

SERFF Tracking Number: ALSB-125496594 State: Arkansas  
Filing Company: Lincoln Benefit Life Company State Tracking Number: 39373  
Company Tracking Number: LR0806 SERIES  
TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium  
Product Name: LR0806 Series  
Project Name/Number: LR0806 Series/LR0806 Series

## Filing at a Glance

Company: Lincoln Benefit Life Company

Product Name: LR0806 Series

TOI: L04I Individual Life - Term

Sub-TOI: L04I.003 Single Life - Single Premium Co Tr Num: LR0806 SERIES

Filing Type: Form

SERFF Tr Num: ALSB-125496594 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39373

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Erica Ames, Rebecca Marquez, Sue Novotny

Disposition Date: 09/12/2008

Date Submitted: 06/20/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LR0806 Series

Project Number: LR0806 Series

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/12/2008

State Status Changed: 06/25/2008

Corresponding Filing Tracking Number:

Filing Description:

Dear Reviewer:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/19/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

We submit the above-referenced forms for your attention and approval. These are new forms, not previously submitted, and they do not replace any currently approved forms.

Description of Rider Form

Form LR0806, the Accelerated Death Benefit Rider for Terminal Illness, when attached to a life insurance policy

SERFF Tracking Number: ALSB-125496594 State: Arkansas  
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provides for the acceleration of the death benefit if the insured develops a terminal illness as defined in the rider. There is no premium for this rider. Upon approval, this form will be attached to new issues of our term life policy, Form LP0600AR, which was approved by your department on 6/7/2006. We may also make this form available with other life products in the future.

#### Description of General Use Forms

Form LBL5702, the Accelerated Death Benefit Summary and Disclosure Statement will be used with form LR0806 series, Accelerated Death Benefit Rider for Terminal Illness, and may be used with future approved forms that provide accelerated death benefits. This form will be provided to the insured/owner at the time he or she applies for the rider and then again at the time of claim.

Form LBL7538, the Accelerated Benefit Effect on Policy, is given to an insured when he or she makes a claim via an accelerated death benefit rider and will be used with disclosure forms LBL5702. This form may also be used with future approved forms that provide accelerated death benefits.

We also request to allow for the variability of the following bracketed items on forms LR0806 & LBL7538:

- On Form LR0806, the officer signatures and their titles are variable so that we may change them to reflect the current signatures and titles as officers change without re-filing this form with your Department.
- On Form LBL7538, policy data information is variable because it is "John Doe" information that varies with each issue. All customer specific information is bracketed to accurately reflect the customer's specific information or selections. Any changes made to these will be made on a non-discriminatory basis.

These forms have been generated by our home office computer system. These forms may also be generated using other hardware, which can result in changes in formatting (e.g., typeface, margins, page breaks), but the contents will remain unaffected.

Please note that some of the variable information on the PDFs of these forms was bracketed using Adobe Acrobat. Although the bracketing appears on the attached PDFs when viewed electronically, the bracketing may not appear on printed hard copies unless your printer is given special instructions to do so.

Also enclosed with this filing is the actuarial memorandum and any other supporting documentation your department requires.

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If you have any questions, please feel free to contact me at the address, phone, or e-mail on my letterhead. Thank you for your consideration of this matter.

## Company and Contact

### Filing Contact Information

Sue Novotny,  
 3100 Sanders Rd, Suite M2A  
 Northbrook, IL 60062

snovb@allstate.com  
 (847) 402-8587 [Phone]  
 (847) 326-5224[FAX]

### Filing Company Information

Lincoln Benefit Life Company  
 2940 South 84th Street  
 Lincoln, NE 68506-4142  
 (800) 525-2799 ext. [Phone]

CoCode: 65595  
 Group Code: 8  
 Group Name:  
 FEIN Number: 47-0221457  
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State of Domicile: Nebraska  
 Company Type:  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$60.00  
 Retaliatory? No  
 Fee Explanation: \$20 x 3 forms  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Benefit Life Company	\$60.00	06/20/2008	21024227

SERFF Tracking Number: ALSB-125496594

State: Arkansas

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TOI: L041 Individual Life - Term

Sub-TOI: L041.003 Single Life - Single Premium

Product Name: LR0806 Series

Project Name/Number: LR0806 Series/LR0806 Series

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/12/2008	09/12/2008
Approved	Linda Bird	06/25/2008	06/25/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
ADB Summary & Disclosure Statement for Terminal Illness	Form	Rebecca Marquez	09/09/2008	09/09/2008

*SERFF Tracking Number:*      *ALSB-125496594*                      *State:*                      *Arkansas*  
*Filing Company:*              *Lincoln Benefit Life Company*                      *State Tracking Number:*      *39373*  
*Company Tracking Number:*      *LR0806 SERIES*  
*TOI:*                      *L041 Individual Life - Term*                      *Sub-TOI:*                      *L041.003 Single Life - Single Premium*  
*Product Name:*              *LR0806 Series*  
*Project Name/Number:*      *LR0806 Series/LR0806 Series*

## **Disposition**

Disposition Date: 09/12/2008

Implementation Date:

Status: Approved

Comment: Company has replaced form number LBL5702 summary and disclosure statement for terminal illness with an updated version.

