

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
Filing Company: Household Life Insurance Company State Tracking Number: 41301  
Company Tracking Number: 08-010-AR  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Dependent Child and Secondary Term Benefit Riders  
Project Name/Number: Secondary Insured & Child Benefit Riders/08-010

## Filing at a Glance

Company: Household Life Insurance Company

Product Name: Dependent Child and Secondary Term Benefit Riders SERFF Tr Num: HHRN-125913913 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 41301

Sub-TOI: L08.000 Life - Other

Co Tr Num: 08-010-AR

State Status: Approved-Closed

Filing Type: Form

Co Status: Pending

Reviewer(s): Linda Bird

Authors: Deborah Fisher, Miloslav Dait

Disposition Date: 01/15/2009

Date Submitted: 01/12/2009

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Secondary Insured & Child Benefit Riders

Status of Filing in Domicile: Not Filed

Project Number: 08-010

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Exempt from filing in the state of Michigan

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/15/2009

State Status Changed: 01/13/2009

Deemer Date:

Corresponding Filing Tracking Number: 08-010-AR

Filing Description:

RE: Household Life Insurance Company – NAIC #93777, FEIN #38-2341728

Forms: HLI-8R-199-1108 – Dependent Child Benefit Rider, HLI-8R-200-1108 – Secondary Insured Term Benefit Rider

Dear Sir or Madam:

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
Filing Company: Household Life Insurance Company State Tracking Number: 41301  
Company Tracking Number: 08-010-AR  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Dependent Child and Secondary Term Benefit Riders  
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On behalf of Household Life Insurance Company, please find for your review and approval copies of the above captioned documents. Both our Dependent Child Benefit Rider and Secondary Insured Term Benefit Rider are new and do not replace any previously approved documents. These riders may be offered with any existing or future individual term life policies approved by your Department.

Please be advised that we are also filing rates for the Dependent Child Benefit Rider, which will be Guaranteed Issue and is available for all eligible dependants of the Insured. The previously filed and approved medical application and rates for the underlying approved Individual Term Policy, form HLI-8-132-0807, will be applied for use with the Secondary Insured Term Benefit Rider.

These products are exempt from filing in our domiciliary state of Michigan.

Please note that we reserve the right to change the appearance and pagination, but not the text, of these forms to comply with future changes in print systems. No font will be less than a 10-point font size. The color may change and/or weight of the paper on which these forms are printed may change. We reserve the right to correct typographical errors without re-filing. Please note that no other changes will be made to these documents other than to satisfy these requirements.

Thank you in advance for your prompt consideration of this matter. If you have any questions, or if we may assist you with any aspect of this approval project, you may contact me at 1-800-443-7187, Ext. 6-2208 or you may e-mail me at [debbie.a.fisher@us.hsbc.com](mailto:debbie.a.fisher@us.hsbc.com).

## Company and Contact

### Filing Contact Information

Debbie Fisher, Compliance Officer  
200 Somerset Corp. Blvd.  
Bridgewater, NJ 08807

[debbie.a.fisher@us.hsbc.com](mailto:debbie.a.fisher@us.hsbc.com)  
(908) 203-2208 [Phone]  
(908) 203-4230[FAX]

### Filing Company Information

Household Life Insurance Company  
500 Woodward Ave.

CoCode: 93777  
Group Code: 352

State of Domicile: Michigan  
Company Type:

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
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Product Name: Dependent Child and Secondary Term Benefit Riders  
Project Name/Number: Secondary Insured & Child Benefit Riders/08-010

Suite 4000

Detroit, MI 48226  
(800) 443-7187 ext. [Phone]

Group Name:  
FEIN Number: 38-2341728

State ID Number:

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SERFF Tracking Number: HHRN-125913913 State: Arkansas  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$40.00  
Retaliatory? No  
Fee Explanation: \$20.00 per form = 2 X 20.00 = 40.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Household Life Insurance Company	\$40.00	01/12/2009	24945302

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
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 Project Name/Number: Secondary Insured & Child Benefit Riders/08-010

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/15/2009	01/15/2009
Approved	Linda Bird	01/13/2009	01/13/2009

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Rider	Form	Deborah Fisher	01/15/2009	01/15/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Dependent Child Benefit Rider - HLI-8R-199-1108	Note To Filer	Linda Bird	01/15/2009	01/15/2009
Dependent Child Benefit Rider - HLI-8R-199-1108	Note To Reviewer	Deborah Fisher	01/14/2009	01/14/2009

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
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Product Name: Dependent Child and Secondary Term Benefit Riders  
Project Name/Number: Secondary Insured & Child Benefit Riders/08-010

## Disposition

Disposition Date: 01/15/2009

Implementation Date:

Status: Approved

Comment: Company has submitted revised document on this filing.

