

SERFF Tracking Number: BALT-126357149 State: Arkansas
 Filing Company: The Baltimore Life Insurance Company State Tracking Number: 43964
 Company Tracking Number: 8247
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: ACCELERATED DEATH BENEFIT RIDER QUALIFIED NURSING FACILITY-EXTENDED CARE
 Project Name/Number: ACCELERATED DEATH BENEFIT RIDER QUALIFIED NURSING FACILITY-EXTENDED CARE/8247

Filing at a Glance

Company: The Baltimore Life Insurance Company

Product Name: ACCELERATED DEATH BENEFIT RIDER QUALIFIED NURSING FACILITY-EXTENDED CARE
 SERFF Tr Num: BALT-126357149 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- Closed State Tr Num: 43964

Sub-TOI: L08.000 Life - Other Co Tr Num: 8247 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird

Author: Lesia Williams Disposition Date: 11/04/2009
 Date Submitted: 11/03/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: ACCELERATED DEATH BENEFIT RIDER QUALIFIED NURSING FACILITY-EXTENDED CARE Status of Filing in Domicile: Pending

Project Number: 8247 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: 11/04/2009 Explanation for Other Group Market Type:
 State Status Changed: 11/04/2009
 Deemer Date: Created By: Lesia Williams
 Submitted By: Lesia Williams Corresponding Filing Tracking Number: 8247

Filing Description:
 Enclosed for your review is Form 8247, an Accelerated Death Benefit Rider. This is a new form and will not replace any previously approved form.

This rider provides for an advance of a portion of the policy's death benefit if the insured is confined to a qualified nursing facility where such confinement is expected to be permanent or requires extended care. An accelerated death benefit may only be elected once. All coverage under this rider ends once a benefit is received. There is no premium

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 charged for this rider. All applicable disclosures will be provided as required by the State.

This rider is intended to be used with our Limited Payment Whole Life Policy, Form 8243(AR) which was approved by your Department on 10/14/09..

Company and Contact

Filing Contact Information

Lesia Williams, Director Policy Forms Compliance
 10075 Red Run Boulevard Owings Mills, MD 21117-4871
 lesia.williams@baltlife.com
 800-628-5433 [Phone]
 410-581-6605 [FAX]

Filing Company Information

The Baltimore Life Insurance Company
 10075 Red Run Boulevard Owings Mills, MD 21117
 (410) 581-6600 ext. 3050[Phone]
 CoCode: 61212
 Group Code: 849
 Group Name:
 FEIN Number: 52-0236900
 State of Domicile: Maryland
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation: 125/form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Baltimore Life Insurance Company	\$125.00	11/03/2009	31744200

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/04/2009	11/04/2009

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Disposition

Disposition Date: 11/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Act. Memo.		No
Supporting Document	Specimen Pages		Yes
Supporting Document	Disclosures		Yes
Form	ACCELERATED DEATH BENEFIT RIDER QUALIFIED NURSING FACILITY-EXTENDED CARE		Yes

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Form Schedule

Lead Form Number: 8247

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	8247	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	ACCELERATED DEATH BENEFIT RIDER QUALIFIED NURSING FACILITY- EXTENDED CARE	Initial		45.200	8247.pdf

The Baltimore Life Insurance Company
10075 Red Run Boulevard
Owings Mills, Maryland 21117-4871

ACCELERATED DEATH BENEFIT RIDER QUALIFIED NURSING FACILITY-EXTENDED CARE

This rider provides for an acceleration of death benefit. The rider adds a benefit to and is part of the *policy* to which it is attached. Unless otherwise defined in the rider, terms used in the rider have the same meanings as in the *policy*. There is no premium for this rider. *You*, the policy owner are also the owner of this rider.

Tax Consequences: A benefit that you receive under this rider may be taxable or may adversely affect your eligibility for Medicaid or other government benefits. Before claiming a benefit under this rider, you should seek the advice of your personal tax advisor.

DEFINITIONS

Acceleration Date is the date on which *your* request for payment of the *accelerated death benefit* under this rider is approved by *us*.

Accelerated Death Benefit (benefit amount) means the amount *you* elect under this rider when the *insured* is certified by a *physician* to be permanently confined to a *qualified nursing facility* or requires *extended care*. Before *we* make payment, *we* will reduce it by any policy debt.

