

SERFF Tracking Number: UUIIN-125519269 State: Arkansas
Filing Company: Reliable Life Insurance Company State Tracking Number: 38367
Company Tracking Number: AI08
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Additional Insurance Rider
Project Name/Number: /

Filing at a Glance

Company: Reliable Life Insurance Company
Product Name: Additional Insurance Rider SERFF Tr Num: UUIIN-125519269 State: ArkansasLH
TOI: L071 Individual Life - Whole SERFF Status: Closed State Tr Num: 38367
Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: AI08 State Status: Approved-Closed
Premium - Single Life
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Jill Harvey Disposition Date: 05/30/2008
Date Submitted: 03/10/2008 Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval 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: 05/30/2008 Deemer Date:
State Status Changed: 03/13/2008
Corresponding Filing Tracking Number:
Filing Description:
The purpose of this filing is to seek approval of an Additional Whole Life Insurance Rider and the Application to be used to apply for such additional insurance.

The additional insurance will be offered in increments of \$1,000. The rider will only be offered to the primary insured on the original policy and the policy must have been in force for at least one year.

<i>SERFF Tracking Number:</i>	<i>UUIN-125519269</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reliable Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38367</i>
<i>Company Tracking Number:</i>	<i>AI08</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>Additional Insurance Rider</i>		
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This rider will be offered as Life Paid Up at Age 65, Life Paid Up at Age 85, 20 Pay Life or 10 Pay Life. Premiums will be based on the Insured's age, sex and tobacco use status and will be the same as those used for our current life products. No policy fee will be charged and no premium will be collected at the time of application.

When the Additional Insurance Rider is issued, it will have issued with it a Schedule of Rider Benefits and Premiums Page and a Table of Guaranteed Rider Values Page. The Guaranteed Rider Values will differ for each rider depending upon the terminal age used to calculate the Guaranteed Rider Values. If the original policy was issued using the 1980 CSO, the terminal age will be 100. If the original policy was issued using the 2001 CSO, the terminal age will be 121. Attached with this filing are eight (8) Actuarial Memoranda showing the method for calculating Cash Values. At the end of each Actuarial Memorandum are sample rider pages 3 and 4 demonstrating the differences to the Cash Values.

Company and Contact

Filing Contact Information

Jill Harvey, Compliance Specialist
 12115 Lackland Rd.
 St. Louis, MO 63146

jharvey@unitrin.com
 (314) 819-4629 [Phone]
 (314) 819-4768[FAX]

Filing Company Information

Reliable Life Insurance Company
 12115 Lackland Rd.
 St. Louis, MO 63146
 (314) 819-4627 ext. [Phone]

CoCode: 68357
 Group Code: 215
 Group Name: Unitrin, Inc.
 FEIN Number: 43-0476110

State of Domicile: Missouri
 Company Type: Life & Accident
 State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	1 application - \$50 1 rider - \$50
Per Company:	No

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Life

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
140847	\$100.00	03/05/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	05/30/2008	05/30/2008
Approved	Linda Bird	03/13/2008	03/13/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Application	Supporting Document	Jill Harvey	05/29/2008	05/29/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Reopen	Note To Filer	Linda Bird	05/29/2008	05/29/2008
Request to Reopen	Note To Reviewer	Jill Harvey	05/29/2008	05/29/2008

SERFF Tracking Number: *UUIN-125519269* *State:* *Arkansas*
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Life

Disposition

Disposition Date: 05/30/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment: Corrections made to the application.

Rate data does NOT apply to filing.

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 Product Name: Additional Insurance Rider
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document (revised)	Application		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Additional Whole Life Insurance Rider		Yes
Form	Additional Insurance Application		Yes

SERFF Tracking Number: *UUIN-125519269* *State:* *Arkansas*
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Product Name: *Additional Insurance Rider*
Project Name/Number: */*
Life

Disposition

Disposition Date: 03/13/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UUIIN-125519269 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document (revised)	Application		Yes
Supporting Document	Application		Yes
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Amendment Letter

Amendment Date:

Submitted Date: 05/29/2008

Comments:

Attached is the corrected application.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Application

Comment: see attached application which is filed for informational purposes.