Rate data does NOT apply to filing.

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
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 Company Tracking Number: 08-010-AR  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Dependent Child and Secondary Term Benefit Riders  
 Project Name/Number: Secondary Insured & Child Benefit Riders/08-010

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Actuarial Memorandum		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form (revised)</b>	Rider		Yes
<b>Form</b>	Rider	Replaced	Yes
<b>Form</b>	Rider		Yes

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Dependent Child and Secondary Term Benefit Riders  
Project Name/Number: Secondary Insured & Child Benefit Riders/08-010

## Disposition

Disposition Date: 01/13/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Actuarial Memorandum		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form (revised)</b>	Rider		Yes
<b>Form</b>	Rider	Replaced	Yes
<b>Form</b>	Rider		Yes

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
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 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Dependent Child and Secondary Term Benefit Riders  
 Project Name/Number: Secondary Insured & Child Benefit Riders/08-010

**Amendment Letter**

Amendment Date:  
 Submitted Date: 01/15/2009

**Comments:**

A revised Dependent Child Benefit Rider is attached as the company officer's signatures were inadvertently omitted from the existing filing.

Thank you for reopening this filing for correction.

Regards.

**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
HLI-8R-199-1108	Policy/Contr	Rider act/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial					01-14-09 HLI-8R-199-1108-final draft.pdf

*SERFF Tracking Number:*      *HHRN-125913913*                      *State:*                      *Arkansas*  
*Filing Company:*              *Household Life Insurance Company*              *State Tracking Number:*      *41301*  
*Company Tracking Number:*      *08-010-AR*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *Dependent Child and Secondary Term Benefit Riders*  
*Project Name/Number:*      *Secondary Insured & Child Benefit Riders/08-010*

**Note To Filer**

**Created By:**

Linda Bird on 01/15/2009 11:13 AM

**Subject:**

Dependent Child Benefit Rider - HLI-8R-199-1108

**Comments:**

The filing has been reopened in order for you to submit a revised document.

*SERFF Tracking Number:*      *HHRN-125913913*                      *State:*                      *Arkansas*  
*Filing Company:*              *Household Life Insurance Company*              *State Tracking Number:*      *41301*  
*Company Tracking Number:*      *08-010-AR*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *Dependent Child and Secondary Term Benefit Riders*  
*Project Name/Number:*      *Secondary Insured & Child Benefit Riders/08-010*

**Note To Reviewer**

**Created By:**

Deborah Fisher on 01/14/2009 01:40 PM

**Subject:**

Dependent Child Benefit Rider - HLI-8R-199-1108

**Comments:**

Please note that we inadvertently omitted the company officer's signatures from the above document. Would it be possible to reopen this filing so I may submit a revised document?

Regards.

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
 Filing Company: Household Life Insurance Company State Tracking Number: 41301  
 Company Tracking Number: 08-010-AR  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Dependent Child and Secondary Term Benefit Riders  
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## Form Schedule

**Lead Form Number:** HLI-8R-199-1108

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	HLI-8R-199-1108	Policy/Cont Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			01-14-09 HLI-8R-199-1108-final draft.pdf
	HLI-8R-200-1108	Policy/Cont Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			12-18-08 HLI-8R-200-1108-final draft.pdf

# HOUSEHOLD LIFE INSURANCE COMPANY

(Herein called "we" or "our")

[Administrative Office: 200 Somerset Corporate Blvd., Suite 100, Bridgewater, NJ 08807

Home Office: 500 Woodward Avenue, Suite 4000, Detroit, MI 48226-3425

800-443-7187][www.com]

## DEPENDENT CHILD BENEFIT RIDER

We have issued this Rider as a part of the Policy to which it is attached. Any payment under this Rider is subject to the provisions of this Rider and the Policy. If defined Policy terms are stated but not defined within this Rider, the defined Policy terms will control. In case of conflict between this Rider and the Policy, the provisions of this Rider will control.

This Rider is effective at 12:01 A.M. on the Rider Date of Issue.