Activities of Daily Living are: (1) eating; (2) toileting; (3) transferring (i.e., moving into or out of a bed, chair, or wheelchair); (4) bathing; (5) dressing; and (6) continence.

Chronically Ill means that the *insured*: (a) is unable to perform, without substantial assistance from another person, at least two out of six *activities of daily living*; or (b) suffers from a severe organic mental illness.

Effective Date is the rider's issue date.

Eligible Death Benefit equals the sum of the following items, if applicable, based on the attached *policy*:

1. the death benefit of the *policy* on the *acceleration date*;
2. the death benefit of any life insurance rider on the life of the *insured* (except an Accidental Death Benefit Rider) which, on the *acceleration date*, is more than 5 years from its expiry date (if applicable);
3. the death benefit of any paid-up insurance riders on the life of the *insured*.

Extended Care means care of the *insured* that is required because the *insured* is *chronically ill* and has remained *chronically ill* continuously for at least 90 days, as certified in writing by a *physician*. *Extended care* includes care provided by a licensed home health care agency or by a licensed or state-certified adult day care center.

Insured means the primary insured of the *policy* to which this rider is attached.

Physician means a qualified medical doctor, licensed in the United States and who is not the *insured*, the policy owner or a member of *your* or the *insured's* immediate family.

Qualified Nursing Facility means a skilled nursing facility, intermediate care facility, or custodial care facility. It is not: (a) a hospital; (b) a facility that primarily treats persons who are chemically dependent or mentally ill; (c) a home for the aged, a community living center, or a place that primarily provides domiciliary residency or retirement care in the absence of medical necessity; or (d) a facility owned or operated by a member of *your* or the *insured's* immediate family. A *qualified nursing facility* must be licensed as a care facility by the state in which it operates and must conduct its business in accordance with law.

BENEFIT

We will pay to *you* the *accelerated death benefit* in a single sum after we have received *your* election and written proof satisfactory to *us*. We may make payment of this *benefit amount* into an interest bearing account that *you* own.

Only one benefit election is allowed under this rider. The minimum *accelerated death benefit* under this rider is \$5,000. In no event will the sum of the accelerated benefit on the *policy* to which this rider is attached and the accelerated benefits of other policies with *us* exceed \$250,000 per *insured*.

The benefit under this rider is up to 50% of the *eligible death benefit*.

We will charge a one-time service fee to process *your Accelerated Death Benefit* request. The service fee will not exceed \$100.00. We will treat the *benefit amount*, service fee, and any accrued interest as a lien on the *policy* death benefit. The interest will accrue at an annual rate not to exceed 8%. The *policy's* death benefit will be reduced by the lien at the *insured's* death unless the lien has been repaid in full at that time.

On the *acceleration date*, if there is a policy loan, a portion of the *accelerated death benefit*, will be applied to terminate the loan. After the *acceleration date*, any *policy* value *you* withdraw from the *policy*, by any method, will be applied first to reduce the lien until it has been extinguished.

BENEFIT ELECTION

To elect a benefit under this rider, *you* must:

- request payment of the *accelerated death benefit* during the lifetime of the *insured* in a written form satisfactory to *us*; and
- submit to *us* written proof satisfactory to *us* that the *insured* either:
 - (a) *chronically ill* and has been certified as such in writing by a *physician*, and has been confined to a *qualified nursing facility* continuously for at least 90 days with written certification by a *physician* that such confinement is expected to be permanent; or
 - (b) requires *extended care*.

We may require an examination of the *insured* by a second *physician* to verify any diagnosis or certification made by the initial *physician*. If a second examination is required, it will be a *physician* of *our* choice and at *our* expense. If there is a conflict of opinion we reserve the right to make the final determination.

Once a rider benefit has been paid to *you*, the election cannot be revoked. A payment under this rider is considered made when sent from *our Home Office*.

CONDITIONS

The *policy* and rider must be in force and the *insured* must be living at the time *you* make a written request for benefits.

Any assignee or *irrevocable beneficiary* under the *policy* must consent in writing to *your* election of this rider benefit.

