

SERFF Tracking Number: LAFA-125543609 State: Arkansas
Filing Company: The Lafayette Life Insurance Company State Tracking Number: 38426
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Payor Death Benefit Riders
Project Name/Number: /

Filing at a Glance

Company: The Lafayette Life Insurance Company

Product Name: Payor Death Benefit Riders SERFF Tr Num: LAFA-125543609 State: ArkansasLH
TOI: L071 Individual Life - Whole SERFF Status: Closed State Tr Num: 38426
Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: State Status: Filed-Closed
Premium - Single Life
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Katrina Donnoe Disposition Date: 03/21/2008
Date Submitted: 03/13/2008 Disposition Status: Accepted For
Informational Purposes
Implementation Date: Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 03/21/2008 Deemer Date:
State Status Changed: 03/21/2008
Corresponding Filing Tracking Number:
Filing Description:
March 13, 2008

Arkansas Insurance Department

RE: NEW INDIVIDUAL LIFE FILING

SERFF Tracking Number: LAF A-125543609 State: Arkansas
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Payor Death or Disability Benefit Rider, PIR-05

Payor Death Benefit Rider, PDR-05

NAIC Number # 65242, FEIN # 35-0457540

Dear Examining Officer:

Attached are copies of the above-referenced rider forms which are being submitted on an informational basis. These forms were previously approved for use in your state on 01/04/2005. It has come to our attention, however, that there was an inadvertent clerical error in both forms. We are doing this filing on an informational basis because of the very limited nature of the change.

In the DEFINITIONS provision of both forms, PAYOR was incorrectly defined as "the individual named as Owner on page 3 of the policy." In the attached revised forms, we have corrected the definition of PAYOR to read, "PAYOR means the individual named as Payor on Page 3 of the policy..." We certify that this is the only change we have made to these forms.

As always, we appreciate your time and attention in regards to this informational filing and look forward to receiving indication from you that these forms have been filed with your Department.

Sincerely,

Kate Donnoe, FLMI, AIRC, AIAA, ACS

Senior Compliance Analyst

800-443-8793, Ext. 3327

kate.donnoe@llic.com

Company and Contact

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Filing Contact Information

Kate Donnoe, Group Compliance Analyst kdonnoe@llic.com
 1905 Teal Rd (800) 443-8793 [Phone]
 Lafayette, IN 47906 (765) 477-3212[FAX]

Filing Company Information

The Lafayette Life Insurance Company CoCode: 65242 State of Domicile: Indiana
 PO Box 7007 Group Code: 836 Company Type: Life and Annuity
 Lafayette, IN 47903 Group Name: State ID Number:
 (800) 443-8793 ext. 3417[Phone] FEIN Number: 35-0457540

Filing Fees

Fee Required? Yes
 Fee Amount: \$40.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lafayette Life Insurance Company	\$40.00	03/13/2008	18602687

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		03/21/2008	03/21/2008

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Disposition

Disposition Date: 03/21/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Payor Death Benefit Rider		Yes
Form	Payor Death and Disability Benefit Rider		Yes

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Form Schedule

Lead Form Number: PDR-05

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PDR-05	Policy/Cont Payor Death Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	PDR-05.pdf
	PIR-05	Policy/Cont Payor Death and ract/Fratern Disability Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	PIR-05.pdf

PAYOR DEATH BENEFIT RIDER

IN THIS RIDER

Terms used in this rider shall have the same meanings as are set forth in the policy to which this rider is attached unless otherwise defined in this rider.

DEFINITIONS

PAYOR means the individual named as Payor on page 3 of the policy. No transfer of ownership of the policy shall change the Payor.

In this rider, YOU or YOUR means the Payor.

DEATH BENEFIT

After we receive due proof of your death, we will waive those premiums that become due:

- following the date of your death; and
- prior to the annual date next following the Insured's 24th birthday.

PREMIUMS

The premiums for this rider are shown on page 3 of the policy.

RELIANCE

We have issued this rider in reliance on the statements made in the application for this rider. These statements are representations and not warranties. No statement will cause this rider to be rescinded, or will be used in defense of a claim unless contained in the written application for this rider. Read the application for this rider. If any statement is not true or complete, you must tell us.

INCONTESTABILITY

We may not contest this rider after it has been in force during your lifetime for two years from the Effective Date of this rider as shown on page 3 of the policy, except for failure to pay premiums or fraud. While this rider is contestable, we cannot rescind this rider or deny a claim unless:

- an answer in the application for this rider was not true or complete; and
- if we had known the truth, we would have:
 - (a) declined the application for this rider;
 - (b) issued this rider at a higher premium; or
 - (c) issued this rider on some other basis.

If we rescind this rider, the premium you have paid for this rider will be refunded.

TERMINATION OF RIDER

This rider will terminate on the earliest of:

- the Premium Expiration Date for this rider shown on page 3 of the policy;
- the date of termination of the policy; or
- the date we receive your written request for it's termination.

Signed at Lafayette, Indiana as of the Effective Date of this Rider


Secretary


President & CEO

THE LAFAYETTE LIFE INSURANCE COMPANY PAYOR DEATH OR DISABILITY BENEFIT RIDER

IN THIS RIDER

Terms used in this rider shall have the same meanings as are set forth in the policy to which this rider is attached unless otherwise defined in this rider.