In consideration for Your payment of the Premiums as shown on the Policy Data Page of the Policy; We will pay You a Dependent Child Benefit, as shown on the Policy Data Page of the Policy, upon the death of a dependent child as defined below, subject to the terms of this Rider and the Policy to which is attached.

### DEFINITIONS

**Dependent Child.** For the purposes of this Rider, a Dependent Child is any unmarried natural, legally adopted, or child of Yours [or child of Your Domestic Partner][or child of Your Civil Union Partner] [or child of a Same Sex Marriage Partner] who: (1) is at least 15 days old, but not more than [23] years old; and (2) is eligible to be declared as a dependent on Your most recent annual Federal Tax return.

[**Civil Union Partner.** An individual who is of Your same sex and with whom You have established a legally recognized union.]

[**Domestic Partner.** An individual who is joined in a legally recognized domestic partnership with You.]

[**Same Sex Marriage Partner.** An individual who is of Your same sex and with whom You are in a legally recognized marriage.]

“You” or “Your” refer to the Insured, also called the Owner.

### EXCLUSIONS

The benefit will not be paid if the Dependent Child’s death is caused or contributed to in whole or in part by any of the following:

1. Active Duty Military Service; or
2. Abuse of Non-prescribed or Prescribed drugs; or
3. Intoxication, due to taking, absorbing, or inhaling of any poison, chemical, gas, narcotic or alcohol; or
4. Criminal Misconduct; or
5. Suicide, within 2 years of the effective date of this Rider.

### PAYMENT OF DEPENDENT CHILD BENEFIT

If a Dependent Child, as defined above, dies and You are eligible to receive a Dependent Child Benefit, benefits will be paid as shown on the Policy Data Page of the Policy. A Dependent Child Benefit, which is paid upon the death of a dependent child between the ages of 15 days and 6 months, will be one-half of the Dependent Child Benefit as shown on the Policy Data Page of the Policy.

### NOTICE AND PROOF OF CLAIM

As notice and proof of a claim, We must be given a certified copy of the Dependent Child’s death certificate.

### CONVERSION OF INSURANCE ON DEPENDENT CHILD

The insurance under this Rider on each Dependent Child can be converted, while this Rider is in force, to a whole life plan at any time without providing proof of insurability once the Dependent Child has reached age [18]. The whole life policy will be issued at the standard rating class for the sex and attained age of each Dependent Child with an amount of coverage equal to the coverage provided by this Rider as shown on the Policy Data Page of the Policy. A [written] application for the new policy must be received at our Administrative Office no later than the date the insurance under this Rider ends. The effective date of the new policy will be the day after the insurance on each Dependent Child under this rider ends. In the event the Dependent Child converts to a whole life policy, additional premiums will apply.

**PAID-UP TERM INSURANCE**

We will convert each Dependent Child's coverage then in force to Paid-up Term insurance at the death of the Insured if:

- 1. the Insured dies before the termination date of this Rider; and
- 2. the Policy and Rider are in force.

The paid-up insurance shall be paid up to the earlier of:

- 1. the Dependent Child's [23<sup>rd</sup>] birthday; or
- 2. the termination date of this Rider.

To exercise this conversion privilege, We must receive this Rider, a certified copy of Your death certificate and proof of eligibility for each Dependent Child within [60 days] of the resolution of the claim. Paid-up Insurance on any Dependent Child will not be contested after insurance has been in force, during the lifetime of that child, for two years. The two years includes the period that such Dependent Child's coverage was in force under this Rider prior to the date the Paid-up insurance becomes effective. Paid-up term insurance will not be available if (1) the Insured dies by suicide within two years after the effective date of this Rider, or (2) if the Policy is terminated. The Dependent Child will be the Owner of his or her Paid-up insurance if he or she has reached the age of majority at the death of the Insured. Otherwise, the legal guardian of the Dependent Child will be the Owner.

**REINSTATEMENT**

In the event this Policy lapses and is then reinstated, no insurance will be available under this Rider until We receive acceptable evidence of eligibility for each Dependent Child. If We do not receive evidence of eligibility for each Dependent Child at the time of reinstatement, the Policy will be endorsed to show that the Dependent Child is not insured under this Rider.

**INCONTESTABILITY**

Except for non-payment of premium, We will not contest this Rider with respect to the insurance on any Dependent Child after it has been in force for a period of two years from the later of:

- 1. the Policy Date as shown on the Policy Data page; or
- 2. the Effective Date of this Rider; or
- 3. the date of the last Reinstatement, if any.

