

SERFF Tracking Number: LBLI-126341916 State: Arkansas
 Filing Company: Liberty Life Insurance Company State Tracking Number: 43851
 Company Tracking Number: LTR3004AOD(10-09)
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Accident Only Disability Rider attached to Level Term Life
 Project Name/Number: /

Filing at a Glance

Company: Liberty Life Insurance Company

Product Name: Accident Only Disability Rider attached to Level Term Life
 SERFF Tr Num: LBLI-126341916 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved-
 Closed State Tr Num: 43851

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Co Tr Num: LTR3004AOD(10-09) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Julie Duncan, Holly
 Carver, Jennifer Brett

Disposition Date: 10/22/2009

Date Submitted: 10/20/2009

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 10/22/2009

Explanation for Other Group Market Type:

State Status Changed: 10/22/2009

Deemer Date:

Created By: Julie Duncan

Submitted By: Holly Carver

Corresponding Filing Tracking Number:

Filing Description:

Liberty Life Insurance Company has prepared the above noted form for your review and approval. This form is new and is not intended to replace any forms currently on file with your department.

Form number LTR3004AOD(10-09) is an accident only disability income rider that provides a monthly benefit in the event the insured becomes totally disabled as the result of an accidental injury. This rider is to be used with term life

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policy form numbers LTP3001NUW(06-09) and LTP3000NSI(06-09) that were approved by your state on 8-05-09 and 8-03-09, respectively. It will also be used with future term products that are approved for use in your state.

Currently, we plan to market this rider using application LTA3001NUN(06-09) and LTA3000NSN(06-09), which were submitted in conjunction with the above noted term life products, and which were also exempted by your state on 8-05-09 and 8-03-09, respectively.

In addition to the form, Actuarial information, filing fees and other necessary filing information is provided. To the best of my knowledge and belief, this form complies with the statutory and regulatory requirements of your state. This form contains no unusual or possible controversial items from normal company or industry standards. Please contact me if you need additional information.

Company and Contact

Filing Contact Information

Holly Carver, Compliance Analyst II holly.carver@rbc.com
 2000 Wade Hampton Blvd 864-609-1142 [Phone]
 Greenville, SC 29615 864-609-1039 [FAX]

Filing Company Information

Liberty Life Insurance Company CoCode: 61492 State of Domicile: South Carolina
 2000 Wade Hampton Blvd Group Code: Company Type:
 Greenville, SC 29602 Group Name: State ID Number:
 (864) 609-4815 ext. [Phone] FEIN Number: 44-0188050

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Life Insurance Company	\$50.00	10/20/2009	31424093

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/22/2009	10/22/2009

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Disposition

Disposition Date: 10/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LBLI-126341916 State: Arkansas
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 Company Tracking Number: LTR3004AOD(10-09)
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
 Fixed/Indeterminate Premium

Product Name: Accident Only Disability Rider attached to Level Term Life
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Accident Only Disability Income Rider		Yes

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Form Schedule

Lead Form Number: LTR3004AOD(10-09)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTR3004AOD(10-09)	Policy/Contract	Accident Only Disability Income Rider	Initial		50.400	LTR3004AOD(10-09).pdf
			Certificate: Amendment, Insert Page, Endorsement or Rider				

Liberty Life Insurance Company

Home Office: 2000 Wade Hampton Boulevard Greenville, SC 29615

Mailing Address: PO Box 19084 Greenville, SC 29602-9084

ACCIDENT ONLY DISABILITY INCOME RIDER

Provides Accident Only Disability Income coverage

attached to and made a part of the Policy

Benefit: If you become Totally Disabled as a result of an Accidental Injury that occurs while this Rider is in Full Force, we will pay the Monthly Benefit to the Owner:

- (a) if your disability occurs within 180 days of the date of the accident; and
- (b) your Total Disability continues for at least the 90 day Elimination Period; and
- (c) according to the Benefit Period below.

The Monthly Benefit is shown on the Policy Schedule (Page 3) and is the amount per month we will pay. No Benefit is payable nor does any Benefit accrue during the Elimination Period. We will pay the Monthly Benefit for each full month of Total Disability and we will pro-rate the Monthly Benefit on the basis of a 30 day month for any period of continuous Total Disability that is less than one month in duration.

Benefit Period: Benefits are payable as follows:

- (1) If your Total Disability begins before the Policy Anniversary following your 60th birthday, we will pay the Monthly Benefit for a maximum of 24 months that you remain Totally Disabled; or
- (2) If your Total Disability begins on or after the Policy Anniversary following your 60th birthday but before the Policy Anniversary following your 65th birthday, we will pay the Monthly Benefit for a maximum of 12 months that you remain Totally Disabled.

Any period of Total Disability resulting from one or more Accidental Injury will be considered a single period of disability and only one Monthly Benefit will be payable.

Recurrent Disabilities: If, following a period of Total Disability, you: (1) engage on a full-time basis in your regular occupation; and (2) perform all of the duties of that occupation for a continuous period of 6 months; then any subsequent period of Total Disability resulting from the same or related cause or causes will be considered a new period of Total Disability. However, if the period during which you engage in your regular occupation is less than 6 months, any subsequent period of Total Disability due to the same or related cause or causes shall be considered a continuation of the preceding period of Total Disability.

