

SERFF Tracking Number: BALT-126037674 State: Arkansas  
Filing Company: The Baltimore Life Insurance Company State Tracking Number: 41625  
Company Tracking Number: 8196  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: DISABILITY INCOME RIDER  
Project Name/Number: DISABILITY INCOME RIDER/8196

## Filing at a Glance

Company: The Baltimore Life Insurance Company

Product Name: DISABILITY INCOME RIDER SERFF Tr Num: BALT-126037674 State: Arkansas  
TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 41625  
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: 8196 State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Author: Lesia Williams Disposition Date: 02/24/2009  
Date Submitted: 02/20/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: DISABILITY INCOME RIDER  
Project Number: 8196  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: This form is being filed concurrently in Maryland, our domiciliary state.

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 02/24/2009

Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 02/24/2009  
Created By: Lesia Williams  
Corresponding Filing Tracking Number: 8196

Deemer Date:

Submitted By: Lesia Williams

Filing Description:

Form 8196 is a rider, which provides a monthly income benefit if the Insured becomes totally disabled. This is a new form and does not supersede any previously submitted form.

This form is intended to be used with any appropriate approved life insurance policy form. We certify that this submission meets the provisions of Regulations 19, as well as all of the applicable requirements of the department.

## Company and Contact

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**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:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Baltimore Life Insurance Company	\$125.00	02/20/2009	25852366

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/24/2009	02/24/2009

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## Disposition

Disposition Date: 02/24/2009

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		No
Supporting Document	Data Page		Yes
Form	DISABILITY INCOME RIDER		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8196	Policy/Cont ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		45.500	8196.pdf

# THE BALTIMORE LIFE INSURANCE COMPANY

10075 Red Run Boulevard  
Owings Mills, Maryland 21117-4871

## DISABILITY INCOME RIDER

(Nonoccupational)

### DEFINED TERMS

Before explaining *your* benefits, it is important to understand some of the terms that will be used in this *rider*. Defined terms are in *italics* throughout the *rider*. These terms are in addition to the defined terms in the *policy*.

***Date of Disability*** means the date the *insured* first meets the requirements of *total disability*.

***Insured*** in this *rider* means the named *insured* as shown on the **POLICY DATA PAGE** for this *rider*.

***Maximum Benefit Period*** is the longest period of time *we* will pay a benefit during any one continuous period of *total disability*. The *maximum benefit period* is shown on the **POLICY DATA PAGE**.

***Occupation*** means any *occupation* for which the *insured* is or has become reasonably fitted by education, training or experience.

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

***Pre-existing condition*** means a condition:

1. for which medical advice or treatment was recommended by or received from a *physician* in the two-year period preceding the *rider date* or the effective date of reinstatement of this *rider*;  
or
2. which produced symptoms that would cause an ordinarily prudent person to seek diagnosis or treatment in the two-year period preceding the *rider date* or the effective date of reinstatement of this *rider*.

***Rider*** adds a benefit to and is part of the *policy* to which it is attached.

***Rider Anniversary*** occurs each year on the anniversary of the *rider date*.

***Rider Date*** is the date this *rider* goes into effect. It is the *policy date* unless a different *rider date* is shown on the **POLICY DATA PAGE**.

***Rider Expiry Date*** is the date all insurance coverage under this *rider* ends. It is shown on the **POLICY DATA PAGE**.

***Total Disability*** means the inability to engage in an *occupation* for compensation or profit, resulting from:

1. bodily injury received after the *rider date*; or
2. disease first diagnosed and treated by a *physician* after the *rider date*.

The *insured* will be considered *totally disabled* if he or she has a total and irrecoverable loss of:

1. the sight of both eyes;
2. the use of both hands or both feet; or
3. the use of one hand and one foot.

**Waiting Period** means the 90-day period beginning on the *date of disability* and during which *total disability* must continuously exist.

## BASIC RIDER FACTS

This *rider* provides benefit payments during the *total disability* of the *insured*. The *rider* includes the attached copy of the application for it.

Insurance coverage under this *rider* ends when the first of the following occurs:

- *you* request to end the *rider*;
- the *rider expiry date* arrives (unless the *insured* is *totally disabled* at that time);
- the *insured* recovers from a *total disability* that starts while this *rider* is in effect but ends after the *rider expiry date*;
- a rider premium is not paid when due (subject to the grace period);
- the *policy* ends.

*You*, the *owner* of the *policy*, are also the *owner* of this *rider*.

