we accept the premium. There will be no coverage in force from the end of the grace period until the date the policy is reinstated.

(continued on reverse)

2001-ADB-I

<b>Date:</b> 12/5/07 <b>Product:</b> FNW26 - AD to AUTO <b>Component:</b> Initial Schedule/Policy Form General States "I" <b>Mail States:</b> AL,AR,CO,IA,IN,MI,NE,OH,WY	<b>Size:</b> 8-3/8" x 14" <b>File Set @:</b> 100% <b>Colors:</b> PMS 485 Red, 280 Blue, Black <b>Paper Stock:</b> White Offset, 60#	<input type="checkbox"/> OK <input type="checkbox"/> OK WITH CORRECTIONS <div style="font-size: 2em; font-weight: bold; margin-top: 5px;">ReMark</div>
<b>Signature</b> _____ <b>Date</b> _____		PLEASE REVIEW PROOF, INDICATE APPROVAL, SIGN AND DATE

**Beneficiary:** The Beneficiary is as shown in the application, or on any later change notice. While the Insured is living, you may change the Beneficiary by written notice satisfactory to us. After we have recorded the change, it becomes effective on the date you sign it, subject to any payments we may have made or actions we may have taken before we recorded it.

You may designate more than one Beneficiary and may designate what percentage of the policy benefits is to be paid to each Beneficiary. If not designated, policy benefits will be split into equal shares. If a Beneficiary dies before the Insured, the benefit will be paid to the remaining Beneficiaries if any. If no Beneficiaries are alive at the time of the Insured's death or if no valid Beneficiary has been designated, then the benefit will be paid to the estate of the Insured. Payment of the benefit to the administrator or executor of the estate of the Insured or any other person deemed by us to be the representative of the Insured will relieve us of any further liability for payment under this policy.

**Misstatement of Age:** If the age of a covered person has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. If, due to such misstatement, we accept a premium for a period when coverage would not normally have been effective, then our liability for such period shall be limited to a refund of all premiums paid for coverage of such period.

**Benefit**

When we receive due proof that the Insured has died, we will pay the Accidental Death Benefit amount shown in the Schedule provided that:

1. Death occurs as the direct result of an accidental bodily injury, independent of all other causes;
2. The accident causing the injury occurs while this policy is in force;
3. Death occurs within 90 days of the accident; and
4. Death occurs before the Insured reaches attained age 80.

The amount of the benefit payable will be the amount shown on the Schedule but subject to all other provisions of this policy. Benefits shall be paid according to the provisions of this policy. All benefits for the Insured will reduce to 75% of the Amount of Insurance on the date the Insured reaches attained age 65, to 50% at attained age 70, and to 25% at attained age 75. Coverage terminates at attained age 80.

**Common Carrier Death Benefit**

The amount of this benefit is the same as the Insured Benefit shown on the Schedule. It will be paid in addition to the Insured Benefit upon receipt of due proof that the following conditions have been met:

1. a death benefit must be payable under the terms of the policy; and
2. the accident causing the injury must occur while riding as a fare-paying passenger in or on a licensed public conveyance operated by a common carrier on its regularly scheduled route.

**Exclusions**

We will not pay a benefit for a death which is caused by, results from, or is contributed to by:

1. suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane;

2. declared or undeclared war or any act of war;
3. injury sustained while performing military duty or active service;
4. participating in a riot;
5. committing a felony;
6. sickness or its medical or surgical treatment, including diagnosis or any bacterial infection except through a wound accidentally sustained;
7. operating or riding in any kind of aircraft except as a fare-paying passenger on a commercial flight;
8. voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
9. alcoholic intoxication (as defined in the state where the accident occurred);
10. taking of any drug, medication, narcotic or hallucinogen unless as prescribed by a physician;
11. operating a mechanical device or motor vehicle while intoxicated (as defined in the state where the accident occurred); or
12. riding in or driving any type of motorized vehicle in any kind of speed contest.

**Claim Provisions**

**Proof of Death:** Upon the Insured's accidental death, written notice should be provided to us. This notice should include the name of the Insured, the policy number, and a certified death certificate. We reserve the right to require the completion of a claim form and other reasonable documentation to establish the cause of death. We also reserve the right, subject to any legal prohibitions, to require an autopsy to help establish the cause of death. Unless otherwise limited by law, claims not submitted within one year of the Insured's death are void.

**Payment of Claim:** Benefits will be paid according to the provisions of this policy as soon as we receive proper written proof of the Insured's death. Payment made by us in good faith shall fulfill our entire obligations under this contract.

**Time Limits of Payment of Claims:** Payment on valid claims are typically made within 45 days. Valid claims not paid in that period will be increased by interest at 1½% per month until finally settled. If we do not pay when due, you may bring action to recover such benefits and any other damages.

**Termination of Coverage**

The coverage provided by this policy shall terminate on the **earliest** of the following:

1. When a premium due has not been paid by the end of the grace period.
2. When we receive written notification from you that you wish to terminate this policy.
3. When the Insured reaches attained age 80.

**Entire Contract**

This policy, with its endorsements and any attached Schedules and applications, shall represent the entire contract between you and us. No change in this policy will be effective until it is approved by one of our officers. This approval must be noted on or attached to this policy.



**Farmers New World Life Insurance Company**  
Mercer Island, WA 98040

2001-ADB-I

<b>Date:</b> 7/16/07	<b>Size:</b> 8-3/8" x 14"	<input type="checkbox"/> OK	<b>ReMark</b>
<b>Product:</b> FNW26 - AD AUTO	<b>File Set @:</b> 100%	<input type="checkbox"/> OK WITH CORRECTIONS	
<b>Component:</b> Schedule/Policy Form — General States "I" - BACK	<b>Colors:</b> PMS 485 Red, 280 Blue, Black		
<b>Mail States:</b> AL,AR,CO,IA,IN,MI,ND,NE,OH,WY	<b>Paper Stock:</b> White Offset, 60#		
		<b>Signature</b>	<b>Date</b>
<b>PLEASE REVIEW PROOF, INDICATE APPROVAL, SIGN AND DATE</b>			

**ARKANSAS**

**READABILITY CERTIFICATE**

The undersigned certifies as follows:

1. The Flesch scores of the enclosed forms are:

<u>Form Number</u>	<u>Form</u>	<u>Flesch Score</u>
2008-ADB Amend	Policy Amendment	49.3

2. The form complies with the requirements of Arkansas Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

**FARMERS NEW WORLD LIFE INSURANCE COMPANY**



By: \_\_\_\_\_  
Ryan R. Larson  
Title: Vice President and Chief Actuary

Date: 5/27/2008



**FARMERS**  
LIFE INSURANCE

**Farmers New World Life Insurance Company**

3003 77<sup>th</sup> Avenue S.E., Mercer Island, WA 98040

Phone: (206) 232-8400 Fax: (206) 236-6642

Claims Dept. Fax: (206) 236-6536

Columbus Life Office: PO Box 182325, Columbus, OH 43218

Phone: (614) 764-9975 Fax: (614) 766-7519

**NAIC NO.: 0212-63177**

Re: Form No.:2008-ADB Amend, a Policy Amendment to our freestanding Accidental Death Benefit contract.

We are filing this Amendment to be used with the Freestanding Contract, previously approved in your state.

We intend to offer an upgrade to the existing stand-alone Accidental Death policy.

The applicant will complete and sign the Increased Coverage Authorization form. There is no application or evidence of insurability required. The Policy Amendment will be attached to the contract when the insured accepts an offer to increase the face amount of the original policy.

The premium rates are \$0.08 per thousand of AD coverage per month, for all policy years and all ages, male and female. The benefit amount is subject to a \$300,000 maximum.

Please feel free to contact me at: [christine\\_andreason@farmersinsurance.com](mailto:christine_andreason@farmersinsurance.com)

Sincerely,

*Christine Andreason*

Contract Specialist