Rate data does NOT apply to filing.

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 Product Name: LR0806 Series  
 Project Name/Number: LR0806 Series/LR0806 Series

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Readability Certification		Yes
Form	Accelerated Benefit Effect on Policy		Yes
Form	Accelerated Death Benefit Rider for Terminal Illness		Yes
Form (revised)	ADB Summary & Disclosure Statement for Terminal Illness		Yes
Form	ADB Summary & Disclosure Statement for Terminal Illness	Withdrawn	Yes

*SERFF Tracking Number:*      *ALSB-125496594*                      *State:*                      *Arkansas*  
*Filing Company:*              *Lincoln Benefit Life Company*                      *State Tracking Number:*      *39373*  
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*Product Name:*              *LR0806 Series*  
*Project Name/Number:*      *LR0806 Series/LR0806 Series*

## **Disposition**

Disposition Date: 06/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Readability Certification		Yes
Form	Accelerated Benefit Effect on Policy		Yes
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Form (revised)	ADB Summary & Disclosure Statement for Terminal Illness		Yes
Form	ADB Summary & Disclosure Statement for Terminal Illness	Withdrawn	Yes

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**Amendment Letter**

Amendment Date:  
 Submitted Date: 09/09/2008

**Comments:**

Hello Ms. Bird,

Per our earlier conversation, we would like to replace form number LBL5702 summary and disclosure statement for terminal illness, with an updated version from June 08. We have changed the 1st paragraph under the "Effect on Policy If An Accelerated Payment is Made" section to make it more clear. This form has not been implemented or issued in your state. Attached is a copy of the form along with the language changes high-lighted for your convenience.

Thanks again for your help,

Rebecca A. Marquez

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LBL5702	Other	ADB Summary & Disclosure Statement for Terminal Illness	Initial				0	LBL5702 ADB - Terminal Illness_0608.pdf

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## Form Schedule

Lead Form Number: LR0806 Series

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LBL7538	Other	Accelerated Benefit Effect on Policy	Initial		0	LBL7538_IL Accelerated Effect on Policy.pdf
	LR0806	Policy/Cont	Accelerated Death ract/Fratern Benefit Rider for al Terminal Illness Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	LR0806.pdf
	LBL5702	Other	ADB Summary & Disclosure Statement for Terminal Illness	Initial		0	LBL5702 ADB - Terminal Illness_0608.pdf



# LINCOLN BENEFIT LIFE COMPANY

## Accelerated Death Benefit Rider for Terminal Illness

**The face amount will be reduced if an accelerated benefit is paid. Benefits paid under this rider may be taxable and you should consult your personal tax advisor to assess the impact of this benefit.**

We will pay you the benefit provided by this rider upon due proof that the insured has been diagnosed with a Terminal Illness, subject to the terms and conditions of the policy and this rider. This rider is attached to and made part of the policy on the effective date. The effective date is the issue date of the policy to which this rider is attached.

### Definitions

**Immediate Family** - The spouse, children, parents, grandparents, grandchildren, siblings or corresponding in-laws of you or the insured.

**Physician** - A licensed medical doctor (M.D.) or a licensed doctor of osteopathy (D.O.) practicing within the scope of his or her license. Physician does not include you, the insured or a member of the insured's or your Immediate Family.

**Physician's Statement** - A written statement acceptable to us, signed by a Physician, which gives the Physician's diagnosis of the insured's Terminal Illness.

**Terminal Illness** - A medical condition of the insured that, notwithstanding appropriate medical care, will result in a life expectancy of 12 months or less from the date of the Physician's Statement.

### Conditions of Payment

We will pay you the accelerated benefit amount upon due proof that the insured has a Terminal Illness, subject to the following conditions:

1. The Terminal Illness first manifests itself on or after the effective date; and
2. The policy and this rider are in force; and
3. Proof of Terminal Illness is received by us. This proof will include a properly completed claim form, a Physician's Statement and any additional information from the Physician we deem necessary. We may require, at our expense, an additional examination by a Physician of our choice; and
4. A consent form from all irrevocable beneficiaries and from all assignees must be signed and received by us.