If *you* are required by a government agency to use this rider benefit in order to apply for, obtain, or keep a government benefit or entitlement, then *you* are not eligible to elect the benefit provided by this rider.

If *you* have submitted an election to *us* and the *insured* dies before *we* make any rider payment to *you*, then *we* will consider the election to be null and void. *We* will pay the *beneficiary* the death benefit as provided in the *policy* when *we* receive due proof that the *insured* has died.

No benefit is payable under this rider at any time if the claim is pursuant to a self-inflicted injury whether sane or insane.

Any automatic premium payment policy loan option will terminate upon approval of any benefit payment under this rider.

TERMINATION

This rider ends when the first of the following occurs:

- the date the *policy* ends;
- upon the death of the *insured*;
- no matter how long the *insured* lives, the *policy* will end if the lien with accrued interest equals or exceeds the death benefit. *You* may repay all or part of the lien at any time;
- no rider benefit is payable if the *policy* is five years or less from its *expiry date* (if applicable);
- *you* received an accelerated death benefit under another rider attached to the *policy*.

OTHER IMPORTANT RIDER TERMS

Incontestability: *We* will not contest this rider or any death benefit increase after this rider or any increase has been in force two years after its effective date during the lifetime of the *insured*.

Nonparticipating: This rider is nonparticipating and is not eligible to share in dividends.



President

SPECIMEN

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attachment: ar-read.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Application Comments: The application was approved by your Department on 10/14/09. Attachment: 8232-final.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Specimen Pages Comments: Attachment: data pages.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Disclosures Comments: Form 8248 is a disclosure given at time of application. Form 8248-CLM is a disclosure given at time of applicaiton. Attachments: 8248-discl.pdf 8248-clm.pdf</p>		

THE BALTIMORE LIFE INSURANCE COMPANY
10075 Red Run Boulevard • P.O. Box 1060 • Owings Mills, Maryland 21117-5060
(410) 581-6600

CERTIFICATION OF READABILITY

This is to certify that Form 8247 meets the minimum reading ease score for the state of Arkansas on the Flesch reading ease test.

Vice President



November 3, 2009

Date

Application for Life Insurance and Single Premium Annuity

1. Proposed Insured/Annuitant and Beneficiary Information

Last Name		First Name				MI	
Social Security Number		Age	Sex	Date of Birth	State or Country of Birth	Height	Weight
Telephone: Day	Evening			Email Address			
Street Address		City		State	ZIP Code		
Primary Beneficiary		Social Security Number			Relationship to Proposed Insured		
Contingent Beneficiary		Social Security Number			Relationship to Proposed Insured		

2. Owner (if other than Proposed Insured)

Last Name		First Name		MI	Relationship to Proposed Insured	
Date of Birth	Tax ID# or Social Security#		Email Address			
Street Address		City		State	ZIP Code	

3. Contingent Owner

Last Name		First Name		MI	Relationship to Proposed Insured	
Date of Birth	Tax ID# or Social Security#		Email Address			
Street Address		City		State	ZIP Code	

4. Single Premium Immediate Annuity with Period Certain

1. Payout Period (Predetermined by Annuitant's Issue Age): Age 60-74 / 10 Years Age 75-80 / 7 years

2. Estimated Single Premium Purchase Payment: \$

Non-Qualified IRA (Only Qualified Funds Eligible for IRA Rollover/ Transfer)

3. Annuity Payout Payee:

All or a portion of each annual annuity payout from your Single Premium Immediate Annuity (SPIA) is considered taxable income to you depending on whether the source of funds is qualified or non-qualified. **If you elect tax withholding from each SPIA payout, the amount withheld will decrease the SPIA payout amount received by the payee. Using SPIA payouts to fund a life insurance policy, reduced by an amount withheld for tax, will decrease your life insurance death benefit. The amount withheld may change based on changing IRS and state requirements. You would be billed for any additional annual premium in full due on the life insurance policy. If the entire annual premium is not paid, your policy may lapse.**

Notice of Withholding and Election: I understand that if I elect not to have federal income tax withheld, I am liable for payments of federal and state income tax on the portion of my annuity distribution. I may also be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate. I understand that if I do not complete the election below, the company is required to withhold federal and or state income tax on the taxable portion of my annuity distribution.