7041-RL.pdf

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Life

Note To Filer

Created By:

Linda Bird on 05/29/2008 03:22 PM

Subject:

Request to Reopen

Comments:

Filing has been reopened in order of correction on the application.

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Product Name: *Additional Insurance Rider*
Project Name/Number: */*
Life

Note To Reviewer

Created By:

Jill Harvey on 05/29/2008 02:19 PM

Subject:

Request to Reopen

Comments:

It has recently been brought to our attention that, despite the number of individuals who reviewed the application, Form #7041UL, prior to submission, we had an oversight and failed to include a place for the applicant to indicate what plan of insurance they wanted to purchase.

We have added an area to indicate the plan in question on the application. No other changes have been made to the application and no changes have been made to the rider. The error was discovered prior to our distribution of the application to the field, therefore, it has not been used and will not be.

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Form Schedule

Lead Form Number: AI08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AI08RL	Policy/Cont	Additional Whole Life Initial ract/Fratern Insurance Rider	Initial		50	AI08RL.pdf
	7041RL	Application/	Additional Insurance Enrollment Application Form	Initial		41	7041RLDOE.pdf



The Reliable Life Insurance Company

Home Office: St. Louis, Missouri

ADDITIONAL WHOLE LIFE INSURANCE RIDER

COVERAGE

This rider provides an additional amount of whole life insurance as specified on the attached Schedule of Rider Benefits and Premiums page. This rider is part of the policy to which it is attached. It is subject to all the terms of the policy except as modified herein. No riders can be attached to this rider.

EFFECTIVE DATE

This rider will be effective on the date of issue shown on the attached Schedule of Rider Benefits and Premiums page.

PREMIUMS

The amount of premium for this rider is shown on the attached Schedule of Rider Benefits and Premiums page. The premium is payable until the final premium payment due date shown on the attached Schedule of Rider Benefits and Premiums page or until this rider terminates.

BENEFIT

We will pay to the Beneficiary, upon receipt of due proof of the death of the Insured, the sum of the following:

1. the rider face amount;
2. less any loan balance;
3. plus interest, if any, at the rate required by state law;
4. plus the portion of any rider premium paid which applies to a period beyond the rider month in which the Insured dies or less the portion of any rider premium due and unpaid which applies to the period up to and including the rider month in which the Insured dies.

The benefits payable pursuant to this rider will be paid if death of the Insured occurs:

1. while this rider and the policy are in force;
2. while the Insured is covered by this rider; and
3. before the termination of this rider.

WAIVER OF PREMIUM BENEFIT

If the policy to which this rider is attached has a Waiver of Premium Rider and you have chosen to extend it to this rider, the additional premium is indicated on the attached Schedule of Rider Benefits and Premiums page. If you did not extend the Waiver of Premium Rider to this Rider, the Waiver of Premium Rider has been terminated and the premium for the policy has been reduced accordingly.

SURRENDER VALUE

The surrender value of this rider is the cash value of this rider, less any outstanding loan balance.

CASH VALUES

The formula for computing guaranteed cash values at the end of any rider year is stated in the Basis of Cash Values provision below. Cash values for selected rider anniversaries are shown on the cash value page, issued with this rider, based on the assumption that all due premiums are paid. Such cash values will be adjusted for any premiums paid and coverage provided beyond a rider anniversary. Any cash values not shown will be provided on request.

If a premium is due and unpaid, the cash value within 60 days after its due date will be determined as of such due date. If this rider is in force under Non-forfeiture Option 1, the cash value within 30 days after any rider anniversary will not be less than the cash value on such anniversary.

NON-FORFEITURE OPTIONS

Any of the following non-forfeiture options may be elected by sending us a written request in a form acceptable to us. The request must be received at our home office within 60 days after the due date of the premium in default and prior to the death of the Insured. Benefits provided by supplementary agreements, if any, will cease when a non-forfeiture option becomes effective.