This rider provides for the advance of a portion of the death benefit and is not meant to cause involuntary access to proceeds ultimately payable to the beneficiary.

### Accelerated Benefit Amount

The maximum accelerated benefit you may request is equal to the lesser of:

1. 80% of the death benefit as of the date the first request is paid; or
2. \$250,000, including all other accelerated benefit amounts paid under all policies issued by us on the life of the insured.

You may request any amount between \$5,000 and the maximum accelerated benefit. The minimum face amount remaining after an accelerated benefit payment is \$5,000. A maximum of three accelerated benefit payments may be paid provided the total amount does not exceed the maximum accelerated benefit.

The amount of death benefit which you request to accelerate will be reduced by:

1. Any due or unpaid premium if a claim occurs during a grace period; plus
2. An administrative charge of \$150, if allowed under the rules and/or regulations of the Internal Revenue Service, for each accelerated benefit request; plus
3. A 12-month actuarial discount which reflects the early payment of the accelerated benefit amount. It will be based on an annual interest rate which has been declared by us. The maximum interest rate used shall be the greater of:
  - a. The current yield on 90-day U.S. Treasury Bills; or
  - b. The current maximum statutory adjustable policy loan interest rate.

The discount is based upon procedures and standards on file with the Insurance Department of the state in which this rider is delivered.

### **Effects of Rider on the Policy**

After an accelerated death benefit payment is made, the face amount and any required premium immediately prior to the payment of the accelerated benefit will be reduced. The face amount will be reduced on a pro rata basis. The reduced premium will equal the appropriate premium rate applied to the reduced face amount plus any applicable policy fee. We will mail to you, for attachment to your policy, a new policy page showing the decrease in the face amount and required premiums resulting from the accelerated benefit payment.

### **When This Rider Terminates**

This rider will terminate on the earliest of the following events:

1. The date the maximum accelerated benefit is paid; or
2. The date the third accelerated benefit is paid; or
3. On the first day of the policy month after the date you make a written request to terminate this rider; or
4. The date the policy terminates.

### **Reinstatement**

If this rider lapses due to non-payment of the policy's premium, it may be reinstated under the same conditions as the policy. This rider may not be reinstated unless the policy is in force or is being reinstated at the same time. Your rights and our rights will be those that were in effect before the rider lapsed.

### **Incontestability**

We will not contest this rider after this rider has been in force for two years after its effective date during the lifetime of the insured.

**Suicide or Self-Destruction**

We reserve the right to request that you return the difference between the accelerated benefit payment and the premiums paid to us if:

1. The insured dies from suicide while sane or self-destruction while insane within two years of the issue date of the policy; and
2. The amount of the accelerated benefit payment was greater than the premiums paid for coverage under the policy.

**Payment of Claims**

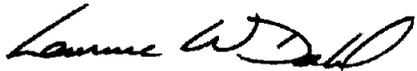
Claim forms may be received by notifying us. We will pay the accelerated benefit amount as a lump sum to you.

**Conformity with State Law**

We amend this rider to conform on the effective date, to the minimum requirements of the state in which it is issued.



Michael J. Velotta  
Secretary



Lawrence W. Dahl  
President



**LINCOLN BENEFIT LIFE COMPANY  
ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS  
SUMMARY AND DISCLOSURE STATEMENT**

This Disclosure Statement is intended to provide a brief description of an Accelerated Death Benefit Rider for Terminal Illness and the effect that any payment under the rider will have on a policy. The full explanation of the benefits available is found in the actual rider.

**General Description of Coverage**

The Accelerated Death Benefit Rider for Terminal Illness provides for the payment of up to 80% of the death benefit in effect, or \$250,000 if less, if the insured is diagnosed with a Terminal Illness. "Terminal Illness" means the insured has a medical condition that, notwithstanding appropriate medical care, will result in a life expectancy of 12 months or less from the date of the Physician's Statement. A maximum of three accelerated benefit payments may be paid provided the total amount does not exceed the maximum accelerated benefit. The maximum limits include all other accelerated benefit amounts paid under all policies issued by us on the life of the insured. There is no additional cost to have this rider attached to a policy.

In order to receive an accelerated benefit payment, proof that the insured has a Terminal Illness must be provided to Lincoln Benefit Life. "Proof" includes, but is not limited to, a properly completed claim form and a physician's statement signed by a licensed physician stating that the insured has been diagnosed with a Terminal Illness.