Your election will remain in effect until you revoke it. You may change your election each year.

(1) Check this box if you do not want any Federal income tax withheld from your annuity

(If you check this box do not complete 2.)

(2) I do want income tax withheld from my annuity payments.

Federal: _____ State: _____

For questions regarding your SPIA election options, please consult with your personal tax advisor.

7. Replacement Information

- 1) Does the proposed insured have any existing life insurance or annuities, or have any policies been lapsed or surrendered within the last six months? Yes No
 If "Yes", policy status is: In force Terminated
- 2) Will this policy, if issued, replace or modify any existing life insurance or annuities in this or any other company? Yes No
(This includes the use of dividends or other policy values.)
- 3) Is any other application for annuity or life insurance pending in this or any other company on the proposed insured? Yes No

Existing or Pending Insurance:

Name of Insured	Company	Policy Number	Amount \$	Year Issued	Replace or modify?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Declarations and Authorizations

It is understood that The Baltimore Life Insurance Company (the Company) has the right to require a medical examination. If so, this application is not complete until the medical examination has been performed.

AGREEMENT: I have read or had read to me all of the questions and answers contained in this application. This application is complete and true to the best of my knowledge and belief.

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

It is understood that the President, a Vice President, or the Secretary must sign all agreements made by the Company. No other person, including an insurance agent or broker, can change the terms of any policy or make any promise or agreement binding on the Company. Except as may be provided by the Conditional Receipt bearing the same date and form number as this application, it is agreed that no policy will take effect unless:

1. A policy is delivered to and accepted by the owner while each person proposed for coverage is alive and continues to be insurable, and whose condition of health and occupation, as described in this application, are unchanged from the date of the application.
2. The required premium is paid in full to The Baltimore Life Insurance Company, and the application is approved and accepted by the Company.

AUTHORIZATION AND ACKNOWLEDGMENT: I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical or medically-related facility or health care provider, insurance or reinsuring company, or the Medical Information Bureau, Inc. , consumer reporting agency or employer having information available as to diagnosis, treatment, prescriptions and/or prognosis of me with respect to any physical or mental condition, including alcoholism and/or use of drugs, and any other nonmedical information about me to give to the Company any and all such information. I understand the information obtained by use of this authorization will be used by the Company to determine eligibility for insurance and/or benefits. Any information obtained will not be released by the Company to any person or organization except to reinsuring companies, the Medical Information Bureau, Inc. , or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may further authorize. I understand that I may request a copy of this authorization and agree that a photographic copy of this authorization shall be as valid as the original.

This authorization shall remain valid for a period of two years and six months from the date it is signed. I acknowledge receipt of the Medical Information Bureau, Inc. Pre-Notice and the Fair Credit Reporting Act Notice.

ACCELERATED DEATH BENEFIT TAX DISCLOSURE: The receipt of a benefit under an Accelerated Death Benefit Rider may be taxable. Before claiming benefits under these Riders, assistance should be sought from a personal tax advisor.

IMPORTANT TAX NOTICE FOR POLICYOWNER: Under federal Tax law, the Company is required to ask you to certify your correct Taxpayer Identification Number (TIN), and to include it in any reports of taxable income it makes to the IRS.

Certification: Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding under provisions of section 3406(a)(1)(c) of the Internal Revenue Code because a) I am exempt from backup withholding, or b) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a US person (including a US resident alien).

The Internal Revenue Service does not require your consent to any provisions to this document other than the certification to avoid backup withholding.

I certify that I have read the medical questions contained on this application and that my responses to these questions have been accurately recorded. I understand that no agent is authorized to advise me that any inaccurate answer is acceptable.

If replacement is occurring, please read the following notice: In many cases, the replacement of an existing life insurance policy, regardless of the issuing company, is not in your best interest. New policies contain contestable and suicide provisions which you should ask your agent to explain. In addition, there are expense charges associated with each new policy. You should ask your agent to explain both the benefits and the drawbacks of the replacement you are considering.

If you are replacing an existing policy and you are not satisfied with the new policy for any reason, you have the right to return your policy to us within 30 days after you receive it and receive a refund of all premiums paid.