1. **Reduced Paid-up Insurance.** This rider may be continued in force as Reduced Paid-up Insurance. The amount of Reduced Paid-up Insurance will be calculated using the surrender value of this rider as a net single premium as of the due date of the first unpaid premium, based on the Insured's attained age on such date.
2. **Extended Term Insurance.** (This option may not be chosen if the policy is in a special premium class. The premium class is shown on Page 3 of the policy.) Insurance under this option will be effective as of the due date of the premium in default. The amount of Extended Term Insurance will be the Sum Insured under this rider less any Loan Balance. The period of Extended Term Insurance will be calculated using this rider's Surrender Value as a net single premium. Such premium will be based on the Insured's attained age and sex on the due date of the premium in default.
3. **Paid In Cash.** The Owner may surrender this rider for its surrender value. Upon surrender, this rider will terminate and the surrender value will be paid to the Owner. Surrender will be effective on the date we receive this rider, the policy to which it is attached, and a written surrender request in a form acceptable to us. We reserve the right to defer payment for not more than 6 months from the date of the surrender. If payment is deferred for 30 days or more, the surrender value will earn interest at the rate of 2 1/2% a year.

AUTOMATIC OPTION

If a premium for this rider is not paid within the grace period stated in the policy and no non-forfeiture option has been elected, the rider will be continued under the Extended Term Insurance option, if available. If not available, the policy will be continued under the Reduced Paid-up Insurance option.

BASIS OF CASH VALUES

The cash value at the end of any rider year is:

1. the present value of future insurance benefits guaranteed by this rider, less
2. the present value of a series of amounts, each equal to the appropriate cash value factor stated on the cash value page issued with this rider, payable annually for the remaining premium paying period.

A detailed statement of the method of computing cash values has been filed with the state in which this rider is delivered. Cash values for this rider equal or exceed the minimum values required by that state. Guaranteed values are calculated using the Commissioners' 2001 Standard Ordinary Mortality Table. All values are based on interest compounded at the rate stated in the cash value page issued with the rider and the assumptions that death benefits are paid at the end of the rider year and the cash value factor amounts are paid at the beginning of rider years.

RESERVE BASIS

Reserves for this rider are calculated using the Net Level Premium method. A detailed statement of the method of computing reserves has been filed with the state in which this rider is delivered. Reserves for this rider equal or exceed the minimum values required by that state. Reserves are based on the assumptions that death benefits are paid at the moment of death and net premiums are paid continuously over the premium-paying period.

LOANS

The Owner may make a written request for a loan on this rider. The request must be submitted to us on a form satisfactory to us. The policy to which this rider is attached will be assigned as security for the loan.

We may defer loans for a period not exceeding 6 months as provided by law. A loan used to pay premiums to us will not be deferred.

The amount of the loan shall not be greater than:

1. the policy and riders' combined cash value on the day we process the loan;
2. less loan interest to the end of the current policy and rider year;
3. less any unpaid premiums for the balance of the current policy and rider year; and
4. less any existing policy loan.

Loan interest will be compounded annually at a rate of 8%. The loan interest is payable at the end of the policy and rider year. If the loan interest is not paid when due, it will be added to the loan and will bear interest at the same rate.

SUICIDE

If the Insured commits suicide within two years of the effective date of this rider, the amount we will pay will be limited to the premiums paid for this rider.

REINSTATEMENT

In addition to the reinstatement requirements of the policy, reinstatement of this rider is subject to our receiving a written, signed request in a form satisfactory to us and payment of all past due rider premiums plus interest compounded at 5% annually to the date of reinstatement.

INCONTESTABILITY

We cannot contest this policy after it has been in force during the lifetime of the Insured for two years from its Date of Issue. This provision will not apply to non-payment of premiums.

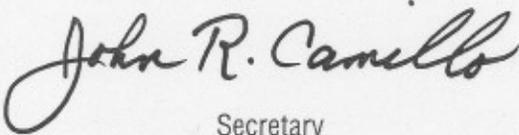
TERMINATION

Coverage under this rider terminates on the earliest of:

1. the termination or maturity of the policy to which this rider is attached;
2. the end of the grace period of the first unpaid premium for the policy or rider;
3. the first premium due date after we receive a signed, written request to cancel this rider. We may require the policy and rider be returned to us for endorsement.

We will not be liable for any benefits hereunder in connection with a loss that occurs after this rider terminates.

