

SERFF Tracking Number: GPML-125646204 State: Arkansas  
Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 38984  
Company Tracking Number: 580 WPD08  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 2001 CSO - Waiver of Premium Total Disability  
Project Name/Number: 2001 CSO - Waiver of Premium Total Disability/580 WPD08

## Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: 2001 CSO - Waiver of Premium SERFF Tr Num: GPML-125646204 State: ArkansasLH

Total Disability

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Status: Closed

Co Tr Num: 580 WPD08

Co Status:

Author: Linda Boydston

Date Submitted: 05/14/2008

State Tr Num: 38984

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/16/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: 2001 CSO - Waiver of Premium Total Disability

Project Number: 580 WPD08

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/16/2008

State Status Changed: 05/16/2008

Corresponding Filing Tracking Number:

Filing Description:

This filing contains no unusual or controversial items from normal Company or industry standards.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/20/2008

Domicile Status Comments: Filed Exempt

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

580 WPD08 – Waiver of Premiums for Total Disability Rider

Provides for waiver of future premiums payable in event of disability, as defined in the provisions, prior to age 60.

Limited benefit of premium waiver to age 65 or for two years, whichever is later, in event of disability between ages 60

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and 65. Premiums payable to age 65 or earlier maturity, expiry or paid-up date of the policy. Issue ages 0 through 59, male and female insureds eligible.

Actuarial memorandum is included in the filing. Appropriate information regarding (1) effective date, (2) amount of this rider, (3) premiums, and (4) termination date will be printed by computer on Page 3 (Schedule Page) of the policy. A specimen Schedule Page is enclosed.

This form is a new submission. It has not previously been disapproved. It is not intended to supersede a form previously submitted but not yet approved. It will replace form 576 WPD88. Documentation of the differences between the two forms is enclosed.

This form will be used on a general use basis and will be individually solicited through licensed agents.

These forms are in final print format; however we reserve the right to change the format of the forms due to technological advances.

## Company and Contact

### Filing Contact Information

Linda Boydston, Manager, Regulatory Filing & alb@gpmlife.com  
Compliance  
2211 N.E. Loop 410 (800) 938-4765 [Phone]  
San Antonio, TX 78217 (210) 357-6722[FAX]

### Filing Company Information

Government Personnel Mutual Life Insurance CoCode: 63967 State of Domicile: Texas  
Company  
2211 N.E. Loop 410 Group Code: Company Type: LAH  
P.O. Box 659567  
San Antonio, TX 78217 Group Name: State ID Number:  
(800) 938-4765 ext. 2814[Phone] FEIN Number: 74-0651020  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: \$50 for exempt filings  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Government Personnel Mutual Life Insurance Company	\$50.00	05/14/2008	20316064

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/16/2008	05/16/2008

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## Disposition

Disposition Date: 05/16/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GPML-125646204 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Comparison		Yes
Supporting Document	Marketing Disclosure		Yes
Supporting Document	Sample Policy Schedule		Yes
Form	Waiver of Premiums For Total Disability Rider		Yes

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## Form Schedule

Lead Form Number: 580 WPD08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	580 WPD08	Policy/Cont Waiver of Premiums	Initial ract/Fratern For Total Disability al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60	580 WPD08 - Basic.pdf

# WAIVER OF PREMIUMS FOR TOTAL DISABILITY RIDER

## General Provisions and Definitions.

This rider gives added benefits, and is part of the Policy to which it is attached.

Consideration for it is the application and payment of premiums shown on the Schedule Page.

The date this rider takes effect is the Policy Date, or other date shown on the amended Schedule Page, if added after the Policy is issued.

The terms and conditions of the Policy shall apply to this rider, unless inconsistent with its terms.

**We, Us, Our** - means Government Personnel Mutual Life Insurance Company (GPM).

**You, Your** - means the Owner of this Policy.

**He, His, Him** - will be taken to mean persons of either sex.

**Age** - means at any Policy Anniversary, the Insured's Age at the Insured's last birthday. Age is sometimes called Attained Age.

## What Is Meant by Total Disability?

**W1** Under the terms of this rider, the Insured will be deemed totally disabled from a disease or injury as follows:

- (1) During the first two (2) years that He is disabled, the Insured cannot do substantially all the work of His usual occupation or business.
- (2) After He has been disabled for two (2) continuous years, He cannot do any job for which He is or becomes reasonably suited by education, training or experience.
- (3) The Insured has lost both hands, both feet, one hand and one foot, or the sight of both eyes.
- (4) For a person Age eighteen (18) years or younger who is a full-time student, total disability means He is unable to attend school.