Application made at _____ this _____ day of _____, _____
(City, State) (Day) (Month) (Year)

(X) _____ (X) _____
Signature of Proposed Insured Signature of Owner (If other than Proposed Insured)

(X) _____
Signature of Licensed Agent (Witness to all signatures) (Give official capacity if signed on behalf of a corporation, trust etc.)

Conditional Receipt

(This receipt must not be detached unless the full initial premium has been deposited at the time of application)

NO INSURANCE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY AND ACCEPTANCE UNLESS THE FOLLOWING CONDITIONS REQUIRED BY THIS RECEIPT ARE MET:

- a. The full initial premium is paid according to the method of premium payment selected in the application for the amount of insurance applied for;
- b. Any check given or draft authorized for premium payment is honored when first presented for payment;
- c. All medical examinations, tests, X-rays and electrocardiograms required by the Company's underwriting rules and standards are completed within 60 days from the date of the application;
- d. The Proposed Insured is, on the date of application and continuing until the policy is delivered, an insurable risk under the Company's rules, limits and standards as to plan, benefits, class, and amount for the policy applied for;
- e. The application is approved by the Company; and
- f. There is no material misrepresentation in the application or medical information furnished to the Company.

IF ANY OF THE ABOVE CONDITIONS ARE NOT MET, THE COMPANY'S ONLY LIABILITY WILL BE TO REFUND THE PREMIUM PAYMENT. Subject to satisfactory completion of all of the above conditions, the effective date of coverage provided by receipt will be the later of: (1) the date of the application; (2) the date of the last of any medical examinations or tests required under the Company's underwriting rules and practices; or (3) the date, if any, requested in the application. Once coverage under this receipt becomes effective, the maximum death benefit and all other supplemental benefits provided by this receipt will be the lesser of: a) the total death benefit payable under the policy(ies), including any Accidental Death Benefit, on all pending applications with the Company or b) \$150,000. Either the Company or the proposed insured or owner, as applicable, may terminate coverage under this receipt by notice to the other. In no event will coverage under this receipt be in force after 60 days from the date of the application. If the Company declines to issue a policy or issues a policy other than as applied for which is not accepted, the premium payment will be refunded. There will be no liability on account of this receipt if any premium check or draft is not honored upon presentation for payment. If there is material misrepresentation in the application (or in any medical information furnished to the Company), the Company's only liability will be limited to refunding the premium payment. If the proposed insured commits suicide, whether sane or insane, the Company's only liability will be limited to refunding the premium payment. No broker, agent or medical examiner is authorized to accept risks or pass on insurability, make or alter any contract, waive a complete answer to any question in the application, waive any conditions under this receipt or waive any of the Company's rights or requirements or otherwise bind the Company in any way by any promise or statement.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE BALTIMORE LIFE INSURANCE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received \$ _____ from _____ for an application on
_____ Dated _____.

Signature of Proposed Insured

Signature of Proposed Owner (If other than Proposed Insured)

Signature of Agent

Tear here and leave notices below with Applicant

Fair Credit Reporting Act Notice

As part of our evaluation of your application for insurance, an investigative consumer report may be prepared, whereby information is obtained through personal interviews with agencies, friends, neighbors or others with whom you are acquainted or who may have information about you. This report, among other things, may include information as to your character, general reputation, personal characteristics, health, and mode of living, except as may be related directly or indirectly to your sexual orientation.

Upon your written request, and within a reasonable period of time, you have the right to receive additional detailed information about the nature and scope of the investigation and to receive a copy of the report at your expense.

Medical Information Bureau, Inc. Notice

Information regarding your insurability will be treated as confidential. The Baltimore Life Insurance Company or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure to you of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill, Suite 400, Braintree, Massachusetts, 02184-8734; the telephone number is (617) 426-3660.

The Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

POLICY DATA PAGE

THIS PAGE SHOWS SPECIFIC INFORMATION ABOUT THIS POLICY AND IS REFERRED TO THROUGHOUT THE POLICY.