Signed for The Reliable Life Insurance Company at St. Louis, Missouri, on the date of issue.



Secretary



President

District	Agency
123	59
Family Group Number:	56789
Family Group Name:	DOE

Application for Additional Insurance Rider to

The Reliable Life Insurance Company
A UNITRIN Company
 HOME OFFICE: St. Louis, MO 63146
 (800) 630-8645

H. O. Use Only

PLEASE PRINT ALL INFORMATION IN BLACK INK

1. Proposed Insured (First, Middle Initial, Last) John Q. Doe		Age 35	Birth Date 040573	Sex M	Height ft in 5 10	Weight 165
Residence Number and Street 123 Anywhere St.		Town or City Main	State US	Zip Code 12345	Telephone No: (123) 456-7890	
2. Rider Face Amount 1,000	Is there currently Waiver of Premium attached to the Policy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to continue Waiver of Premium? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3. Rider Premium \$10.00	WP Rider Premium \$1.55	Total Rider Premium \$10.55	
Rider to be attached to Policy No: 1234567890			4. Has proposed insured smoked cigarettes or used tobacco products within the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

MEDICAL QUESTIONS - Circle applicable condition(s), place initials wholly in box provided and give complete details on back.

Has (or is) the Person proposed for insurance:	Yes	No
5. Consulted a physician or other medical practitioner or been hospitalized for any reason during the last 5 years? ...		JD
6. Ever been treated for or diagnosed with asthma, bronchitis, emphysema, pleurisy, or other disease or disorder of the lungs?.....		JD
7. Ever been treated for cancer, tumor, heart trouble, blood disorders, diabetes, high or low blood pressure or elevated cholesterol?.....		JD
8. Ever been treated for disease or disorder of stomach, intestines, rectum, liver or gall bladder, ulcer, rupture or gland disorder?.....		JD
9. Ever been treated for mental or nervous disorder, fainting spells, epilepsy or convulsions, paralysis or stroke?.....		JD
10. Ever been treated for disease or disorder of the kidney, bladder, prostate, trouble with the male or female sexual or reproductive organs, or for venereal disease?.....		JD
11. Ever been treated for disease or disorder of bone, joints, muscle, back or spine; rheumatism, arthritis, gout, loss of limb or deformity?.....		JD
12. Within the last 3 years had a drunk driving conviction, had any moving violations, auto accidents, or participated in any motor racing or aviation activities, skin diving, scuba diving, skydiving, or any other hazardous sport?.....		JD
13. Currently receiving Social Security Disability benefits, supplemental security income benefits due to disability, or health or medical benefit payments under Medicaid?.....		JD
14. a. Ever been treated by a doctor or in a hospital or other medical facility because of alcohol, drug or narcotic usage; or been diagnosed as suffering from alcohol or drug abuse?.....		JD
b. Ever used marijuana, barbiturates, amphetamines, hallucinatory drugs, heroin, cocaine, opiates or other narcotics, except as prescribed by a physician?.....		JD
15. Ever been declined, postponed or offered insurance at a higher rate from that applied for?.....		JD
16. Ever been treated or diagnosed by a physician or medical professional as having AIDS, ARC, or any immunological disorder (including testing positive for the HIV virus)?.....		JD

WARNING: Any person who knowingly includes any false or misleading information on an application for an insurance policy, or who makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of a felony and may be subject to fines and confinement in prison

AGREEMENT

IT IS AGREED that all statements in this application are, to the best of my knowledge and belief, complete and true. This application and any amendments to it, with the answers made to the medical examiner (should an exam be required) shall be the basis of any insurance issued. No agent can: a) accept any risks; b) modify policies; or c) waive any rights or requirements of The Reliable Life Insurance Company ("Company"). It is further agreed that no liability exists until: a) a rider is delivered to and accepted by the owner; and b) the first premium is paid while the health of the proposed Insured is as described in this application. The acceptance of any rider issued on this application shall be an acceptance and ratification of all corrections, additions or changes made by the Company. I authorize the Medical Information Bureau to provide any information it has on me to the Company in connection with this application. I ACKNOWLEDGE receipt of the Disclosure Notice to Proposed Insured.