**COVERAGE TERMINATION**

The coverage on each Dependent Child will end on the earlier of:

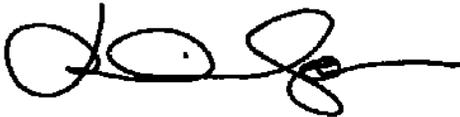
- 1. The Policy Anniversary date following the child's [23<sup>rd</sup>] birthday; or
- 2. The date the insurance provided by this Rider is converted as described above.

The coverage on all dependents will end on the earliest of:

- 1. The day of the first Policy anniversary after Your [95<sup>th</sup>] birthday; or
- 2. The date the Owner cancels either the Policy or this Rider by sending a written request to our Administrative Office. We reserve the right to require the Policy for endorsement of the cancellation; or
- 3. The date the Policy ends for any other reason.

[

Signed



**Patrick A. Cozza**  
Chief Executive Officer and President

Signed



**Anthony J. Del Piano**  
Secretary

]

# HOUSEHOLD LIFE INSURANCE COMPANY

(Herein called "we", "us", "our")

[Home Office: 500 Woodward Avenue, Suite 4000, Detroit, MI 48226-3425  
Administrative Office: 200 Somerset Corporate Blvd., Suite 100, Bridgewater, NJ 08807  
800-443-7187][www.com]

## SECONDARY INSURED TERM BENEFIT RIDER

**IF THIS RIDER IS ISSUED AFTER THE POLICY DATE STATED ON THE POLICY DATA PAGE, THE SUICIDE AND INCONTESTABILITY EXCLUSIONARY PERIOD WILL BE DIFFERENT FROM THE SUICIDE AND INCONTESTABILITY PROVISIONS STATED IN THE POLICY AND WILL BEGIN ON THE EFFECTIVE DATE OF THIS RIDER.**

We have issued this Rider as a part of the Policy to which it is attached. Any payment under this Rider is subject to the provisions of this Rider and the Policy. If defined Policy terms are stated and not defined within this Rider the defined Policy terms will control. In case of conflict between this Rider and the Policy, the provisions of this Rider will control.

This Rider is effective at 12:01 A.M. on the Rider Date of Issue.

In consideration for (1) Your payment of the Premiums as shown on the Policy Data Page of the Policy and (2) the application for this Rider, a copy of which is attached to the Policy, We will pay the Beneficiary a Benefit as shown on the Policy Data Page of the Policy, upon the death of the Secondary Insured as defined below, subject to the terms of this Rider and the Policy to which it is attached.

## DEFINITIONS

**Beneficiary**- The person(s) to whom the Rider proceeds are payable upon the death of the Secondary Insured. Unless otherwise stated in the application or later changed, the Beneficiary of this Rider will be the Insured, if living; otherwise the estate of the Secondary Insured. If the Beneficiary is a partnership, any proceeds will be paid to the partnership as it existed at the time of the Secondary Insured's death.

**Benefit** - The amount of insurance for this Rider shown on the Policy Data Page of the Policy.

**Insured**- The person whose life the Policy insures and who is named on the Policy Data Page of the Policy.

**Secondary Insured** - The person whose life this Rider insures, and includes the following:

- [1. **Civil Union Partner** – An individual who is of Your same sex and with whom You have established a legally recognized union.]
- [2. **Domestic Partner**- An individual whom is joined in a legally recognized domestic partnership with You.]
- [3. **Same Sex Marriage Partner** – An individual who is of Your same sex and with whom You are in a legally recognized marriage.]
4. **Spouse**-The person who is legally married to You and is of the opposite sex.

**You or Your**- The Owner of the Policy. Unless You tell Us otherwise, the Owner is the Insured.

## BENEFIT

We will pay the Benefit, to the Beneficiary of this Rider upon receiving a certified copy of the Secondary Insured's death certificate before the termination of this Rider and while the Rider was in force. The Benefit will never exceed the base policy amount.

## GENERAL PROVISIONS

**Misstatement of Age and Sex**- If the age or sex of the Secondary Insured has been misstated in the application; We will be liable only for the amount of insurance the premiums paid would have purchased for the correct age and sex, the amount will not be more than the face amount of the base policy.

**Incontestability**- Except for non-payment of premium, We will not contest this Rider with respect to the insurance on the Secondary Insured after it has been in force for a period of two years from the later of:

1. the Policy Date shown on the Policy Data page; or
2. the Effective Date of this Rider; or
3. the date of the last Reinstatement if any.

**Suicide Exclusion-** If the Secondary Insured dies by suicide, while sane or insane, within two years of the Effective Date of this Rider, We are only liable for the premiums paid.

**Payment of Proceeds** – A certified copy of the Secondary Insured’s death certificate along with the Secondary Insured Term Benefit Rider must be sent to Us at Our Administrative Office.

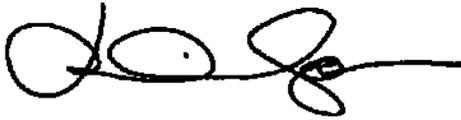
**Conversion Option** - The insurance under this Rider on the Secondary Insured can be converted to whole life policy, without providing proof of insurability, in the event the Insured dies. The whole life policy will be issued at the standard rating class for the sex and attained age of the Secondary Insured with an amount of coverage equal to the coverage provided by this Rider as shown on the Policy Data Page of the Policy. A [written] application for the new policy must be received at our Administrative Office within [60 days] of the resolution of the claim regarding the death of the Insured. The effective date of the new policy will be the day after the insurance on the Secondary Insured under this Rider ends. In the event the Secondary Insured converts to a whole life policy, additional premiums will apply.

**Termination-** This Rider shall terminate and no longer be in force:

1. if any premium remains unpaid after the end of the grace period; or
2. on the date You cancel either this Rider or the Policy by sending a written request to our Administrative Office. We reserve the right to require the Policy for endorsement of the cancellation; or
3. the date the Policy ends for any other reason; or
4. on the date the Secondary Insured reaches age [95].

Signed

[



**Patrick A. Cozza**  
Chief Executive Officer and President

Signed



**Anthony J. Del Piano**  
Secretary

]

*SERFF Tracking Number:*      *HHRN-125913913*                      *State:*                      *Arkansas*  
*Filing Company:*              *Household Life Insurance Company*              *State Tracking Number:*      *41301*  
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*Product Name:*              *Dependent Child and Secondary Term Benefit Riders*  
*Project Name/Number:*      *Secondary Insured & Child Benefit Riders/08-010*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
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Product Name: Dependent Child and Secondary Term Benefit Riders  
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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 11/20/2008

#### Comments:

AR Certification, Guaranty Association Notice and Readability Certification attached below.

#### Attachments:

Readability Certification.pdf  
STATE OF AR CERTIFICATION.pdf  
GAD Notice C-6-026 Ed. 03\_04.pdf

### Review Status:

**Satisfied -Name:** Application 11/20/2008

#### Comments:

Riders are to be used with HLI-8-132-0807, HLI-1-190-0807 and or HLI-1-191B-0807, approved by the AR Insurance Department on November 2, 2007, serff filing FRCS-125312324. These riders will also be used with any future filed and approved Individual Term life or whole life product

### Review Status:

**Satisfied -Name:** Statement of Variability 01/12/2009

#### Comments:

Statement of Variability attached for both riders.

#### Attachments:

12-22-08-HLI-8R-199-1108 SOV.pdf  
12-22-08 HLI-8R-200-1108 SOV.pdf

## HOUSEHOLD LIFE INSURANCE COMPANY

Home office: 500 Woodward Avenue, Suite 4000, Detroit, MI 48226-3425  
Administrative Office: 200 Somerset Corporate Blvd., Suite 100, Bridgewater, NJ 08807

### READABILITY CERTIFICATION

**Company Name:** Household Life Insurance Company

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

<b>Form Number</b>	<b>Score</b>
HLI-8R-199-1108	52.3
HLI-8R-200-1108	50.0

*Michael Palace*

---

Michael Palace ASA, MAAA- Assistant Vice President / Product Design and Pricing

December 29, 2008  
Date

**STATE OF ARKANSAS**  
**CERTIFICATION OF COMPLIANCE**

**Company Name:** HOUSEHOLD LIFE INSURANCE COMPANY

**Form Numbers:** HLI-8R-199-1108, HLI-8R-200-1108

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

*Michael Palace*

---

Michael Palace ASA, MAAA- Assistant Vice President / Product Design and Pricing

January 12, 2009

Date

**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

**DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association**

c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

**Arkansas Insurance Department**

1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act’s coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone’s rights or obligations under the Act or the rights or obligations of the Guaranty Association.

**COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

**EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

#### **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

# HOUSEHOLD LIFE INSURANCE COMPANY

Statement of Variable Material  
Variability is denoted by bracketing

Form: HLI-8R-199-1108

## Heading

- The Company's address and phone number may be subject to change. The company will follow any current Departmental rules to effect this change, including re-filing this statement of variable material at such time.

## Definition of Dependent Child

- The following language will be included if allowed or required and will conform to State Law:  
**or child of Your Domestic Partner; or child of Your Civil Union Partner; or child of a Same Sex marriage Partner.**
- The maximum age of the Dependent Child may be changed as required but will conform to State Law.
- The Civil Union Partner definition will be included if allowed or required by State Law.
- The Domestic Partner definition will be included if allowed or required by State Law.
- The Same Sex marriage Partner definition will be included if allowed or required by State Law.

## Conversion of Insurance on Dependent Child

- The Eligible age the Dependent Child must be to convert to a whole life plan may be subject to change and will conform to State Law.
- The language "written" will be included but subject to change if the application becomes electronic.

## Paid –Up Term Insurance

- The maximum age of the Dependent Child may be changed as required and will conform to State Law.
- The time period in which the Dependent Child has to convert insurance to a paid-up term life insurance policy and will conform to State Law.

## Coverage Termination

- The maximum age of the Dependant Child may be changed as required but will conform to State Law.
- The maximum age of the Insured may be changed as required but will conform to State Law.

## Signatures

- The Officer's Signatures of this rider may be subject to change.

# HOUSEHOLD LIFE INSURANCE COMPANY

Statement of Variable Material  
Variability is denoted by bracketing

Form: HLI-8R-200-1108

## Heading

- The Company's address and phone number may be subject to change. The company will follow any current Departmental rules to effect this change, including re-filing this statement of variable material at such time.

## Definitions

- The following language will be included if allowed or required by law:  
Domestic Partner, partner of a Civil Union, **or** partner of a Same Sex marriage.
- The page referenced to the amount of insurance may be subject to change.
- Definition of Civil Union Partner will be included if allowed or required by law.
- Definition of Domestic Partner will be included if allowed or required by law.
- Definition of Same Sex marriage Partner will be included if allowed or required by law.

## Conversion Option

- The word "written" will be included but subject to change if the application becomes electronic.
- The amount of days the Secondary Insured is allowed to apply for a new policy may be subject to change and will conform to State law.

## Termination

- The termination age of the Secondary Insured may be changed as required and will conform to State law.

## Signatures

- The Officer's Signatures of this rider may be subject to change.

SERFF Tracking Number: HHRN-125913913 State: Arkansas  
 Filing Company: Household Life Insurance Company State Tracking Number: 41301  
 Company Tracking Number: 08-010-AR  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Dependent Child and Secondary Term Benefit Riders  
 Project Name/Number: Secondary Insured & Child Benefit Riders/08-010

## 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	Form	Rider	01/12/2009	12-18-08 HLI-8R-199-1108-final draft.pdf

# HOUSEHOLD LIFE INSURANCE COMPANY

(Herein called "we" or "our")

[Administrative Office: 200 Somerset Corporate Blvd., Suite 100, Bridgewater, NJ 08807

Home Office: 500 Woodward Avenue, Suite 4000, Detroit, MI 48226-3425

800-443-7187][www.com]

## DEPENDENT CHILD BENEFIT RIDER

We have issued this Rider as a part of the Policy to which it is attached. Any payment under this Rider is subject to the provisions of this Rider and the Policy. If defined Policy terms are stated but not defined within this Rider, the defined Policy terms will control. In case of conflict between this Rider and the Policy, the provisions of this Rider will control.

This Rider is effective at 12:01 A.M. on the Rider Date of Issue.

In consideration for Your payment of the Premiums as shown on the Policy Data Page of the Policy; We will pay You a Dependent Child Benefit, as shown on the Policy Data Page of the Policy, upon the death of a dependent child as defined below, subject to the terms of this Rider and the Policy to which is attached.

### DEFINITIONS

**Dependent Child.** For the purposes of this Rider, a Dependent Child is any unmarried natural, legally adopted, or child of Yours [or child of Your Domestic Partner][or child of Your Civil Union Partner] [or child of a Same Sex Marriage Partner] who: (1) is at least 15 days old, but not more than [23] years old; and (2) is eligible to be declared as a dependent on Your most recent annual Federal Tax return.