INSURED	LORD BALTIMORE	MALE/35	SEX / ISSUE AGE
POLICY DATE	10/01/2009	123456	POLICY NUMBER
FACE AMOUNT	\$100,000	STANDARD	PREMIUM CLASS
OWNER	<i>THE INSURED</i>	NONTOBACCO	UNDERWRITING CLASS

SCHEDULE OF BENEFITS AND PREMIUMS

<u>DESCRIPTION OF POLICY PLAN AND ATTACHED AGREEMENTS</u>	<u>ANNUAL PREMIUM</u>	<u>PREMIUM PAYMENT PERIOD*</u>
<u>POLICY COVERAGE</u> LIMITED PAYMENT WHOLE LIFE INSURANCE POLICY NONTOBACCO	\$1,350.00	65 Years

* THE ANNUAL PREMIUM FOR THE BENFIT IS PAYABLE FOR THE NUMBER OF YEARS SHOWN, BUT NOT BEYOND THE END OF THE POLICY YEAR IN, WHICH THE INSURED'S DEATH OCCURS.

TABLE OF GUARANTEED CASH VALUE BENEFITS

EXTENDED TERM INSURANCE

END OF POLICY YEAR	AGE	DATE	CASH VALUE*	REDUCED PAID-UP INSURANCE	EXTENDED TERM INSURANCE		PURE ENDOWMENT
					YEARS	DAYS	
1	36	10/01/10	0.00	0	0	0	0.00
2	37	10/01/11	0.00	0	0	0	0.00
3	38	10/01/12	500.00	3,098	5	3	0.00
4	39	10/01/13	1,400.00	8,299	10	162	0.00
5	40	10/01/14	2,300.00	13,047	13	361	0.00
6	41	10/01/15	3,200.00	17,377	16	177	0.00
7	42	10/01/16	4,200.00	21,839	18	203	0.00
8	43	10/01/17	5,200.00	25,899	19	342	0.00
9	44	10/01/18	6,200.00	29,586	20	322	0.00
10	45	10/01/19	7,300.00	33,389	21	268	0.00
11	46	10/01/20	8,400.00	36,839	22	132	0.00
12	47	10/01/21	9,600.00	40,389	22	357	0.00
13	48	10/01/22	10,700.00	43,206	23	95	0.00
14	49	10/01/23	12,000.00	46,528	23	243	0.00
15	50	10/01/24	13,200.00	49,161	23	283	0.00
16	51	10/01/25	14,500.00	51,884	23	321	0.00
17	52	10/01/26	15,900.00	54,677	23	357	0.00
18	53	10/01/27	17,300.00	57,192	23	351	0.00
19	54	10/01/28	18,700.00	59,452	23	309	0.00
20	55	10/01/29	20,200.00	61,785	23	268	0.00
21	56	10/01/30	21,700.00	63,887	23	197	0.00
22	57	10/01/31	23,200.00	65,777	23	99	0.00
23	58	10/01/32	24,800.00	67,744	23	6	0.00
24	59	10/01/33	26,400.00	69,510	22	256	0.00
25	60	10/01/34	28,100.00	71,343	22	147	0.00
26	61	10/01/35	29,800.00	73,041	22	26	0.00
27	62	10/01/36	31,500.00	74,590	21	259	0.00
28	63	10/01/37	33,200.00	76,013	21	115	0.00
29	64	10/01/38	34,900.00	77,324	20	325	0.00
30	65	10/01/39	36,700.00	78,744	20	187	0.00
31	66	10/01/40	38,400.00	79,843	20	12	0.00
32	67	10/01/41	40,200.00	81,043	19	221	0.00
33	68	10/01/42	42,000.00	82,135	19	49	0.00
34	69	10/01/43	43,900.00	83,312	18	257	0.00
35	70	10/01/44	45,800.00	84,385	18	89	0.00

TABLE OF GUARANTEED CASH VALUE BENEFITS

END OF POLICY <u>YEAR</u>	<u>AGE</u>	<u>DATE</u>	<u>CASH VALUE*</u>	REDUCED PAID-UP <u>INSURANCE</u>	EXTENDED TERM INSURANCE		
					<u>YEARS</u>	<u>DAYS</u>	<u>PURE ENDOWMENT</u>
10	45	10/01/19	7,300.00	33,389	21	268	0.00
20	55	10/01/29	20,200.00	61,785	23	268	0.00
22	57	10/01/31	23,200.00	65,777	23	99	0.00
25	60	10/01/34	28,100.00	71,343	22	147	0.00
30	65	10/01/39	36,700.00	78,744	20	187	0.00
35	70	10/01/44	45,800.00	84,385	18	89	0.00

AMOUNTS CHANGE PROPORTIONATELY DURING POLICY YEARS.

