

SERFF Tracking Number: ULCC-125818245 State: Arkansas
Filing Company: The Union Labor Life Insurance Company State Tracking Number: 40277
Company Tracking Number:
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: BR.9
Project Name/Number: /

Filing at a Glance

Company: The Union Labor Life Insurance Company

Product Name: BR.9 SERFF Tr Num: ULCC-125818245 State: ArkansasLH
TOI: L04G Group Life - Term SERFF Status: Closed State Tr Num: 40277
Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: State Status: Approved-Closed
Fixed/Indeterminate Premium - Single Life
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Karen Whitham Disposition Date: 09/18/2008
Date Submitted: 09/16/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Overall Rate Impact: Group Market Type: Employer, Association,
Trust, Other
Filing Status Changed: 09/18/2008
State Status Changed: 09/18/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Dear Sir or Madam

The enclosed amendment and rider forms are enclosed for your review and approval. These are new forms and do not replace any existing forms. They will be used with the group life and/or health policy forms GP-9700 et al, which were approved by the Department on January 26, 1999.

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Fixed/Indeterminate Premium - Single Life
Product Name: BR.9
Project Name/Number: /

Form BR.9 provides additional benefit options to the Accidental Death and Dismemberment Benefit.

Form BR.10 provides an option to terminate the waiver of premium provision under the Life Insurance Benefit at a specific age.

Forms GP-9700.LDWP and GC-9700.LDWP provide an optional Labor Dispute Waiver of Premium Benefit.

Also included with this submission are actuarial memoranda regarding the accidental death and dismemberment and labor dispute waiver of premium benefits.

If you have any question with respect to this filing, please do not hesitate to contact me directly at 202-682-4683 (telephone), 202-682-4682 (fax), or kwhitham@ullico.com (email).

Company and Contact

Filing Contact Information

Karen Whitham, kwhitham@ullico.com
8403 Colesville Road (202) 682-4683 [Phone]
Silver Spring, MD 20910 (202) 682-4682[FAX]

Filing Company Information

The Union Labor Life Insurance Company CoCode: 69744 State of Domicile: Maryland
8403 Colesville Road Group Code: 781 Company Type: Life and Health
Silver Spring, MD 20910 Group Name: State ID Number:
(202) 682-0900 ext. [Phone] FEIN Number: 13-1423090

Filing Fees

Fee Required? Yes

SERFF Tracking Number: ULCC-125818245 State: Arkansas
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Product Name: BR.9
Project Name/Number: /
Fee Amount: \$500.00
Retaliatory? Yes
Fee Explanation: Maryland fee = \$125/form
4 forms @ 125/form = \$500
Per Company: No

SERFF Tracking Number: *ULCC-125818245* *State:* *Arkansas*
Filing Company: *The Union Labor Life Insurance Company* *State Tracking Number:* *40277*
Company Tracking Number:
TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.213 Specified Age or Duration -*
Fixed/Indeterminate Premium - Single Life
Product Name: *BR.9*
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| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------------|-----------------------|----------------------|
| The Union Labor Life Insurance Company | \$500.00 | 09/16/2008 | 22530641 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 09/18/2008 | 09/18/2008 |

SERFF Tracking Number: *ULCC-125818245* *State:* *Arkansas*
Filing Company: *The Union Labor Life Insurance Company* *State Tracking Number:* *40277*
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TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.213 Specified Age or Duration -*
Fixed/Indeterminate Premium - Single Life

Product Name: *BR.9*
Project Name/Number: */*

Disposition

Disposition Date: 09/18/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ULCC-125818245* State: *Arkansas*
 Filing Company: *The Union Labor Life Insurance Company* State Tracking Number: *40277*
 Company Tracking Number:
 TOI: *L04G Group Life - Term* Sub-TOI: *L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life*
 Product Name: *BR.9*
 Project Name/Number: */*

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|------------------------------|--------------------|----------------------|
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | No |
| Form | Policy/Certificate Amendment | | Yes |
| Form | Policy/Certificate amendment | | Yes |
| Form | Policy rider | | Yes |
| Form | Certificate rider | | Yes |

