

SERFF Tracking Number: HERT-125975795 State: Arkansas
Filing Company: United Heritage Life Insurance Company State Tracking Number: 41285
Company Tracking Number: 30-59VA-4-2007AK
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Final Expense
Project Name/Number: 30-59VA-4-2007/30-59VA-4-2007

Filing at a Glance

Company: United Heritage Life Insurance Company

Product Name: Final Expense SERFF Tr Num: HERT-125975795 State: ArkansasLH
TOI: L071 Individual Life - Whole SERFF Status: Closed State Tr Num: 41285
Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: 30-59VA-4-2007AK State Status: Approved-Closed
Premium - Single Life
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: Michele MacKenzie, Disposition Date: 01/12/2009
Deanne Schildan
Date Submitted: 01/08/2009 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: 30-59VA-4-2007 Status of Filing in Domicile:
Project Number: 30-59VA-4-2007 Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 01/12/2009 Deemer Date:
State Status Changed: 01/12/2009
Corresponding Filing Tracking Number:
Filing Description:
January 6, 2009

Arkansas Insurance Department

SERFF Tracking Number: HERT-125975795 State: Arkansas
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1200 West 3rd Street
Little Rock, AR 72201-1904

RE: Application for Accelerated Benefits Rider Form No. 30-59 VA (4-2007)
Accelerated Benefits Rider Disclosure Statement and Authorization
Form No. 32-102 (Rev. 6-2006)

Dear Rates & Forms Division:

Please find attached for your review and approval a new Application for Accelerated Benefits Rider Form No. 30-59 VA (4-2007) and the Accelerated Benefits Rider Disclosure Statement and Authorization Form No. 32-102 (Rev. 6-2006).

Form No. 30-59 VA (4-2007) and Form No. 32-102 (Rev. 6-2006) are new forms being filed for use with the 1494-ABR (09-2007) which was filed for use in Arkansas on 2/26/08. The Flesch Score for the Application is 40 and the Flesch Score on the Disclosure Statement is also 40.

I believe that you will find this application meets all the requirements of the statutes and regulations for the State of Arkansas. Should you have any questions regarding this submission, please do not hesitate to contact me at (208)475-0970.

Sincerely,

Deanne Schildan
Legal Assistant
dschildan@unitedheritage.com

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Company and Contact

Filing Contact Information

Michele MacKenzie, Regulatory Compliance Analyst
 mmackenzie@unitedheritage.com
 707 W. United Heritage Court (208) 475-0981 [Phone]
 Meridian, ID 83680

Filing Company Information

United Heritage Life Insurance Company CoCode: 63983 State of Domicile: Idaho
 PO BOX 7777 Group Code: 2878 Company Type:
 Meridian, ID 83680-7777 Group Name: State ID Number:
 (208) 475-0981 ext. [Phone] FEIN Number: 82-0123320

Filing Fees

Fee Required? Yes
 Fee Amount: \$40.00
 Retaliatory? No
 Fee Explanation: \$20 for Application for ABR
 \$20 for ABR Disclosure Statement
 Total \$40
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| United Heritage Life Insurance Company | \$40.00 | 01/08/2009 | 24896723 |

| | | | |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>HERT-125975795</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>United Heritage Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>41285</i> |
| <i>Company Tracking Number:</i> | <i>30-59VA-4-2007AK</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>Final Expense</i> | | |
| <i>Project Name/Number:</i> | <i>30-59VA-4-2007/30-59VA-4-2007</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------|-------------------|-------------------|-----------------------|
| Approved | Linda Bird | 01/12/2009 | 01/12/2009 |

Amendments

| Item | Schedule | Created By | Created On | Date Submitted |
|---|-----------------|-------------------|-------------------|-----------------------|
| Certification/NSupporting Document otice | | Deanne Schildan | 01/12/2009 | 01/12/2009 |