*THESE NUMBERS WILL CHANGE IF THERE ARE ANY LOANS OR PARTIAL SURRENDERS. THE AMOUNT OF ANY REDUCED PAID-UP INSURANCE AND THE PERIOD AND ENDOWMENT OF ANY EXTENDED TERM INSURANCE WILL BE DETERMINED BY APPLYING THE NET CASH VALUE OF THIS POLICY AS A NET SINGLE PREMIUM FOR SUCH INSURANCE

CASH VALUE, REDUCED PAID UP AND EXTENDED TERM INTEREST RATE: 5.00% ANNUALLY

MORTALITY TABLE: CASH VALUES/REDUCED PAID UP - 2001 CSO, SELECT AND ULTIMATE, ALB, MALE, NONTOBACCO
EXTENDED TERM - 2001 CSO, SELECT AND ULTIMATE, ALB, MALE, NONTOBACCO

RIDER INFORMATION

RIDER DESCRIPTION

**ACCELERATED DEATH BENEFIT RIDER
QUALIFIED NURSING FACILITY-EXTENDED CARE**

INSURED

LORD BALTIMORE

RIDER DATE

10/1/2009

RIDER PREMIUM

\$0

The Baltimore Life Insurance Company
10075 Red Run Boulevard
Owings Mills, Maryland 21117-4871

**ACCELERATED DEATH BENEFIT RIDER DISCLOSURE STATEMENT
QUALIFIED NURSING FACILITY-EXTENDED CARE**

This is a brief description of the Accelerated Death Benefit Rider and its effects on your policy. Please refer to the rider form for contract provisions and definitions.

Your benefit.

You, the policy owner, are eligible to receive an accelerated death benefit under the rider for the insured. A physician must certify that the insured under this policy is permanently confined to a qualified nursing facility or requires extended care.

The benefit payable to you.

Upon satisfaction of the requirements under the rider, we will pay you up to 50% of the eligible death benefit if the insured is permanently confined in a qualified nursing facility or requires extended care. However, the rider benefit will not be less than \$5,000 or more than \$250,000.

The accelerated death benefit will be considered a lien against the policy and will accrue interest up to an annual rate of 8%. A one-time service fee, not to exceed \$100, will be added to the lien. If the rider benefit is not approved, no service fee will be charged. The benefit amount will be reduced by any policy loans prior to the payment of the accelerated death benefit. You can repay all or part of the lien at any time.

Conditions for the benefit.

- You must make a written request for the benefits during the lifetime of the insured and while the policy and rider are in force.
- The policy owner must provide written proof satisfactory to us that the insured has been permanently confined to a qualified nursing facility continuously for at least 90 days or requires extended care.
- Any assignee or irrevocable beneficiary under the policy must consent in writing to your election of this benefit.
- A request for acceleration will not be approved if you are required by a government agency to use this benefit in order to apply for, obtain, or keep government benefits or entitlements.
- Only one benefit election is allowed under this rider. Once a benefit is paid, no other benefits will exist under this rider or any accelerated death benefit rider attached to the *policy*.
- The premium amount for this policy will not change and will continue to be payable including any premiums for riders.

Effects to the policy upon acceleration.

- The policy's death benefit will be reduced at the insured's death unless the lien has already been repaid in full at that time.
- After the acceleration date any policy value you withdraw from the policy by any method will be applied first to reduce the lien until it has been eliminated.
- The policy will end if the lien with accrued interest equals or exceeds the policy death benefit.