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Form Schedule

Lead Form Number: BR.9

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|---------------|---|--------------------|---------|----------------------|-------------|------------------|
| | BR.9 | Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Policy/Certificate | Initial | | 51 | BR9.pdf |
| | BR.10 | Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Policy/Certificate | Initial | | 51 | BR10.pdf |
| | GP-9700.LDW P | Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Policy rider | Initial | | 51 | GP-9700.LDWP.pdf |
| | GC-9700.LDW P | Certificate Amendmen t, Insert Page, | Certificate rider | Initial | | 51 | GC-9700.LDWP.pdf |

THE UNION LABOR LIFE INSURANCE COMPANY

SILVER SPRING, MARYLAND

GROUP INSURANCE [POLICY] [CERTIFICATE] AMENDMENT

AMENDMENT NO. [#]

ATTACHED TO AND MADE A PART OF [POLICY] [CERTIFICATE] NO. [XXXXXX]

ISSUED TO [XYZ TAFT-HARTLEY WELFARE TRUST FUND]

The [Policy] [Certificate] is amended, effective [January 1, 2005], as follows:

- [1. The first paragraph of the **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT** Section is revised as follows:

Upon receipt of due proof of loss, the Accidental Death and Dismemberment Benefit will be paid if:

1. The [Person] [or] [Dependent], while insured under this benefit, suffers an accidental injury; and
2. As the direct result of the accident, and independent of all other causes, the [Person] [or] [Dependent] suffers a Covered Loss within [90] days after the accident; and
3. The accident is not the result of an Injury that arises out of or in the course of any employment with any employer. [The accident is the result of a Workplace Injury.]

- [2. The definition of "Covered Loss" in the **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT** Section is replaced by the following:

A "Covered Loss" means the following permanent loss or condition:

1. Life, or
2. A hand, by complete severance at or above the wrist joint;
3. A foot, by complete severance at or above the ankle joint;
4. An eye, involving irrecoverable and complete loss of sight in the eye;
5. Four or more fingers from one hand by complete severance;
6. Two or more phalanges of both the thumb and the index finger from one hand by complete severance;
7. Speech and/or hearing loss. Loss of speech and/or hearing means the entire and irrecoverable loss of speech or hearing, as certified by a Diplomat of the American Board of Otolaryngology;
8. Quadriplegia (total, irreversible paralysis of all four limbs);

**GROUP INSURANCE [POLICY] [CERTIFICATE] AMENDMENT
(continued)**

- 9. Paraplegia (total, irreversible paralysis of both lower limbs); or
- 10. Hemiplegia (total, irreversible paralysis of one arm and one leg on the same side of the body);

except as excluded under *Exclusions* in this Section, and subject to all the term and conditions of this Policy.

- 3. The **Schedule of Losses** in the **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT** Section is replaced by the following:

SCHEDULE OF LOSSES

| FOR LOSS [OR CONDITION]: | THE BENEFIT IS: |
|--------------------------------------|------------------------------|
| LIFE | THE PRINCIPAL SUM |
| [TWO HANDS | THE PRINCIPAL SUM |
| TWO FEET | THE PRINCIPAL SUM |
| SIGHT OF TWO EYES..... | THE PRINCIPAL SUM |
| ONE HAND AND ONE FOOT..... | THE PRINCIPAL SUM |
| ONE HAND AND SIGHT OF ONE EYE..... | THE PRINCIPAL SUM |
| ONE FOOT AND SIGHT OF ONE EYE..... | THE PRINCIPAL SUM |
| ONE HAND OR ONE FOOT..... | ONE-HALF THE PRINCIPAL SUM |
| SIGHT OF ONE EYE..... | ONE-HALF THE PRINCIPAL SUM |
| FOUR OR MORE FINGERS (ONE HAND)..... | ONE-HALF THE PRINCIPAL SUM |
| THUMB AND INDEX FINGER..... | ONE-FOURTH THE PRINCIPAL SUM |
| QUADRIPLÉGIA | THE PRINCIPAL SUM |
| PARAPLEGIA | ONE-HALF THE PRINCIPAL SUM |
| HEMIPLEGIA | ONE-HALF THE PRINCIPAL SUM |
| SPEECH AND HEARING | THE PRINCIPAL SUM |
| SPEECH OR HEARING | ONE-HALF THE PRINCIPAL SUM] |

If the [Person] [or] [Dependent] suffers more than one loss in any one accident, payment shall be made only for that loss for which the largest amount is payable.

- 4. The **ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT** Section is revised to include the following:

[WORKPLACE ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFIT

In addition to any other benefit payable under this Policy, the Company will pay a Workplace Accidental Death [and Dismemberment] Benefit [as shown on the Schedule] if the [Person] suffers a Covered Loss as a result of a Workplace Injury

Workplace Injury means [(1)] a bodily injury caused by an accident that occurs while the Person is at his workplace and performing his regularly scheduled [union] work [or serving in an official capacity for his local, state, or national labor organization] [; or (2) an Injury that occurs while the Person is:

GROUP INSURANCE [POLICY] [CERTIFICATE] AMENDMENT
(continued)

- (1) Traveling from his residence to his workplace to begin performing his regularly scheduled [union] work [or service in an official capacity for his local, state, or national labor organization]; or
- (2) Traveling from his workplace to his residence after having performed his regularly scheduled [union] work [or service in an official capacity for his local, state, or national labor organization].]

The Workplace Injury must be the direct cause of a Covered Loss and must be independent of all other causes.]

[REPATRIATION BENEFIT

In addition to any other benefit payable under this Policy, the Company will pay a Repatriation Benefit of [up to \$5,000, but not to exceed the Principal Sum,] for the preparation and transportation of the [Person's][or] [Dependent's] body to a mortuary if:

1. The [Person][or] [Dependent] dies as a result of an accident for which an Accidental Death & Dismemberment benefit is payable; and
2. The [Person's] [or] [Dependent's] death occurs at least [75] miles away from his or her principal place of residence.]

[SEAT BELT BENEFIT

In addition to any other benefit payable under this Policy, the Company will pay a Seat Belt Benefit if:

1. The [Person] [or] [Dependent] dies as a result of an automobile accident for which an Accidental Death & Dismemberment benefit is payable; and
2. The seat belt was in actual use and properly fastened, as certified in the official police report, at the time of the accident; and
3. The [Person] [or] [Dependent] was driving or riding in an automobile driven by a licensed driver who was neither:
 - a. Intoxicated nor driving while impaired. Intoxication and impairment shall be determined by the law of the jurisdiction in which the accident occurs, with or without conviction; nor
 - b. Under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended unless as prescribed by a licensed physician. Conviction is not necessary for a determination of being under the influence.

The amount of the Seat Belt benefit is the [least] of[:

1. [\$25,000;] or
2. [The Principal Sum;] or

**GROUP INSURANCE [POLICY] [CERTIFICATE] AMENDMENT
(continued)**

3. [\$1,000] if an official police report certifying that the seat belt is properly fastened cannot be submitted with the claim.]

[AIR BAG BENEFIT

In addition to any other benefit payable under this Policy, the Company will pay an Air Bag Benefit if the [Person] [or] [Dependent] dies in an accident payable under the Accidental Death and Dismemberment benefit while the [Person] [or] [Dependent] is positioned in a seat protected by a properly functioning, original, factory installed Supplemental Restraint System that inflates on impact (air bag). The additional amount payable under this Benefit is [5% of the Principal Sum up to \$5,000].]

[EDUCATION BENEFIT

In addition to any other benefit payable under this Policy, the Company will pay an Education Benefit for the [Person's] Dependent Student if the [Person's] death is the result of an accident for which the Accidental Death & Dismemberment Benefit is payable.

Student means a Dependent who, on the date of the [Person's] death, is:

1. A full-time post high school student in a school of higher education; or
2. A high school student but who becomes a full-time post high school student in a school of higher education [within 365 days] after the [Person's] death.

School of higher education means an institution that:

1. Is legally authorized by the State in which it is located; and
2. Provides a program for either:
 - a. Bachelor's degrees or not less than a two year program with full credit towards a Bachelor's degree; or
 - b. Gainful employment so long as such program provides at least one year of training; and
3. Is accredited by an agency or association recognized by the U.S. Department of Education under the Higher Education Assistance Act as may be amended from time to time.

Amount of Benefit

The Benefit for each Dependent Student shall equal [the lesser of the Principal Sum of the [Person's] Accidental Death & Dismemberment Benefit or \$12,000].

Payment of Benefit

The Company will pay the Dependent Education Benefit [in four equal annual installments.] We will pay [one Dependent Education Benefit to each Dependent Student during any one school year.] If the Dependent Student is a minor, We will pay the benefit to the legal representative of the minor.

When Benefit Ends

**GROUP INSURANCE [POLICY] [CERTIFICATE] AMENDMENT
(continued)**

A Dependent Student will no longer be eligible to receive the Dependent Education Benefit upon the earlier of the following:

1. Our payment of the [fourth installment] of the Dependent Education Benefit on behalf of or to the Dependent Student; or
2. At the end of the time period during which Due Proof must be submitted if no Due Proof is submitted.]

[SPECIAL CHILD EDUCATION BENEFIT

If the [Person's] Dependent does not qualify as a Student, but is enrolled in an elementary or high school, the Company will pay a Child Education Benefit in the amount [of \$1,000]. This benefit is payable once upon proof that the [Person] has died as a result of an accident for which the Accidental Death & Dismemberment benefit is payable and that, within [12 months] after the [Person's] death, the [Person's] Dependent is a full-time student in an elementary or high school. This benefit is in addition to any other benefit payable under this Policy.

Student means a Dependent who, on the date of the [Person's] death, is:

1. A full-time post high school student in a school of higher education; or
2. A high school student but who becomes a full-time post high school student in a school of higher education [within 365 days] after the [Person's] death.

School of higher education means an institution that:

1. Is legally authorized by the State in which it is located; and
2. Provides a program for either:
 - a. Bachelor's degrees or not less than a two year program with full credit towards a Bachelor's degree; or
 - b. Gainful employment so long as such program provides at least one year of training; and
3. Is accredited by an agency or association recognized by the U.S. Department of Education under the Higher Education Assistance Act as may be amended from time to time.]

[FELONIOUS ASSAULT BENEFIT

In addition to any other benefit payable under this Policy, the Company will pay a Felonious Assault Benefit if the [Person] suffers a Covered Loss that occurs as the result of what is legally called a "felonious assault." This occurs when the [Person] is the victim of a criminal act such as, but not limited to, kidnapping, robbery, assault and battery.

This Benefit is [10% of the Principal Sum.] [The assault must occur while the [Person] is on the job, actively working for his/her employer].]

[SURVIVOR BENEFIT

**GROUP INSURANCE [POLICY] [CERTIFICATE] AMENDMENT
(continued)**

In addition to any other benefit payable under this Policy, the Company will pay a Survivor Benefit [of \$500 per month for 6 months following the [Person's] death,] if the [Person] dies in an accident for which an Accidental Death & Dismemberment benefit is payable.

Regardless of whom the [Person] named as Beneficiary, this benefit:

1. Is paid to the [Person's] spouse if living, or
2. Is divided equally among any Dependent children the [Person] may have, if the [Person] does not have a living spouse.]

[COMMON CARRIER

In addition to any other benefit payable under this Policy, the Company will pay a Common Carrier benefit, if the [Person] [or] [Dependent] dies:

1. As a result of an accident for which an Accidental Death & Dismemberment benefit is payable;
2. While riding, or traveling, in a Common Carrier as a fare paying passenger; and
3. Within [365] days of the accident.

The amount payable under this Benefit is [\$5,000].

Common Carrier means any land, water or air conveyance operated under common carrier license for the transport of passengers for hire.]

[EXPOSURE BENEFIT

In addition to any other benefit payable under this Policy, the Company will pay an Exposure Benefit [equal to the Principal Sum] for the loss of the [Person's] [or] [Dependent's] life if:

1. Such loss of life resulted from unavoidable exposure to the elements while traveling in a conveyance;
2. The conveyance in which the [Person] [or] [Dependent] was traveling[:
 - (a) Disappeared,
 - (b) Made a forced landing,
 - (c) Sank,
 - (d) Was stranded, or
 - (e) Was wrecked;] and
3. After [one year], the [Person's] [or] [Dependent's] body has not been found.]]

Except as amended above, the [Policy] [Certificate] remains unchanged. All changes are subject to the terms and conditions of the [Policy].

Signed and sealed at Silver Spring, MD

**GROUP INSURANCE [POLICY] [CERTIFICATE] AMENDMENT
(continued)**

THE UNION LABOR LIFE INSURANCE COMPANY

[signature]
[title]

[Accepted:

BY: _____

TITLE: _____

DATE: _____]

THE UNION LABOR LIFE INSURANCE COMPANY

SILVER SPRING, MARYLAND

GROUP INSURANCE [POLICY] [CERTIFICATE] AMENDMENT

AMENDMENT NO. [#]

ATTACHED TO AND MADE A PART OF [POLICY] [CERTIFICATE] NO. [XXXXXXX]

ISSUED TO [XYZ TAFT-HARTLEY WELFARE TRUST FUND]

The [Policy] [Certificate] is amended, effective [January 1, 2008], as follows:

1. The 2nd paragraph under **WAIVER OF PREMIUM (Persons Only)** in the **LIFE INSURANCE BENEFIT** section is replaced by the following:

Waiver of Premium will continue until [the earliest of:

1. the date the [Person's] Total Disability ends;
 2. the end of the [12-month] period; or
 3. the date the [Person] attains [age 65].]
2. The Continuance of Waiver provision under **WAIVER OF PREMIUM (Persons Only)** in the **LIFE INSURANCE BENEFIT** section is replaced by the following:

Continuance of Waiver of Premium

A [Person] who has applied for and received approval of Waiver of Premium for the Life Insurance Benefit under this Policy, may continue the Waiver of Premium [for additional 12-month periods [until the Person attains age 65]]; provided the [Person]:

1. remains Totally Disabled; and
2. submits written proof of continued Total Disability [each year within 3 months of the anniversary date of the date the [Person] became Totally Disabled.]

Except as amended above, the Policy and Certificate remain unchanged. All changes are subject to the terms and conditions of the Policy.

Signed and sealed at Silver Spring, MD

THE UNION LABOR LIFE INSURANCE COMPANY

[signature]
[title]

[Accepted:

BY: _____

TITLE: _____

DATE: _____]

SECTION [8] – LABOR DISPUTE WAIVER OF PREMIUM BENEFIT

[The following benefit shall apply to the [Life Insurance Benefit and Accidental Death and Dismemberment Benefit] of this Policy only. This benefit does not apply to [any supplemental life insurance benefit, to any Loss of Time Benefit, nor to] any other benefits provided by the Company to the Policyholder.]

In the event the [Person] (1) participates in a lawful strike authorized by his union or (2) is locked out as the result of a labor dispute between his union and employer, we will waive premiums [for the Person's [and Dependent's] coverage]. The [Person] must be [Actively-At-Work and] covered under the Policy before the strike or lock-out begins. The waiver of premium begins on the next monthly premium due date following a 30-day waiting period after the date the strike or lock-out begins.

The waiver stops and premium payments must resume on the earliest of:

1. One year from the date the waiver began;
2. The next premium due date after the strike or lock-out is resolved;
3. The next premium due date after the [Person] returns to work or is offered the opportunity to return to work for his employer; or
4. The next due date after the [Person's] employment is terminated.

[**Actively-At-Work** means the [Person] is performing all the regular duties of his occupation at the time the strike or lock-out begins.]