**Effect on a Policy If an Accelerated Payment Is Made**

After we pay an accelerated death benefit, the face amount and any required premium immediately prior to the payment of the accelerated benefit will be reduced. The face amount will be reduced on a pro rata basis. The reduced premium will equal the appropriate premium rate applied to the reduced face amount plus any applicable policy fee. The amount of death benefit to be accelerated will be reduced by:

1. Any due and unpaid premium if a claim occurs during a grace period; plus
2. A claims administrative charge of up to \$150, if allowed under the current rules and/or regulations of the Internal Revenue Service, for each accelerated benefit request; plus
3. A 12-month actuarial discount which reflects the early payment of the accelerated benefit amount. It will be based on an annual interest rate which has been declared by us. The maximum interest rate used shall be the greater of:
  - a. The current yield on 90-day Treasury Bills; or
  - b. The current maximum statutory adjustable policy loan interest rate.

A detailed statement, which explains the method we use to calculate accelerated benefit payments, has been filed with the State Insurance Department. You may request a copy of this document from us.

Lincoln Benefit Life will mail to the owner and irrevocable beneficiary or assignee, for attachment to your policy, a new policy page showing the decrease in the applicable values resulting from the accelerated benefit payment.

**Tax Consequences**

The acceleration-of-life-insurance benefits offered under this rider are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration-of-life-insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under federal tax law.

**Government Entitlement**

Receipt of acceleration-of-life-insurance benefits may affect you, your spouse, or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified financial planner and with social service agencies concerning how receipt of such payment will affect you, your spouse, or your family's eligibility for public assistance.

**Limits of the Rider**

The Accelerated Death Benefit Rider for Terminal Illness is not health, nursing home or long-term care insurance, and is not intended to eliminate the need for such coverage. There are no restrictions concerning the use of benefits provided by this rider. The proceeds may be used for any purpose.

**Sample Illustration**

The following information is a generic example of the effect that an accelerated death benefit payment of 80% of the death benefit would have on a policy. The example illustrates a hypothetical situation only and does not apply to any specific policy.

	<u>Prior to Acceleration</u>	<u>After Acceleration</u>
Policy Death Benefit	\$100,000	\$20,000

The net accelerated death benefit is computed by subtracting from the amount requested:

1. Any due and unpaid premium if a claim occurs during a grace period; plus
2. A claims administrative charge of up to \$150, if allowed under the current rules and/or regulations of the Internal Revenue Service, for each accelerated benefit request; plus
3. A 12-month actuarial discount which reflects the early payment of the accelerated benefit amount. It will be based on an annual interest rate which has been declared by us. The maximum interest rate used shall be the greater of:
  - a. The current yield on 90-day Treasury Bills; or
  - b. The current maximum statutory adjustable policy loan interest rate.

We will allow you to add this rider at any time in the future.

Please take the time to fully understand the benefits provided by the Accelerated Death Benefit Rider for Terminal Illness and the effect it will have on your policies prior to making your final decision. Please review the rider and the policies to which it is attached for actual policy provisions. This serves only as a Summary and Disclosure Statement regarding the Accelerated Death Benefit Rider for Terminal Illness.

**STATEMENT OF ACKNOWLEDGEMENT**

I acknowledge that I have received and read the Accelerated Death Benefit Summary and Disclosure Statement.

Please add this rider, at no cost, to my policy.

I currently qualify for this benefit and wish to make a claim.

_____		_____		_____	
Owner's Name <i>(please print or type)</i>		Owner's Telephone #		Policy Number(s)	
_____		_____		_____	
Owner's Signature		Agent's Signature <i>(required at policy issue only)</i>		Date	
_____		_____		_____	
Insured's Signature <i>(if other than the Owner)</i>		Agent Number		Date	

<i>SERFF Tracking Number:</i>	<i>ALSB-125496594</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>LR0806 SERIES</i>		
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<i>Product Name:</i>	<i>LR0806 Series</i>		
<i>Project Name/Number:</i>	<i>LR0806 Series/LR0806 Series</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 02/19/2008

**Comments:**

We certify that this filing is in compliance with Rules & Regulations 19 & 49.

**Attachment:**

LR0806 Readability.pdf

### Review Status:

**Satisfied -Name:** Readability Certification 06/20/2008

**Comments:**

**Attachment:**

LR0806 Readability.pdf

**CERTIFICATION OF READABILITY**

I, Karen E. Burckhardt, Assistant Vice President, hereby certify that these forms achieve a Flesch reading score as listed below:

<u>Form Number</u>	<u>Flesch Score</u>
LR0806 .....	50

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Karen Burckhardt  
Assistant Vice President

Date: February 19, 2008

**CERTIFICATION OF READABILITY**

I, Karen E. Burckhardt, Assistant Vice President, hereby certify that these forms achieve a Flesch reading score as listed below:

<u>Form Number</u>	<u>Flesch Score</u>
LR0806 .....	50

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Karen E. Burckhardt  
Assistant Vice President

Date: February 19, 2008