## Benefits - Limited from Age 60 to 65.

**W2** After We have received proof that the Insured has been totally disabled for four (4) consecutive months, We will waive all premiums due during the total disability as follows:

- (1) If the Insured becomes disabled before Age 60, We will waive all premiums due while He is disabled.
- (2) If He becomes disabled on or after Age 60 but before Age 65, We will waive all premiums due while He is disabled until Age 65, or for two (2) years, if longer.

## Some Risks Are Not Covered.

**W3.** We will not waive premiums due if the Insured is disabled by any of the following:

- (1) Attempted suicide, while sane or insane.
- (2) Injuries received while He was committing a felony or trying to commit one, or while resisting arrest.
- (3) Injuries that He received or which resulted from operating, riding in, or descending from any type of aircraft if He fits one of these:
  - (a) Is a pilot, officer, or member of the crew; or
  - (b) Is giving, or getting any type of training; or
  - (c) Has any duty on such aircraft.
- (4) Injuries resulting from war, declared or not, any act of war or aggression, insurrection, or riot.
- (5) Injuries sustained in consequence of the Insured voluntarily being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of a physician.
- (6) No benefit is paid if the Insured is disabled because of willfully or intentionally self-inflicted injuries, whether sane or insane.

## WAIVER OF PREMIUMS FOR TOTAL DISABILITY - Continued

- (7) Injuries or disease which occur while this rider was not in force, or while the Policy remained in force under any of its Nonforfeiture terms.

### How Do You Give Us Notice of Claim?

**W4** We must receive at Our Home Office a written notice of claim that the Insured is disabled. The notice should be filed as follows:

- (1) While the Insured is disabled; and
- (2) While He is still alive.

**W5** We will accept the claim that We receive beyond those times on these terms:

- (1) If We deem the reason for delay to be reasonable; and
- (2) If the claim is sent as quickly as it can be.

**W6** We must get the claim within one (1) year from the due date of any unpaid premium. You are liable for any unpaid premium in default with interest at the rate shown on the Schedule Page or in the Policy rules for reinstatement. We may deduct this amount from the Proceeds payable under the Policy or this rider.

### Policy Benefits Will Not Be Reduced.

**W7** We will not reduce the sum that We pay to settle this Policy by any premiums that We have waived under this rider. The Cash, Loan and Nonforfeiture Values, if any, of the Policy shall be the same as if the waived premiums had been paid.

### We Require Proof That Disability Is Continuing.

**W8** Before We waive any premium under the terms of this rider, We may ask for proof that the Insured continues to be totally disabled. But after He has been disabled for two (2) years, We will not ask for proof more than once a year. If You fail to provide proof within thirty (30) days after You are requested to do so, or if the Insured ceases to be totally disabled, We will not waive any more premiums.

**W9** Prior to the approval of any claim, We will have the right to have one or more physicians examine the Insured at Our expense as often as We may reasonably require.

**W10** If the Insured is disabled at Age 65, and all premiums due have been waived under this rider for at least five (5) years, We will require no more proof. All future premiums will be automatically waived.

### This Rider Can Be Continued if You Change or Convert the Policy.

**W11** If You choose to exchange the basic Policy to another plan of life insurance, You may continue this rider if We receive proof that the Insured is still insurable. We may also require payment of any reserve at the time that You change the plan. If We do not get the proof and the payment of the charge, this rider will be terminated.

**W12** If this rider is continued on the new Policy, the benefits, any extra premiums, and the date that coverage under this rider terminates will be the same that they would have been if the Policy had been issued originally as later changed.

**W13** If You choose to convert to another plan of life insurance as allowed in the basic Policy or in a rider giving term insurance on the life of the Insured, this rider may be continued on these terms:

- (1) If the Insured is not disabled when You convert and We have not waived premiums under this rider before, there will be no restriction on the plan You may select if You meet these terms:
  - (a) You request that this rider be continued when You apply for the change; and
  - (b) You pay the premiums for this rider as changed when they are due.
- (2) If the Insured is disabled when You convert, or We have waived premiums under this rider, Your right to continue this rider after conversion is limited as follows:
  - (a) The new Policy must be on the whole life plan with premiums payable for life; and
  - (b) The date of issue of the new Policy cannot be earlier than the application for it.