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 Product Name: Final Expense
 Project Name/Number: 30-59VA-4-2007/30-59VA-4-2007

| Item Type | Item Name | Item Status | Public Access |
|-------------------------------|---|-------------|---------------|
| Supporting Document (revised) | Certification/Notice | | Yes |
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Life & Annuity - Actuarial Memo | | No |
| Form | Application for Accelerated Benefits Rider | | Yes |
| Form | Accelerated Benefits Rider Disclosure Statement and Authorization | | Yes |

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Amendment Letter

Amendment Date:

Submitted Date: 01/12/2009

Comments:

Overlooked the Flesch certification in the previous submittal. They are included here now.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Certification/Notice

Comment: Certification not required. This is not a policy or rider filing. Just filing supporting documents for the previously approved accelerated benefits rider.

Flesch certification included.

Certification of Readability 30-59 VA (4-2007).pdf

Certification of Readability 32-102 (Rev.6-2006).pdf

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 Project Name/Number: 30-59VA-4-2007/30-59VA-4-2007

Form Schedule

Lead Form Number:

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-------------------------------|------------------------------|---|---------|----------------------|-------------|--------------------------|
| | Form No. 30-59 VA (4-2007) | Application/ Enrollment Form | Application for Accelerated Benefits Rider | Initial | | 40 | 30-59 VA (4-2007).pdf |
| | Form No. 32-102 (Rev. 6-2006) | Other | Accelerated Benefits Rider Disclosure Statement and Authorization | Initial | | 40 | 32-102 (Rev. 6-2006).pdf |

UNITED HERITAGE LIFE INSURANCE COMPANY

Application for Accelerated Benefit Rider

APPLICANT'S NAME _____

BENEFIT REQUESTED CONCURRENTLY WITH LIFE APPLICATION DATED _____

BENEFIT REQUESTED FOR EXISTING POLICY# _____

Accelerated Benefits Disclosure Statement

THIS RIDER ALLOWS YOU TO REQUEST AN ACCELERATED BENEFIT PAYMENT OF A PORTION OF THE AVAILABLE AMOUNT OF THE POLICY TO WHICH THE RIDER IS ATTACHED IN THE EVENT THE INSURED BECOMES TERMINALLY ILL. TERMINALLY ILL MEANS A LIFE EXPECTANCY OF 12 MONTHS OR LESS DUE TO ILLNESS OR PHYSICAL CONDITION. WE WILL REQUIRE SATISFACTORY PROOF THAT THE INSURED IS TERMINALLY ILL.

BENEFITS AS SPECIFIED UNDER THE POLICY WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS MAY BE TAXABLE. YOU SHOULD CONTACT YOUR PERSONAL TAX ADVISOR FOR SPECIFIC INFORMATION.

Whole Life Policy

AFTER AN ACCELERATED PAYMENT IS MADE, THE POLICY WILL REMAIN IN FORCE AND REDUCED PREMIUMS WILL BE PAYABLE. THE POLICY FACE AMOUNT, GUARANTEED CASH VALUE AND ANY ONE-YEAR TERM INSURANCE WILL BE REDUCED BY THE PERCENTAGE OF THE REQUESTED PORTION OF THE AVAILABLE AMOUNT AS SPECIFIED IN THE RIDER. ANY OUTSTANDING POLICY LOAN WILL BE REDUCED BY THE PORTION OF THE POLICY LOAN REPAID AS DESCRIBED IN THE RIDER.

Universal Life Policy

AFTER AN ACCELERATED PAYMENT IS MADE, THE POLICY WILL REMAIN IN FORCE AND REDUCED PREMIUMS WILL BE PAYABLE. THE POLICY SPECIFIED AMOUNT, ACCUMULATION VALUE AND SURRENDER CHARGE WILL BE REDUCED BY THE PERCENTAGE OF THE REQUESTED PORTION OF THE AVAILABLE AMOUNT AS SPECIFIED IN THE RIDER. ANY OUTSTANDING POLICY LOAN WILL BE REDUCED BY THE PORTION OF THE POLICY LOAN REPAID AS DESCRIBED IN THE RIDER.