Notice and Proof of Strike or Lock-Out. Before benefits begin, we must receive at our Administrative Office, written notice and proof satisfactory to us of the strike or lock-out (i.e. verification from the [Person's] labor union). To receive benefits under this benefit, satisfactory proof of the status of the strike or lock-out must be given to us when and as often as we may reasonably require, but in no event less than every 30 days. We will stop providing benefits if proof is not provided under the provisions of this benefit.

The [Person] [or] [Policyholder] must notify us as soon as the strike or lock-out is resolved; when the [Person] returns to work or is offered the opportunity to return to work for his or her employer; or when the [Person's] employment is terminated.

SECTION [8] – LABOR DISPUTE WAIVER OF PREMIUM BENEFIT

[The following benefit shall apply to the [Life Insurance Benefit and Accidental Death and Dismemberment Benefit] of the Policy only. This benefit does not apply to [any supplemental life insurance benefit, to any Loss of Time Benefit, nor to] any other benefits provided by the Company to the Policyholder.]

In the event the [Person] (1) participates in a lawful strike authorized by his union or (2) is locked out as the result of a labor dispute between his union and employer, we will waive premiums [for the Person's [and Dependent's] coverage]. The [Person] must be [Actively-At-Work and] covered under the Policy before the strike or lock-out begins. The waiver of premium begins on the next monthly premium due date following a 30-day waiting period after the date the strike or lock-out begins.

The waiver stops and premium payments must resume on the earliest of:

1. One year from the date the waiver began;
2. The next premium due date after the strike or lock-out is resolved;
3. The next premium due date after the [Person] returns to work or is offered the opportunity to return to work for his employer; or
4. The next due date after the [Person's] employment is terminated.

[**Actively-At-Work** means the [Person] is performing all the regular duties of his occupation at the time the strike or lock-out begins.]

Notice and Proof of Strike or Lock-Out. Before benefits begin, we must receive at our Administrative Office, written notice and proof satisfactory to us of the strike or lock-out (i.e. verification from the [Person's] labor union). To receive benefits under this benefit, satisfactory proof of the status of the strike or lock-out must be given to us when and as often as we may reasonably require, but in no event less than every 30 days. We will stop providing benefits if proof is not provided under the provisions of this benefit.

The [Person] [or] [Policyholder] must notify us as soon as the strike or lock-out is resolved; when the [Person] returns to work or is offered the opportunity to return to work for his or her employer; or when the [Person's] employment is terminated.

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TOI: *L04G Group Life - Term*

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Fixed/Indeterminate Premium - Single Life

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

09/16/2008

Comments:

Rule and Regulation 49 - not applicable to this amendment/rider filing.

Consumer Information Notice - not applicable to this amendment/rider filing

Attachments:

CERTIFICATE OF COMPLIANCE WITH ARKANSAS RULE 19.pdf
READABILITY CERTIFICATION.pdf

CERTIFICATE OF COMPLIANCE WITH ARKANSAS RULE & REGULATION 19

Insurer: The Union Labor Life Insurance Company

Form Number(s): BR.9, BR.10, GP-9700.LDWP, GC-9700.LDWP

I hereby certify that the filing above meets all applicable Arkansas requirements including the applicable requirements of Rule & Regulation 19.

A handwritten signature in black ink, appearing to read 'James Messinger', with a long horizontal flourish extending to the right.

James Messinger

September 16, 2008
Date

READABILITY CERTIFICATION

I certify that the following forms submitted with this filing achieved the following scores using the Flesch Test Reading Score standards.

| <u>Form</u> | <u>Description</u> | <u>Flesch Score</u> |
|--------------|------------------------------|---------------------|
| BR.9 | Policy/Certificate Amendment | 51.0 |
| BR.10 | Policy/Certificate Amendment | 51.1 |
| GP-9700.LDWP | Policy rider | 51.0 |
| GC-9700.LDWP | Certificate rider | 50.6 |

THE UNION LABOR LIFE INSURANCE COMPANY



By: _____

Title: James Messinger, Insurance Operations

Date: September 16, 2008