## WAIVER OF PREMIUMS FOR TOTAL DISABILITY RIDER - Continued

### How Will This Rider Terminate?

**W14** Except as set out in W10, coverage under this rider will cease when any of the following occur:

- (1) The Insured reaches Age 65;
- (2) The Policy reaches the end of its period for paying premiums;
- (3) The Policy becomes fully paid-up when the Dividend Credits are applied;
- (4) The Policy is continued under its Nonforfeiture terms;
- (5) If You do not pay the premium for the Policy or this rider before the end of the grace period; or
- (6) You write Us to terminate this rider.

**W15** If this rider is terminated, doing so will not affect any claim to waive premium for any disability that occurred before the termination.

**W16** We cannot contest claims under this rider after it has been in force for two (2) years while the Insured is alive and has not been totally disabled during those two (2) years, except for fraud and/or non-payment of premiums.

If this rider is reinstated, We cannot contest the reinstatement after this rider is again in force for two (2) years from the effective date of reinstatement while the Insured is alive, except for fraud and/or non-payment of premiums. We will rely on material representations made in the reinstatement application.

### Basis for Computation.

**W17** A detailed statement of the method of determining reserves and values under this rider has been filed with the Insurance Supervisory Official of the state where the rider is applied for. All such values are greater than or equal to the minimums required by law in that state.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

(Referred to above as GPM)



C. Alan Ferguson  
Secretary

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*Filing Company:* Government Personnel Mutual Life Insurance      *State Tracking Number:* 38984  
*Company*  
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*Project Name/Number:* 2001 CSO - Waiver of Premium Total Disability/580 WPD08

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<p><b>Satisfied -Name:</b> Certification/Notice  <b>Comments:</b>  <b>Attachments:</b>          AR cert reg 19.pdf          AR cert3 - reg 49.pdf          AR - readability cert.pdf          AR Notice.pdf</p>	<p><b>Review Status:</b>           05/14/2008</p>
<p><b>Bypassed -Name:</b> Application  <b>Bypass Reason:</b> N/A - rider filing  <b>Comments:</b></p>	<p><b>Review Status:</b>           05/14/2008</p>
<p><b>Satisfied -Name:</b> Statement of Variability  <b>Comments:</b>  <b>Attachment:</b>          Statement of Variability.pdf</p>	<p><b>Review Status:</b>           05/14/2008</p>
<p><b>Satisfied -Name:</b> Actuarial Memorandum  <b>Comments:</b>  <b>Attachment:</b>          Actuarial Memo.pdf</p>	<p><b>Review Status:</b>           05/14/2008</p>
<p><b>Satisfied -Name:</b> Comparison  <b>Comments:</b>          Documentation of the differences between 576 WPD88 and 580 WPD08. 576 WPD88 was made available in your jurisdiction on 09-19-88.</p>	<p><b>Review Status:</b>           05/14/2008</p>



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**Review Status:**

**Satisfied -Name:** Marketing Disclosure 05/14/2008  
**Comments:**  
**Attachment:**  
58OMKD.pdf

**Review Status:**

**Satisfied -Name:** Sample Policy Schedule 05/14/2008  
**Comments:**  
**Attachment:**  
Schedule Page example with waiver.pdf

AR certification1

ARKANSAS

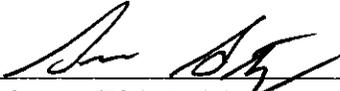
SUBJECT - Individual Life  X  Individual Annuity \_\_\_\_\_

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

**580 WPD08**

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

AR certification3

ARKANSAS

SUBJECT - Individual Life   X   Individual Annuity \_\_\_\_\_

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

**580 WPD08**

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that the company is in compliance with Regulation 49 in that we will issue a Life and Health notice to each policy owner.



Sean Staggs, FSA, MAAA  
Assistant Vice President & Associate Actuary

02AR

ARKANSAS

SUBJECT - Individual Life  Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER FLESCH SCORE

**58O WPD08**

**60.1**

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



Sean Staggs, FSA, MAAA

Assistant Vice President & Associate Actuary

## **REQUIRED NOTICE FOR POLICIES DELIVERED IN THE STATE OF ARKANSAS**

Arkansas law requires that we provide you with addresses and telephone numbers of certain parties you may need to contact in connection with your policy. These are as follows:

### **Soliciting Agent:**

Agent's name, address, and telephone number can be found on the Statement of Policy Cost and Benefit Information (Policy Summary). If Agent information cannot be found, please call Customer Service Center shown below:

### **GPM's Customer Service Center:**

Customer Service Center  
GPM Life Insurance Company  
P. O. Box 659567  
San Antonio, Texas 78265-9567  
Telephone: 1-800-929-4765

If we at Government personnel Mutual Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

### **The Arkansas Bureau of Insurance:**

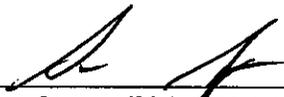
Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
Telephone: 1-800-852-5494 or 501-371-2640

Statement of Variability

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY  
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER 580 WPD08

This is to certify that any changes in the information on the policy computer pages will require the company to submit the new computer page(s) to the Department for prior approval - except for changes in "John Doed" information specifically relating to a particular insured.