DEFINITIONS

PAYOR means the individual named as Payor on page 3 of the policy. No transfer of ownership of the policy shall change the Payor.

In this rider, YOU or YOUR means the Payor.

DEATH BENEFIT

After we receive due proof of your death, we will waive those premiums that become due:

- following the date of your death; and
- prior to the annual date next following the Insured's 24th birthday.

DISABILITY BENEFIT

We will waive those premiums stated below in the event of your total disability beginning prior to the earlier of:

- the annual date next following the Insured's 24th birthday; or
- the annual date next following your 65th birthday.

The premiums to be waived will be those due:

- following and during your continued total disability; and
- prior to the annual date next following the Insured's 24th birthday.

We will not waive premiums for any single premium insurance rider which may be attached to the policy. Further, we will not waive premiums for any rider which states by its terms that the waiver of premium benefit shall not apply.

We will refund that portion of any premium paid provided:

- it applies to a period of total disability following the policy month in which the disability began; and
- the disability qualifies for waiver of premiums.

No premium that became due more than one year before we receive notice to us of the claim will be waived unless you can show that such notice was given as soon as reasonably possible.

If the policy has an outstanding loan, neither the loan nor the loan interest are waived if premiums are being waived under this rider. Failure to repay the outstanding loan or loan interest may result in termination of the policy even if premiums are being waived under this rider.

PREMIUMS

The premiums for this rider are shown on page 3 of the policy.

DEFINITION OF DISABILITY

TOTAL DISABILITY is a disability which:

- results from bodily injury or disease;
- begins while this rider is in force;
- begins before the annual date next following your 65th birthday;
- exists continuously for at least six months;
- during the first 24 months of disability prevents you from performing the substantial and material duties of your regular occupation at the time you became disabled; and
- after 24 months of disability, prevents you from working at any occupation for which you are, or become, reasonably suited by reason of education, training or experience, with due regard to your vocation and earnings prior to disability.

PRESUMPTIVE TOTAL DISABILITY

Even if you work at an occupation, we will consider the disability total if it results in total, irrevocable and permanent loss of:

- Sight of both eyes;
- Use of both hands;
- Use of both feet;
- Use of one hand and one foot;
- Speech; or
- Hearing in both ears.

PROOF OF DISABILITY

Before we waive any premium, we must receive proof from you of your total disability:

- within one year of the date of disability;
- while you are alive;
- while you are still disabled; and
- no later than one year after the annual date next following your 65th birthday.

Even if you do not give us proof of total disability in time, we will waive any premiums that have become due if:

- proof of disability is received as soon as reasonably possible; and
- the disability qualifies for waiver of premiums.

PROOF OF CONTINUED DISABILITY

We may require proof from you at reasonable intervals that you are still totally disabled. Proof of disability, when required, must be submitted by you at your expense. After we have waived premiums for at least one full policy year, we may only require such proof once each year. If you do not send us proof, no further premiums will be waived.

PAYMENT OF PREMIUMS

A premium due during disability, but before we have approved waiver of premium, is payable and must be paid to keep the policy in force. A premium paid and later waived will be refunded.

If you have qualified for waiver of premiums for at least six consecutive months on an annual date, we will waive an annual premium regardless of the planned premium frequency.

RELIANCE

We have issued this rider in reliance on the statements made in the application for this rider. These statements are representations and not warranties. No statement will cause this rider to be rescinded, or will be used in defense of a claim, unless contained in the written application for this rider. Read the application for this rider. If any statement is not true and complete, you must tell us.

INCONTESTABILITY

We may not contest this rider after it has been in force during your lifetime for two years from the Effective Date of this rider as shown on page 3 of the policy, except for failure to pay premiums or fraud. While this rider is contestable, we cannot rescind this rider or deny a claim unless:

- an answer in the application for this rider was not true or complete; and
- if we had known the truth, we would have:
 - (a) declined the application for this rider;
 - (b) issued this rider at a higher premium; or
 - (c) issued this rider on some other basis.

If we rescind this rider, the premiums you have paid for this rider will be refunded.

POLICY PROVISIONS

This rider, when shown on page 3 of the policy, and the application for the rider are considered to be attached to and a part of the policy. All provisions of the policy, except dividends, will apply to this rider unless otherwise noted herein. This rider is nonparticipating.

TERMINATION OF RIDER

This rider will terminate on the earliest of:

- the date you request it by notice to us;
- the date the policy terminates;
- the Premium Expiration Date for this rider shown on page 3 of the policy; or
- the annual date next following your 65th birthday, unless premiums are then being waived due to your total disability.

Signed at Lafayette, Indiana as of the Effective Date of this Rider



Secretary



President & CEO

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Life

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Bypassed -Name: Certification/Notice 03/13/2008
Bypass Reason: Information filing only - forms approved on 1/4/2005
Comments:

Review Status:
Bypassed -Name: Application 03/13/2008
Bypass Reason: Informational filing only - forms approved on 1/4/2005
Comments:

Review Status:
Bypassed -Name: Life & Annuity - Acturial Memo 03/13/2008
Bypass Reason: Informational filing only - forms approved on 1/4/2005
Comments: