

SERFF Tracking Number: AFLC-125988249 State: Arkansas
Filing Company: Americo Financial Life and Annuity Insurance Company State Tracking Number: 41359
Company Tracking Number: 1072: INDIVIDUAL WOP RIDER 2158
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 1072: Individual WOP Rider 2158
Project Name/Number: 1072: Individual WOP Rider 2158/1072

Filing at a Glance

Company: Americo Financial Life and Annuity Insurance Company

Product Name: 1072: Individual WOP Rider 2158 SERFF Tr Num: AFLC-125988249 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 41359

Sub-TOI: L08.000 Life - Other

Co Tr Num: 1072: INDIVIDUAL
WOP RIDER 2158

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Ronni Jones

Disposition Date: 01/22/2009

Date Submitted: 01/16/2009

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 1072: Individual WOP Rider 2158

Status of Filing in Domicile: Pending

Project Number: 1072

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This rider will be filed simultaneously in our State of Domicile, Texas.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/22/2009

State Status Changed: 01/22/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The enclosed individual Waiver of Premium Rider, form 2158, is being submitted for review and approval. This Rider is new and does not replace any previously approved rider in your jurisdiction, contains no unusual or controversial elements, and complies with the insurance laws and regulations of your jurisdiction.

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Individual Rider Series 2158 provides that the total premium (including premium for riders) will be waived if the base Insured becomes totally disabled. After 180 consecutive days of disability, the premium will be waived from the date of disability for the duration of the disability.

Application AAA5098, previously approved in your jurisdiction on 3/26/2007, will be used to apply for this Rider.

This Rider will be marketed in the individual term life insurance market and the individual whole life insurance market by licensed agents of the Company.

This Rider will be filed simultaneously in our State of Domicile, Texas.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws and regulations of your jurisdiction. Thank you in advance for your time and consideration.

Company and Contact

Filing Contact Information

Ronni Jones, Associate Compliance Analyst ronni.jones@americo.com
300 W. 11th Street (816) 391-2831 [Phone]
Kansas City, MO 64105 (816) 391-3346[FAX]

Filing Company Information

Americo Financial Life and Annuity Insurance CoCode: 61999 State of Domicile: Texas
Company
300 West 11th Street Group Code: 449 Company Type:
Kansas City, MO 64105 Group Name: State ID Number:
(800) 231-0801 ext. [Phone] FEIN Number: 35-0810610

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes

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Fee Explanation: 1 x \$100.00 = \$100.00
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Americo Financial Life and Annuity Insurance Company	\$100.00	01/16/2009	25090575

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/22/2009	01/22/2009

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Disposition

Disposition Date: 01/22/2009

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	Flesch Certification		Yes
Supporting Document	Application		No
Form	Waiver of Premium Rider		Yes

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Form Schedule

Lead Form Number: AAA2158

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AAA2158	Policy/Cont Waiver of Premium	ract/Fratern Rider	Initial		51	AAA2158.pdf
		al	Certificate:				
		Amendmen	t, Insert				
		Page,	Endorseme				
		nt or Rider					

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

WAIVER OF PREMIUM RIDER

Americo Financial Life and Annuity Insurance Company has issued this rider as a part of the policy to which it is attached, provided this rider is listed on the Policy Data Page.

This rider has no cash value. All terms of the policy which are not inconsistent with this rider apply to this rider.

RIDER BENEFIT

We will waive, or refund if previously paid, the premium for the policy and any riders listed on the Policy Data Page if:

- (a) total disability commences on or before the Insured's 60th birthday;
- (b) the Insured is totally disabled as defined below; and
- (c) total disability exists continuously for 180 consecutive days.

As long as the Insured remains totally disabled as defined below, the premium will be waived to the policy anniversary on which the Insured is age 60 or for two (2) years, whichever is longer.

The Company will provide this benefit for a period prior to the date the Company receives written notice of claim. The longest the period may be is six (6) months, unless proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

EXCLUSIONS AND LIMITATIONS

The premium will not be waived during a period of disability under the following circumstances:

- (a) If the grace period, as defined in the policy, expires before the date the total disability begin.
- (b) If the total disability is a result of:
 - (1) a disease or injury that occurred prior to the effective date of this rider, unless the condition was shown in the application; or
 - (2) intentional self-inflicted injury; or
 - (3) war or insurrection or any act attributable thereto, whether or not the Insured was in military or naval service. War means declared or undeclared armed aggression by one or more countries resisted by or on orders of any country, combination of countries, or international organizations.

TOTAL DISABILITY

Total disability means a disability which prevents the Insured from performing the material and substantial duties of his or her occupation during the first twenty-four (24) months of disability and from performing the material and substantial duties of any and all employment or occupation for which he or she becomes qualified by reason of education, training or experience thereafter.

Even if working, the Insured will be deemed totally disabled if he or she has lost and cannot recover any of the following:

- (a) the sight of both eyes;
- (b) both hands at or above the wrists;
- (c) both feet at or above the ankles; or
- (d) one hand and one foot at or above the joints.

NOTICE AND PROOF OF TOTAL DISABILITY

We must receive at Our Office written notice and proof satisfactory to Us of the Insured's total disability.

The notice must be received:

- (a) while the Insured is living and totally disabled;
- (b) not later than one (1) year after the termination of this rider; and
- (c) within one (1) year after the due date of the premium that was requested to be waived or refunded.

Failure to give this notice within the time allowed will not deprive You of the benefit if that notice was given as soon as reasonably possible.

PROOF OF CONTINUANCE OF DISABILITY

We may ask for proof that the Insured is still totally disabled. We may ask that the Insured take one or more physical examinations. We will pay for these examinations and will choose the examiner. We will not ask for such an examination more than once a year, unless the disability is less than two (2) years old.

We will stop waiving the premiums at the earlier of:

- (a) 30 days after the date We ask for proof, and it is not provided; or
- (b) the date the Insured recovers.

Failure to provide proof within the time allowed will not, however, deprive You of this benefit if evidence is provided that proof was given as soon as reasonably possible.

DISABILITY COMMENCING DURING GRACE PERIOD

This rider will continue to operate during the grace period.

RIDER PREMIUM

The premium for this rider is shown on the Policy Data Page.

TERMINATION

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

- (a) the policy anniversary on which the Insured is age 60, but not less than two (2) years following the onset of the total disability;
- (b) the date the policy is terminated for any reason;
- (c) the date of receipt of a written request; or
- (d) the date a death benefit is payable under the policy.

CONSIDERATION

This rider is issued in consideration of the application, a copy of which is attached to the policy, and payment of the premium for this rider.

EFFECTIVE DATE

The effective date of this rider will be the Policy Date, unless a later date is shown below.

Effective Date:



SECRETARY

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Flesch Certification

01/14/2009

Comments:

Attachment:

2158 RDB.pdf

READABILITY CERTIFICATION

COMPANY: Americo Financial Life and Annuity Insurance Company

NAIC #: 0449-61999

I hereby certify that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test.

Form Number	Form Description	Readability Score
AAA2158	Waiver of Premium Rider	51.2

J. L. Fortini

Vice President Legal & Secretary
Title

January 9, 2009
Date