Sean Staggs, FSA, MAAA  
Assistant Vice President & Associate Actuary

APR 03 2008

DATE

Government Personnel Mutual Life Insurance Company

Actuarial Memorandum  
For  
Form 580 WPD08

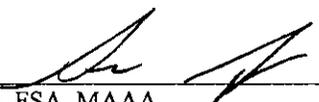
**VALUATION BASIS**

1952 Disability Study – Period 2, Benefit 5 Combined with 2001 CSO Mortality Table, Continuous Functions, reserve interest rate will be the maximum rate allowed by law each year.

BASIC ANNUAL PREMIUM PER \$100 PREMIUM TO BE WAIVED  
PREMIUMS AND BENEFIT TO AGE 65  
Benefit Not Payable on Disability Incurred prior to Age 10

Issue Age	Annual Premiums	Issue Age	Annual Premiums
0	1.30	30	2.24
1	1.32	31	2.29
2	1.34	32	2.35
3	1.36	33	2.42
4	1.38	34	2.49
5	1.41	35	2.56
6	1.43	36	2.64
7	1.46	37	2.73
8	1.48	38	2.82
9	1.51	39	2.92
10	1.54	40	3.03
11	1.56	41	3.15
12	1.58	42	3.27
13	1.60	43	3.41
14	1.63	44	3.56
15	1.66	45	3.72
16	1.68	46	3.90
17	1.71	47	4.09
18	1.75	48	4.31
19	1.78	49	4.56
20	1.81	50	4.83
21	1.84	51	5.13
22	1.88	52	5.46
23	1.92	53	5.82
24	1.96	54	6.21
25	2.00	55	6.63
26	2.04	56	7.07
27	2.08	57	7.48
28	2.13	58	7.91
29	2.19	59	8.36

Prepared by:

  
Sean Staggs, FSA, MAAA  
Assistant Vice President and Associate Actuary

February 26, 2008  
Date

## Documentation of Differences Between 576 WPD88 and 580 WPD08

Added items are underlined. Strikethrough items have been deleted.

1. General Provisions and Definitions: 2<sup>nd</sup> paragraph, “Consideration for it is the application and payment of premiums shown on ~~Page 3~~ the Schedule Page.”
2. General Provisions and Definitions: 3<sup>rd</sup> paragraph, “The date this rider takes effect is the Policy Date, or other date shown on the amended ~~Page 3~~ Schedule Page,...”
3. General Provisions and Definitions: Age definition, “Age – means at any Policy Anniversary the Insured’s age ~~on the nearest policy anniversary at the Insured’s last birthday.~~ Age is sometimes called Attained Age.”
4. Paragraph W1 item 4, “For a person aged ~~18~~ years or younger...”
5. Paragraph W3, item 1: “~~Injuries received before he is age 10~~ Attempted suicide, while sane or insane;”
6. Paragraph W3, item 2, made “~~Injuries received that were~~ No benefit is paid if the Insured is disabled because of willfully or intentionally self-inflicted injuries, while whether he was sane or insane;” and moved to item 6.
7. Paragraph W3, added “Injuries received while He was committing a felony or trying to commit one, or while resisting arrest.” as item 2
8. Paragraph W3, item 3: “~~Injuries incurred in or caused by any act of war, declared or not, while he was in any armed service~~ Injuries that He received or which resulted from operating, riding in, or descending from any type of aircraft if He fits one of these: (a) Is a pilot, officer, or member of the crew; or (b) is giving, or getting any type of training; or (c) has any duty on such aircraft.”
9. Paragraph W3, item 4 made: “~~Injuries received~~ or disease which occur while this rider was not in force, or while the policy remained in force under any of its nonforfeiture terms.” and moved to item 7.
10. Paragraph W3, added: “Injuries resulting from war, declared or not, any act of war or aggression, insurrection, or riot.” as item 4.
11. Paragraph W3, added item 5: “Injuries sustained in consequence of the Insured voluntarily being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of a physician.”
12. Paragraph W6, “You are liable for any unpaid premium in default with interest at the rate shown on ~~Page 3~~ the Schedule Page or...”
13. Paragraph W7, “The cash, loan and nonforfeiture values, if any, of the policy shall be the same...”
14. Title before Paragraph W8, “We Require Proof That Disability is Continuing.”
15. A new paragraph was added as W9 to read: “Prior to approval of any claim, We will have the right to have one or more physicians examine the Insured at Our expense as often as We may reasonably require.”

16. Paragraphs W9, W10, W11, W12, W13, W14, and W15 were renumbered to W10, W11, W12, W13, W14, W15, and W16.
17. New paragraph W11, “ If you choose to exchange the basic policy to another plan of life insurance, you may continue this rider...”
18. New paragraph W12, “ ...will be the same that they would have been if the policy had been issued originally as later changed.”
19. New paragraph W13, “ If you choose to convert to another plan of life insurance as allowed in the basic policy...”
20. New paragraph W13, item 1, sub-item (b), “You pay the premiums for this rider as changed when ~~it falls~~ they are due.”
21. New paragraph W14, “Except as set out in W10, Coverage under this rider will cease when any of the following occur:”
22. New paragraph W14, items 6, “ You write us to ~~drop~~ terminate this rider.”
23. New paragraph W15, “ If this rider is terminated, doing so will not affect any claim to waive premium for any disability that...”
24. New paragraph W16, “... except for fraud and/or non-payment of premiums.”
25. Added a second paragraph to new paragraph W16 that reads, “If this rider is reinstated, We cannot contest the reinstatement after this rider is again in force for two (2) years from the effective date of reinstatement while the Insured is alive, except for fraud and/or non-payment of premiums. We will rely on material representations made in the reinstatement application.”
26. Added title, “Basis for Computation.” after the new paragraph W16.
27. Added paragraph numbered W17 at the end, “ A detailed statement of the method of determining reserves and values under this rider has been filed with the Insurance Supervisory Official of the state where the rider is applied for. All such values are greater than or equal to the minimums required by law in that state.”

MKD

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY  
San Antonio, Texas

DISCLOSURE OF MARKETING INTEREST AND INFORMATION

FORM NUMBER - 580 WPD08

1. Marketed on individual basis.
2. No special market intended.
3. No deviation from standard underwriting rules.
4. No limitation of use.
5. No changes in benefits.
6. Commissions and gross premium rates are consistent with GPM's other plans.
7. No deviation from GPM's usual retention.

## SCHEDULE PAGE

PLAN	COVERAGE DESCRIPTION	INITIAL SUM INSURED	POLICY CLASS	INITIAL ANNUAL PREMIUM	BENEFIT CEASES	
[T10I08	Term to 95 - 10 Yr [Premium Guarantee	\$100,000	100% Non-Tobacco ]	\$170.00	2068 ]	<b>POLICY NUMBER:</b> [58M TERM08]
[WT108A	Waiver of Premium		100%	\$ 18.00	2038 ]	<b>POLICY DATE:</b> [January 1, 2008]
<p>Conversion during the first 8 contract years prior to age 70.</p> <p>Premium Amount \$ [188.00] for years 01 - 10 (Guaranteed for first 10 years)</p>						<b>NAME OF INSURED:</b>  [John Doe]
<p>Premiums Payable - Until the Benefit Cease Date. At Intervals of - [ 12 ] month(s), computed from the Policy Date. Premium includes \$75.00 Annual Policy Fee. Premium Amount is Guaranteed for first 10 years.</p> <p>Date of first Premium Adjustment is [January 1, 2018].</p> <p>Your premium will change on the Date of Premium Adjustment and each anniversary thereafter when a premium is due. The new premium will not exceed the Guaranteed Maximum Premium. Annual mode Guaranteed Maximum Premiums including any additional benefits are shown on the following pages. If your policy includes any additional benefits, they will be listed on this schedule page.</p> <p>INTEREST RATE FOR RESERVES: 4.00 PERCENT (ALL YEARS) VALUATION METHOD: COMMISSIONER'S RESERVE MORTALITY TABLE: 2001 CSO Preferred Class Structure Mortality Table, Age Last Birthday, Male/Female</p>						<b>AGE AT ISSUE/SEX:</b> [35 Male]
<p>The owner and beneficiary are as stated in the application unless later changed.</p>						<b>ANNUAL PREMIUM:</b> [ \$188.00 ]
<p>The owner and beneficiary are as stated in the application unless later changed.</p>						<b>OWNER:</b> [John Doe]