THE RECEIPT OF AN ACCELERATED BENEFIT PAYMENT MAY ADVERSELY AFFECT THE RECIPIENT'S ELIGIBILITY FOR MEDICAID OR OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS.

THE REQUESTED PORTION OF THE AVAILABLE AMOUNT OF ACCELERATED BENEFIT WILL BE SUBJECT TO THE FOLLOWING ADJUSTMENTS:

- A. A 12-MONTH DISCOUNT BASED ON AN ANNUAL INTEREST RATE WHICH HAS BEEN DECLARED BY US AND WHICH IS IN EFFECT AS OF THE DATE WE RECEIVE YOUR WRITTEN REQUEST, AS STATED UNDER THE POLICY LOANS SECTION OF THE POLICY TO WHICH THIS RIDER IS ATTACHED.
- B. IF, ON THE DATE WE APPROVE YOUR WRITTEN REQUEST, THERE IS A POLICY LOAN OUTSTANDING ON THE POLICY, AN AMOUNT TO REPAY A PORTION OF THE POLICY LOAN. THIS AMOUNT IS DETERMINED AS FOLLOWS:
$$\frac{\text{OUTSTANDING POLICY LOAN} \times \text{REQUESTED PORTION OF AVAILABLE AMOUNT}}{\text{AVAILABLE AMOUNT}}$$
- C. A MAXIMUM ADMINISTRATIVE EXPENSE CHARGE NOT EXCEEDING THE GREATER OF \$300 OR 3% OF THE INITIAL ACCELERATED BENEFIT.

I HAVE CAREFULLY READ THIS DOCUMENT AND UNDERSTAND THAT IT IS SUBJECT TO THE PROVISIONS AND THE CONDITIONS OF THE POLICY.

I WISH TO ACCEPT THE ACCELERATED BENEFITS RIDER

I DO NOT WISH TO ACCEPT THE ACCELERATED BENEFITS RIDER

SIGNED AT _____

CITY AND STATE

DATE _____

SIGNATURE OF APPLICANT/POLICYHOLDER

SIGNATURE OF AGENT

**Accelerated Benefits Rider
Disclosure Statement and Authorization**



P.O. Box 7777, Meridian, Idaho 83680-7777
1-800-657-6351

1. Conditions for Election of Benefit

If an Accelerated Benefits Rider (ABR) is attached to your policy, you may elect to receive an Accelerated Benefit Payment (ABP) if:

- a) the election is made while the policy is in force;
- b) you have obtained the written consent of any collateral assignee, irrevocable beneficiary and the insured, if you are not the insured; and
- c) the insured qualifies.

2. Insured's Qualification for Benefit

If the owner elects to receive the ABP, we will pay the benefit when we receive proof that the insured is suffering from a terminal illness and is not expected to live more than 12 months.

"Proof" means satisfactory proof to us, and includes but is not limited to, certification by a licensed physician.

3. Amount of Accelerated Benefit Payment

The Accelerated Benefit Payment (ABP) is that part of the death benefit for which you elect to apply under this rider.

The maximum ABP amount is the lesser of:

- a) 75% of the available amount under the policy; or
- b) \$100,000.

The ABP amount you will receive is the payment amount which has been reduced for interest and other factors. A 12 month discount reflects the early payment of amounts held under your policy based on the annual interest rate declared by us.

4. Payment Options

If the insured is terminally ill, the ABP is payable in your choice of:

- a lump sum; or
- equal monthly installments up to 12 months. This option is only available if the ABP under this rider is \$5,000 or more.

If the monthly benefit option is chosen, and the insured dies before all monthly installments have been made we will pay to you or to your estate all unpaid installments as they come due.