I ELECT to be interviewed if an investigative consumer report is prepared in connection with this application.

Dated and Signed at 1/2/08 Main US x John Q. Doe
 Mo/Day/Yr City State Signature of Proposed Insured

x George Agent 12345 x _____
 Witness or Agent Signature Employee Number Signature of Applicant/Owner (if other than Proposed Insured)

AGENT'S REPORT

- a. Did you see the Proposed Insured(s) when this application was completed? Yes No
- b. How long have you known the Proposed Insured, or, if the Proposed Insured is a child under the age of 15, how long have you known the applicant? 8 yrs
- c. Does the insured have any other existing life insurance policies? Yes No
- d. Replacement exists when a policy is lapsed, surrendered or "substantially borrowed against" in the 4 months before or 13 months after the application date of a new or increased policy on the same life. Do you have reason to believe replacement is involved in this transaction?
 Yes No
- e. Has a Medical Examination been ordered? Yes No Date ordered: _____ From: _____
- f. Has an Inspection Report been ordered? Yes No

George Agent
Signature of Writing Agent

12345
Employee Number

1/2/08
Date

DISCLOSURE NOTICE TO PROPOSED INSURED

CONSUMER DISCLOSURE NOTIFICATION

As part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews made by a consumer reporting agency with you, your family, neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. In addition, physicians, hospitals, clinics and other medically-related facilities may be contacted, using your signed authorization to obtain details of your past medical treatment.

You have the right to be interviewed as a part of any investigative consumer report that may be prepared. If you desire to be interviewed, you should indicate this on the space provided in the Authorization. You also have the right of access, correction and amendment with respect to any personal information collected. Upon your request, you are entitled to receive a description of procedures which allow access to, and correction of personal information which may be obtained, and a description of the circumstances under which personal information may be disclosed without prior authorization. Your written request should be addressed to Career Agency Insurance Services, The Reliable Life Insurance Company, 12115 Lackland Rd., St. Louis, Missouri 63146.

M.I.B. DISCLOSURE NOTIFICATION

Information regarding your insurability will be treated as confidential. The Reliable Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB (Medical Information Bureau), a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, MA 02112.

The Reliable Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

REFERRALS

Name	Address	Phone No.
Jane Smith	569 Main St.	(123) 456-7840

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status: 03/03/2008

Satisfied -Name: Certification/Notice
Comments: see attached
Attachments: Flesch.pdf
Sex Discr..pdf

Review Status: 05/29/2008

Satisfied -Name: Application
Comments: see attached application which is filed for informational purposes.
Attachment: 7041-RL.pdf

CERTIFICATION

This is to certify that the attached:

AI08RL and 7041RL

have achieved Flesch reading ease scores of 49.9 and 41.2 and comply with the requirements of Ark. Stat. Ann. §§ 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Signature

Compliance Specialist

Title

March 10, 2008

The Reliable Life Insurance Company

12115 Lackland Rd.
St. Louis, MO 63146

Certificate Pursuant To
Arkansas Rule & Regulation 19 § 10B.

The undersigned hereby certifies that this filing meets the provision of the above rule pertaining to Unfair Sex Discrimination in the Sale of Insurance. I further certify that the filing meets all applicable requirements of the Department.



Jill Harvey
Compliance Specialist

Date: March 5, 2008_____

District	Agency
Family Group Number:	
Family Group Name:	



Application for Additional Insurance Rider to
The Reliable Life Insurance Company
 A UNITRIN Company
 HOME OFFICE: St. Louis, MO 63146
 (800) 630-8645

H. O. Use Only

PLEASE PRINT ALL INFORMATION IN BLACK INK

1. Proposed Insured (First, Middle Initial, Last)		Age	Birth Date		Sex	Height	Weight
Residence Number and Street		Town or City	State	Zip Code	Telephone No:		
2. Rider Face Amount	Is there currently Waiver of Premium attached to the Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to continue Waiver of Premium? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Rider Premium	WP Rider Premium	Total Rider Premium		
Plan: <input type="checkbox"/> 10PL <input type="checkbox"/> 20PL <input type="checkbox"/> LP65 <input type="checkbox"/> LP85	Rider to be attached to Policy No:	4. Has proposed insured smoked cigarettes or used tobacco products within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					

MEDICAL QUESTIONS - Circle applicable condition(s), place initials wholly in box provided and give complete details on back.

Has (or is) the Person proposed for insurance:	Yes	No
5. Consulted a physician or other medical practitioner or been hospitalized for any reason during the last 5 years? ...		
6. Ever been treated for or diagnosed with asthma, bronchitis, emphysema, pleurisy, or other disease or disorder of the lungs?.....		
7. Ever been treated for cancer, tumor, heart trouble, blood disorders, diabetes, high or low blood pressure or elevated cholesterol?.....		
8. Ever been treated for disease or disorder of stomach, intestines, rectum, liver or gall bladder, ulcer, rupture or gland disorder?.....		
9. Ever been treated for mental or nervous disorder, fainting spells, epilepsy or convulsions, paralysis or stroke?.....		
10. Ever been treated for disease or disorder of the kidney, bladder, prostate, trouble with the male or female sexual or reproductive organs, or for venereal disease?.....		
11. Ever been treated for disease or disorder of bone, joints, muscle, back or spine; rheumatism, arthritis, gout, loss of limb or deformity?.....		
12. Within the last 3 years had a drunk driving conviction, had any moving violations, auto accidents, or participated in any motor racing or aviation activities, skin diving, scuba diving, skydiving, or any other hazardous sport?.....		
13. Currently receiving Social Security Disability benefits, supplemental security income benefits due to disability, or health or medical benefit payments under Medicaid?.....		
14. a. Ever been treated by a doctor or in a hospital or other medical facility because of alcohol, drug or narcotic usage; or been diagnosed as suffering from alcohol or drug abuse?.....		
b. Ever used marijuana, barbiturates, amphetamines, hallucinatory drugs, heroin, cocaine, opiates or other narcotics, except as prescribed by a physician?.....		
15. Ever been declined, postponed or offered insurance at a higher rate from that applied for?.....		
16. Ever been treated or diagnosed by a physician or medical professional as having AIDS, ARC, or any immunological disorder (including testing positive for the HIV virus)?.....		

WARNING: Any person who knowingly includes any false or misleading information on an application for an insurance policy, or who makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of a felony and may be subject to fines and confinement in prison

AGREEMENT

IT IS AGREED that all statements in this application are, to the best of my knowledge and belief, complete and true. This application and any amendments to it, with the answers made to the medical examiner (should an exam be required) shall be the basis of any insurance issued. No agent can: a) accept any risks; b) modify policies; or c) waive any rights or requirements of The Reliable Life Insurance Company ("Company"). It is further agreed that no liability exists until: a) a rider is delivered to and accepted by the owner; and b) the first premium is paid while the health of the proposed Insured is as described in this application. The acceptance of any rider issued on this application shall be an acceptance and ratification of all corrections, additions or changes made by the Company. I authorize the Medical Information Bureau to provide any information it has on me to the Company in connection with this application. I ACKNOWLEDGE receipt of the Disclosure Notice to Proposed Insured.
 I ELECT to be interviewed if an investigative consumer report is prepared in connection with this application.

Dated and Signed at _____ Mo/Day/Yr _____ City _____ State _____ x _____ Signature of Proposed Insured

x _____ Witness or Agent Signature _____ Employee Number _____ x _____ Signature of Applicant/Owner (if other than Proposed Insured)

17. Replacement exists when a policy is lapsed, surrendered or "substantially borrowed against" in the 4 months before or 13 months after the application date of a new or increased policy on the same life. Is this policy intended to in whole or in part replace any life insurance?
 Yes No If yes, please complete any applicable forms.
18. Does any person proposed for insurance have life insurance in force or applied for with this or any other company? Yes No If "yes", list information here, including any Accidental Death Benefit Coverage. Include all Reliable policy numbers.