If you are: (1) Totally Disabled; and (2) sustain an additional Accidental Injury which would be in and of itself Totally Disabling; then the additional injury will not be considered a new period of Total Disability for the purposes of this Rider.

DEFINITIONS:

Total Disability/Totally Disabled: Total Disability means your complete inability, due to injury which occurs after the Effective Date of this Rider, to work for wage or profit in any and every occupation or business for which you are or may become fitted by education, training or experience. However, during the first year of disability, Total Disability means the complete inability to work for wage or profit in your regular occupation or business.

Accidental Injury: Accidental Injury means a bodily injury which occurs as the result of an accident, subject to the Exclusions, which occurs after the Effective Date shown on the Policy Schedule and while this Rider is in force.

Elimination Period: Elimination Period means the number of days at the beginning of each period of Total Disability for which no Monthly Benefit will be paid. The Elimination Period is 90 days.

Physician: Physician means a duly licensed practitioner of the healing arts practicing within the scope of his or her license. "Physician" does not include you or anyone related to you as a spouse, a parent, a child, a grandchild, a sibling, a son-in-law or a daughter-in-law.

PROVISIONS:

Rider Premium: The premiums payable for this Rider are shown on the Policy Schedule, and the renewal premiums are shown on Page 3A of the Policy Schedule.

Exclusions: The Monthly Benefit will not be payable if your Total Disability results directly or indirectly, in whole or in part, from:

- (a) disease, illness or infirmity of the body or mind;
- (b) intentional self-inflicted injury while sane or self-inflicted injury while insane;
- (c) participating in a riot or insurrection;
- (d) war, or an act of war, whether or not it is declared; or injuries sustained while in the service of any armed force engaged in conflict with another armed force;
- (e) participating in or attempting to commit an assault or felony;
- (f) injury intentionally inflicted by another person(s), unless the insured is an innocent bystander having no part in the altercation which caused the injury;

- (g) travel or flight in or descent from or with any kind of aircraft, unless the insured has no duties with respect to such travel, flight or descent, and is being transported solely as a passenger in an aircraft that is not maintained or operated for military or naval purposes;
- (h) injury occurring while under the influence of alcohol or any drug or controlled substance, or a combination thereof, unless administered on the advice of a physician and taken as prescribed; or
- (i) the use or intake of alcohol or any drug or controlled substance, or a combination thereof, unless administered on the advice of a physician and taken as prescribed.

Notice of Claim: Written Notice of claim and due proof of Total Disability as a result of an Accidental Injury must be received at our Home Office during your lifetime and your continued Total Disability, or the claim will not be valid.

Proof that Total Disability Continues: Proof that your Total Disability continues must be furnished as often as we may reasonably require. We have the right to have you medically examined by a Physician of our choice at our expense. We shall have the right and opportunity to examine you as often as it may reasonably be required while a claim is being considered or paid.

Payment of the Monthly Benefit will cease on the first to occur of:

- (a) the date your Total Disability ceases; or
- (b) failure to furnish proof of continued Total Disability when requested; or
- (c) the end of the Benefit Period set forth in this Rider.

Effective Date: This Rider will take effect as of the Effective Date of this Rider shown on the Policy Schedule, if on that date:

- (a) the first Rider premium has been paid;
- (b) you are alive; and
- (c) all conditions used to determine your insurability remain as stated in the application.

Otherwise, our only liability is to return all premiums paid for this Rider.

Termination: This Rider will terminate on the first to occur of one of the following events:

- (a) lapse, surrender or termination of the Policy;
- (b) the Policy Anniversary following your 65th birthday;
- (c) nonpayment of the Rider premium within the Grace Period; or
- (d) the date you are no longer employed a minimum of 30 hours per week in a position which produces a W-2 annually.

If we accept a premium for any period after termination under (b), we will be liable only for the refund of premium paid after termination. The Owner may cancel this Rider by filing Written Notice with us. Termination will occur on the day the request is received.

Termination will not affect our payment of any existing claim.

Consideration: This Rider is issued in consideration of the application and of the payment of the premiums for this Rider as stated on the Policy Schedule (Page 3). Premiums are payable for the full number of years stated on the Policy Schedule.

Other Provisions: All provisions of the Policy not inconsistent with the provisions of this Rider will apply to this Rider.

Nonparticipating: This Rider does not share in our surplus.

Rider Values: This Rider has no cash value or loan value.



Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: See cover letter. Applications to be used were filed with base policies previously. Form LTA3001NUN(06-09) approved 8/5/09 and LTA3000NSN(06-09) approved 8/3/09.		
Comments:		

READABILITY COMPLIANCE CERTIFICATION

1. Insurer: Liberty Life Insurance Company
PO Box 789
Greenville, South Carolina 29602-0789
2. Certification: I hereby certify that the forms listed below produce Flesch reading ease scores which meet the minimum score required in your state.

In addition, I certify that the forms, except for schedules and tables, are printed in 10 point type, one point leaded. The words and terminology exempted are: (a) all words and terms defined in the forms, (b) all captions and subcaptions, (c) all tables and schedules, and (d) all medical terms. All exempted items are permitted in your state.

READABILITY SCORE

<u>Name of Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Accident Only Disability Income Rider	LTR3004AOD(10-09)	50.4

10-20-09
Date



Holly W. Carver
Compliance Specialist II
Policy Forms/Compliance