## RIDER BENEFIT

When *we* receive proof that the *insured* is *totally disabled* while this *rider* is in effect, *we* will begin paying the *insured* each month the benefit amount shown on the **POLICY DATA PAGE**. Benefits will be paid for a period not to exceed the *maximum benefit period*.

Benefits will be paid at the end of each completed month of *total disability* following the *waiting period*. No benefits are payable during the *waiting period*. Any monthly benefit payable for a period of less than one month will be computed at a daily rate equal to one-thirtieth of the monthly benefit amount.

**Recurrent Disability.** If the *insured* becomes *totally disabled* again for the same or a related cause, *we* will consider the latest period of disability a continuation of the prior period of *total disability*. However, if the *insured* has worked a minimum of 30 hours per week, in a gainful *occupation* for at least 6 months between the two periods of disability, then *we* will consider the latest disability a new disability.

**Additional And Concurrent Disability.** If the *insured* sustains an additional disability for the same or a related cause after the *date of disability* but before the *maximum benefit period* is reached, the new disability will be considered a continuation of the prior *total disability*. There will be no new *waiting period*. There will be no extension of the *maximum benefit period*.

If the *insured* sustains an additional disability unrelated to a current disability after the *date of disability* but before the *maximum benefit period* is reached, it will be considered a new disability. The *insured* will be subject to a new *waiting period*. We will never pay more than one benefit payment in any one month.

## **PREMIUM**

The first premium for this *rider* is due on the *rider date*. After that, a *rider* premium is due on the first day of the period it covers. (See the **POLICY DATA PAGE**.) The premium amount is shown on the **POLICY DATA PAGE**. We reserve the right to change the premium after the first *rider anniversary*.

## **NOTICE OF TOTAL DISABILITY**

We must receive written notice of *total disability*. It must be received while the *insured* is alive and *totally disabled* and not later than one year after the *date of disability*. However, we will not reduce or deny the claim if notice was provided as soon as reasonably possible. In any case, no benefit will be paid for any period of *total disability* which is more than one year prior to the date written notice is received.

Proof of *total disability* must be provided periodically as we may request during the period of *total disability*. This may include medical examinations by a *physician* we choose. No benefit will be paid under this *rider* unless proof is furnished as required. We will require notice to be sent to us once the *insured* ceases to be *totally disabled*.

## **INCONTESTABILITY**

We can contest the *rider* for any disability that begins within the first 2 years after the *rider date*.

## **EXCLUSIONS AND LIMITATIONS**

No benefit will be paid under this *rider*:

- if proof of *total disability* is not given when we request it;
- after *total disability* ends;
- if *total disability* starts before this *rider* is in effect;
- if *total disability* results from an injury occurring or illness starting before this *rider* is in effect (unless the injury or illness is fully disclosed in the application);

- if *total disability* results from normal pregnancy or normal child birth;
- if *total disability* results from an intentionally self-inflicted injury or an attempted suicide while sane or insane;
- if *total disability* results from the voluntary taking of any drug not prescribed for the *insured* by a *physician*;
- if *total disability* results from the voluntary taking of any drug prescribed for the *insured* by a *physician* and intentionally not taken as prescribed;
- if *total disability* results from the abusive use of alcohol by the *insured*, including having a blood alcohol concentration above the maximum level permitted by the law of the state in which this *rider* was issued for operation of a motor vehicle (whether or not *total disability* results from operating a motor vehicle);
- if *total disability* results from committing or attempting to commit a misdemeanor or a felony or while being incarcerated in a penal institution;
- if *total disability* results from war (declared or undeclared) or other armed conflict, insurrection, or participation in a riot;
- if *total disability* results from service in any armed force engaged in a military conflict, whether or not declared;
- if *total disability* results from travel or flight in or descent from any kind of aircraft, if the *insured* has any duties on board, or if the *insured* is flying in the course of any training or instruction, or in maneuvers of any armed force;
- if *total disability* results from the voluntary taking, administering, absorbing, or inhaling of poisons, gases, or fumes; or
- if *total disability* occurs from injury or sickness covered by Occupational Disease Laws, Worker's Compensation, or similar state or federal laws.

SPECIMEN

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> ar-read.pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A <b>Comments:</b>		
<b>Satisfied - Item:</b> Data Page <b>Comments:</b> <b>Attachment:</b> data pg- di nonocc rider.pdf		

**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 8196 meets the minimum reading ease score for the State of Arkansas on the Flesch reading ease test.