INSURED	COMPANY	POLICY NO.	LIFE INS. AMOUNT	ISSUE OR APP. DATE

19. Give complete details of "yes" answers to Questions 5 - 16 and information on all Medical Care Providers:

Provider's Full Name	Full Telephone No.	Complete Address	Indicate Question No. and include full details and date of occurrence

Proposed Insured _____

AGENT'S REPORT

- a. Did you see the Proposed Insured(s) when this application was completed? Yes No
- b. How long have you known the Proposed Insured, or, if the Proposed Insured is a child under the age of 15, how long have you known the applicant? _____
- c. Does the insured have any other existing life insurance policies? Yes No
- d. Replacement exists when a policy is lapsed, surrendered or "substantially borrowed against" in the 4 months before or 13 months after the application date of a new or increased policy on the same life. Do you have reason to believe replacement is involved in this transaction?
 Yes No
- e. Has a Medical Examination been ordered? Yes No Date ordered: _____ From: _____
- f. Has an Inspection Report been ordered? Yes No

Signature of Writing Agent

Employee Number

Date

DISCLOSURE NOTICE TO PROPOSED INSURED

CONSUMER DISCLOSURE NOTIFICATION

As part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews made by a consumer reporting agency with you, your family, neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. In addition, physicians, hospitals, clinics and other medically-related facilities may be contacted, using your signed authorization to obtain details of your past medical treatment.

You have the right to be interviewed as a part of any investigative consumer report that may be prepared. If you desire to be interviewed, you should indicate this on the space provided in the Authorization. You also have the right of access, correction and amendment with respect to any personal information collected. Upon your request, you are entitled to receive a description of procedures which allow access to, and correction of personal information which may be obtained, and a description of the circumstances under which personal information may be disclosed without prior authorization. Your written request should be addressed to Career Agency Insurance Services, The Reliable Life Insurance Company, 12115 Lackland Rd., St. Louis, Missouri 63146.

M.I.B. DISCLOSURE NOTIFICATION

Information regarding your insurability will be treated as confidential. The Reliable Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB (Medical Information Bureau), a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, MA 02112.

The Reliable Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

REFERRALS

Name	Address	Phone No.

SERFF Tracking Number: UUIIN-125519269 State: Arkansas
 Filing Company: Reliable Life Insurance Company State Tracking Number: 38367
 Company Tracking Number: AI08
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Additional Insurance Rider
 Project Name/Number: /

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Application	03/03/2008	7041-RL.pdf

District	Agency
Family Group Number:	
Family Group Name:	

Application for Additional Insurance Rider to



The Reliable Life Insurance Company
A UNITRIN Company

HOME OFFICE: St. Louis, MO 63146
(800) 630-8645

PLEASE PRINT ALL INFORMATION IN BLACK INK

H. O. Use Only

1. Proposed Insured (First, Middle Initial, Last)		Age	Birth Date	Sex	Height ft in	Weight
Residence Number and Street		Town or City	State	Zip Code	Telephone No:	
2. Rider Face Amount	Is there currently Waiver of Premium attached to the Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to continue Waiver of Premium? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Rider Premium	WP Rider Premium	Total Rider Premium	
Rider to be attached to Policy No:			4. Has proposed insured smoked cigarettes or used tobacco products within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MEDICAL QUESTIONS - Circle applicable condition(s), place initials wholly in box provided and give complete details on back.

Has (or is) the Person proposed for insurance:	Yes	No
5. Consulted a physician or other medical practitioner or been hospitalized for any reason during the last 5 years? ...		
6. Ever been treated for or diagnosed with asthma, bronchitis, emphysema, pleurisy, or other disease or disorder of the lungs?.....		
7. Ever been treated for cancer, tumor, heart trouble, blood disorders, diabetes, high or low blood pressure or elevated cholesterol?.....		
8. Ever been treated for disease or disorder of stomach, intestines, rectum, liver or gall bladder, ulcer, rupture or gland disorder?.....		
9. Ever been treated for mental or nervous disorder, fainting spells, epilepsy or convulsions, paralysis or stroke?.....		
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I ELECT to be interviewed if an investigative consumer report is prepared in connection with this application.

Dated and Signed at _____ x _____
Mo/Day/Yr City State Signature of Proposed Insured

x _____ x _____
Witness or Agent Signature Employee Number Signature of Applicant/Owner (if other than Proposed Insured)

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Signature of Writing Agent

Employee Number

Date

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REFERRALS

Name	Address	Phone No.