5. Cost of Benefit

There is no premium charge for the ABR; however, the ABP amount is reduced by certain factors at the time you elect to receive the ABP. Those factors include an expense charge of \$ _____ and adjustments for interest and any outstanding policy loans.

6. Impact on Policy Values

Cash values, loan values and the death benefit will be reduced if you elect and receive an ABP. The ABP you have elected will have the following effect upon your contract:

- | | | | |
|---|----------|--|----------|
| a) Original death benefit | \$ _____ | f) reduced death benefit | \$ _____ |
| b) ABR amount | \$ _____ | g) policy loan balance before electing benefit | \$ _____ |
| c) less adjustments (interest, charges, etc.) | \$ _____ | h) policy loan balance after electing benefit | \$ _____ |
| d) less contract loan reduction | \$ _____ | i) policy value prior to electing benefit | \$ _____ |
| e) ABP | \$ _____ | j) policy value after electing benefit | \$ _____ |

The monthly deductions and/or premiums after election are based on the reduced policy value.

7. Benefit Limitations

- a) This ABR is not a long-term care policy or nursing home insurance policy. The amount it pays may not be enough to cover your medical, nursing home or other bills. You may use the money you receive from the ABR for any purpose.
- b) ***Unlike conventional life insurance proceeds, the ABP payable under this rider may be taxable. You should consult your personal tax advisor.***
- c) Receipt of an ABP under this product may affect your eligibility for Medicaid or other government entitlements. The mere fact that you own a policy with an ABR attached to it will not, in and of itself, affect your eligibility for these government programs. You should, however, contact the government agencies which administer these government programs before election and receipt of an ABP to determine how your eligibility will be affected by election and receipt of an ABP.

Insured's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Beneficiary's Signature: _____ Date: _____

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Product Name: Final Expense
Project Name/Number: 30-59VA-4-2007/30-59VA-4-2007

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 01/12/2009

Comments:

Certification not required. This is not a policy or rider filing. Just filing supporting documents for the previously approved accelerated benefits rider.

Flesch certification included.

Attachments:

Certification of Readability 30-59 VA (4-2007).pdf

Certification of Readability 32-102 (Rev.6-2006).pdf

Review Status:

Satisfied -Name: Application 01/06/2009

Comments:

This is just the application and disclosure statement and authorization for the Accelerated Benefits Rider.



UNITED HERITAGE®
Life Insurance Company

January 7, 2009

CERTIFICATION OF READABILITY

Form No. 30-59 VA (4-2007), APPLICATION FOR ACCELERATED BENEFITS RIDER

I, Deborah Sloan, Senior V.P. & Chief Actuary, hereby certify that this form Accelerated Benefits Rider Disclosure Statement and Authorization, Form No. 30-59 VA (4-2007) complies with your state code and has a Flesch Readability Score of 40.

Deborah Sloan

Deborah Sloan
Senior Vice President & Chief Actuary



UNITED HERITAGE®
Life Insurance Company

January 7, 2009

CERTIFICATION OF READABILITY

Form No. 32-102 (Rev. 6-2006), ABR Disclosure Statement and Authorization

I, Deborah Sloan, Senior V.P. & Chief Actuary, hereby certify that this form Accelerated Benefits Rider Disclosure Statement and Authorization, Form No. 32-102 (rev. 6-2006) complies with your state code and has a Flesch Readability Score of 40.

A handwritten signature in black ink that reads "Deborah Sloan". The signature is written in a cursive style and is positioned above a horizontal line.

Deborah Sloan
Senior Vice President & Chief Actuary

SERFF Tracking Number: *HERT-125975795* State: *Arkansas*
 Filing Company: *United Heritage Life Insurance Company* State Tracking Number: *41285*
 Company Tracking Number: *30-59VA-4-2007AK*
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 Product Name: *Final Expense*
 Project Name/Number: *30-59VA-4-2007/30-59VA-4-2007*

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 | Certification/Notice | 01/06/2009 | |