Benefit Example for a Policy with a \$100,000 Death Benefit

Accelerated Death Benefit Requested on a Policy with a \$5,000 Loan:

Maximum Rider Benefit:	\$ 50,000
Service Fee:	100
Accelerated Death Benefit Lien:	50,100

Maximum Benefit Payable:.....	\$ 50,000
Less Policy Loan:.....	<u>-5,000</u>
Benefit Amount Paid To You:	\$ 45,000

Death Occurs One Year After Accelerated Death Benefit is Paid

Policy Death Benefit:	\$100,000
Less Lien:	-50,100
Less Accrued Interest (50,100 x .08):	<u>-4,008</u>

Net Death Proceeds Payable at the Death of the Insured:..... \$ 45,892

TAX CONSEQUENCES: A BENEFIT THAT YOU RECEIVE UNDER THIS RIDER MAY BE TAXABLE OR MAY ADVERSELY AFFECT YOUR ELIGIBILITY FOR MEDICAID OR OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS. BEFORE CLAIMING A BENEFIT UNDER THIS RIDER, YOU SHOULD SEEK THE ADVICE OF YOUR PERSONAL TAX ADVISOR.

I acknowledge that I have read and understand this disclosure statement.

Signature of Applicant/Owner

Signature of Agent

Date

The Baltimore Life Insurance Company
10075 Red Run Boulevard
Owings Mills, Maryland 21117-4871

**ACCELERATED DEATH BENEFIT RIDER DISCLOSURE STATEMENT
QUALIFIED NURSING FACILITY-EXTENDED CARE**

You have applied for a benefit under your Accelerated Death Benefit Rider. This statement will outline the calculation of the Accelerated Death Benefit and show the effects on the policy.

Your benefit.

You, the policy owner, are eligible to receive an accelerated death benefit under the rider for the insured. A physician must certify that the insured under this policy is permanently confined to a qualified nursing facility or requires extended care.

The benefit payable to you.

Upon satisfaction of the requirements under the rider, we will pay you up to 50% of the eligible death benefit if the insured is permanently confined in a qualified nursing facility or requires extended care. However, the rider benefit will not be less than \$5,000 or more than \$250,000.

The accelerated death benefit will be considered a lien against the policy and will accrue interest up to an annual rate of 8%. A one-time service fee, of [\$100} will be added to the lien. If the rider benefit is not approved, no service fee will be charged. The benefit amount will be reduced by any policy loans prior to the payment of the accelerated death benefit. You can repay all or part of the lien at any time.

Conditions for the benefit.

- You must make a written request for the benefits during the lifetime of the insured and while the policy and rider are in force.
- The policy owner must provide written proof satisfactory to us that the insured has been permanently confined to a qualified nursing facility continuously for at least 90 days or requires extended care.
- Any assignee or irrevocable beneficiary under the policy must consent in writing to your election of this benefit.
- A request for acceleration will not be approved if you are required by a government agency to use this benefit in order to apply for, obtain, or keep government benefits or entitlements.
- Only one benefit election is allowed under this rider. Once a benefit is paid, no other benefits will exist under this rider or any accelerated death benefit rider attached to the *policy*.
- The premium amount for this policy will not change and will continue to be payable including any premiums for riders.

Effects to the policy upon acceleration.

- The policy's death benefit will be reduced at the insured's death unless the lien has already been repaid in full at that time.
- After the acceleration date any policy value you withdraw from the policy by any method will be applied first to reduce the lien until it has been eliminated.
- The policy will end if the lien with accrued interest equals or exceeds the policy death benefit.

Benefit Calculation

Maximum Rider Benefit: [\$ 50,000]
Service Fee: [\$100]
Accelerated Death Benefit Lien: [\$50,100]

Maximum Benefit Payable: [\$ 50,000]
Less Policy Loan: [-\$5,000]
Benefit Amount Paid To You: [\$ 45,000]

Death Occurs One Year After Accelerated Death Benefit is Paid
Policy Death Benefit: [\$100,000]
Less Lien: [-\$50,100]
Less Accrued Interest (50,100 x .08): [-\$4,008]

Net Death Proceeds Payable at the Death of the Insured: [\$45,892]

TAX CONSEQUENCES: A BENEFIT THAT YOU RECEIVE UNDER THIS RIDER MAY BE TAXABLE OR MAY ADVERSELY AFFECT YOUR ELIGIBILITY FOR MEDICAID OR OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS. BEFORE CLAIMING A BENEFIT UNDER THIS RIDER, YOU SHOULD SEEK THE ADVICE OF YOUR PERSONAL TAX ADVISOR.

I acknowledge that I have read and understand this disclosure statement.

Signature of Applicant/Owner

Signature of Agent

Date

SPECIMEN