[**Civil Union Partner.** An individual who is of Your same sex and with whom You have established a legally recognized union.]

[**Domestic Partner.** An individual who is joined in a legally recognized domestic partnership with You.]

[**Same Sex Marriage Partner.** An individual who is of Your same sex and with whom You are in a legally recognized marriage.]

“You” or “Your” refer to the Insured, also called the Owner.

### EXCLUSIONS

The benefit will not be paid if the Dependent Child’s death is caused or contributed to in whole or in part by any of the following:

1. Active Duty Military Service; or
2. Abuse of Non-prescribed or Prescribed drugs; or
3. Intoxication, due to taking, absorbing, or inhaling of any poison, chemical, gas, narcotic or alcohol; or
4. Criminal Misconduct; or
5. Suicide, within 2 years of the effective date of this Rider.

### PAYMENT OF DEPENDENT CHILD BENEFIT

If a Dependent Child, as defined above, dies and You are eligible to receive a Dependent Child Benefit, benefits will be paid as shown on the Policy Data Page of the Policy. A Dependent Child Benefit, which is paid upon the death of a dependent child between the ages of 15 days and 6 months, will be one-half of the Dependent Child Benefit as shown on the Policy Data Page of the Policy.

### NOTICE AND PROOF OF CLAIM

As notice and proof of a claim, We must be given a certified copy of the Dependent Child’s death certificate.

### CONVERSION OF INSURANCE ON DEPENDENT CHILD

The insurance under this Rider on each Dependent Child can be converted, while this Rider is in force, to a whole life plan at any time without providing proof of insurability once the Dependent Child has reached age [18]. The whole life policy will be issued at the standard rating class for the sex and attained age of each Dependent Child with an amount of coverage equal to the coverage provided by this Rider as shown on the Policy Data Page of the Policy. A [written] application for the new policy must be received at our Administrative Office no later than the date the insurance under this Rider ends. The effective date of the new policy will be the day after the insurance on each Dependent Child under this rider ends. In the event the Dependent Child converts to a whole life policy, additional premiums will apply.

### **PAID-UP TERM INSURANCE**

We will convert each Dependent Child's coverage then in force to Paid-up Term insurance at the death of the Insured if:

1. the Insured dies before the termination date of this Rider; and
2. the Policy and Rider are in force.

The paid-up insurance shall be paid up to the earlier of:

1. the Dependent Child's [23<sup>rd</sup>] birthday; or
2. the termination date of this Rider.

To exercise this conversion privilege, We must receive this Rider, a certified copy of Your death certificate and proof of eligibility for each Dependent Child within [60 days] of the resolution of the claim. Paid-up Insurance on any Dependent Child will not be contested after insurance has been in force, during the lifetime of that child, for two years. The two years includes the period that such Dependent Child's coverage was in force under this Rider prior to the date the Paid-up insurance becomes effective. Paid-up term insurance will not be available if (1) the Insured dies by suicide within two years after the effective date of this Rider, or (2) if the Policy is terminated. The Dependent Child will be the Owner of his or her Paid-up insurance if he or she has reached the age of majority at the death of the Insured. Otherwise, the legal guardian of the Dependent Child will be the Owner.

### **REINSTATEMENT**

In the event this Policy lapses and is then reinstated, no insurance will be available under this Rider until We receive acceptable evidence of eligibility for each Dependent Child. If We do not receive evidence of eligibility for each Dependent Child at the time of reinstatement, the Policy will be endorsed to show that the Dependent Child is not insured under this Rider.

### **INCONTESTABILITY**

Except for non-payment of premium, We will not contest this Rider with respect to the insurance on any Dependent Child after it has been in force for a period of two years from the later of:

1. the Policy Date as shown on the Policy Data page; or
2. the Effective Date of this Rider; or
3. the date of the last Reinstatement, if any.

### **COVERAGE TERMINATION**

The coverage on each Dependent Child will end on the earlier of:

1. The Policy Anniversary date following the child's [23<sup>rd</sup>] birthday; or
2. The date the insurance provided by this Rider is converted as described above.

The coverage on all dependents will end on the earliest of:

1. The day of the first Policy anniversary after Your [95<sup>th</sup>] birthday; or
2. The date the Owner cancels either the Policy or this Rider by sending a written request to our Administrative Office. We reserve the right to require the Policy for endorsement of the cancellation; or
3. The date the Policy ends for any other reason.