\_\_\_\_\_  \_\_\_\_\_

\_\_\_\_\_ February 17, 2009 \_\_\_\_\_

**POLICY DATA PAGE**

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

POLICY NUMBER	1234567	FACE AMOUNT:	\$100,000
POLICY DATE:	AUGUST 1, 2008	EXPIRY DATE*	8/01/2073
		FINAL CONVERSION DATE	8/01/2043
INSURED:	LORD BALTIMORE	ISSUE AGE	35
OWNER:	THE INSURED		

POLICY DESCRIPTION	30 YEAR TERM LIFE INSURANCE RENEWABLE TO AGE 100
PREMIUM CLASS	STANDARD
UNDERWRITING CLASS	NON TOBACCO
ANNUAL PREMIUM	\$321.00
PREMIUM GUARANTEE PERIOD	30 YEARS**
ANNUAL INTEREST RATE FOR PAYMENT PLANS 2 AND 3	2%
ANNUAL INTEREST RATE FOR PAYMENT PLANS 4 AND 5	3%

TOTAL PREMIUM ON OTHER MODES IS AS FOLLOWS:

<u>ANNUAL</u>	<u>SEMI-ANNUAL</u>	<u>MONTHLY BANK DRAFT***</u>	<u>MONTHLY DIRECT BILL****</u>
\$321.00	\$170.13	\$28.09	\$32.10

\* THE PREMIUMS FOR A BENEFIT ARE PAYABLE UNTIL THE EXPIRY DATE SHOWN, BUT NOT BEYOND THE END OF THE POLICY MONTH IN WHICH THE INSURED'S DEATH OCCURS.

\*\* AFTER THE NUMBER OF POLICY YEARS SHOWN, THE ANNUAL PREMIUM FOR THIS COVERAGE MAY CHANGE. HOWEVER, FOR ANY GIVEN POLICY YEAR, THE ANNUAL PREMIUM WILL NEVER EXCEED THE GUARANTEED MAXIMUM AMOUNT SPECIFIED IN THE TABLE OF GUARANTEED MAXIMUM ANNUAL RENEWAL PREMIUMS.

\*\*\* MONTHLY BANK DRAFT – A RATE AVAILABLE IF WE ARE AUTHORIZED BY YOU TO RECEIVE PREMIUM PAYMENTS DIRECTLY FROM YOUR BANK ACCOUNT.

\*\*\*\* WE MAY SWITCH YOUR POLICY TO THIS MODE IF A MONTHLY BANK DRAFT PREMIUM PAYMENT IS NOT HONORED BY YOUR BANK. YOU MAY NOT ELECT TO PAY PREMIUMS ON THE MONTHLY DIRECT BILL MODE.

**TABLE OF GUARANTEED MAXIMUM ANNUAL RENEWAL PREMIUMS**

<b><u>COVERAGE PERIOD BEGINNING AUGUST 1</u></b>	<b><u>AGE</u></b>	<b><u>BASE POLICY ANNUAL PREMIUM</u></b>
2038	65	\$4,296.00
2039	66	\$4,689.00
2040	67	\$5,109.00
2041	68	\$5,556.00
2042	69	\$6,057.00
2043	70	\$6,630.00
2044	71	\$7,317.00
2045	72	\$8,100.00
2046	73	\$8,931.00
2047	74	\$9,828.00
2048	75	\$10,809.00
2049	76	\$11,898.00
2050	77	\$13,143.00
2051	78	\$14,553.00
2052	79	\$16,116.00
2053	80	\$17,904.00
2054	81	\$19,920.00
2055	82	\$22,038.00
2056	83	\$24,303.00
2057	84	\$26,802.00
2058	85	\$29,457.00
2059	86	\$32,421.00
2060	87	\$35,775.00
2061	88	\$39,291.00
2062	89	\$42,834.00
2063	90	\$45,816.00
2064	91	\$48,579.00
2065	92	\$52,173.00
2066	93	\$56,625.00
2067	94	\$61,971.00
2068	95	\$67,746.00
2069	96	\$73,509.00
2070	97	\$77,784.00
2071	98	\$80,643.00
2072	99	\$85,281.00

## RIDER INFORMATION

RIDER DESCRIPTION	DISABILITY INCOME NONOCCUPATIONAL
INSURED	<b>LORD BALTIMORE</b>
RIDER BENEFIT AMOUNT	<b>\$1,000 PER MONTH</b>
MAXIMUM BENEFIT PERIOD	<b>2 YEARS</b>
RIDER DATE	<b>8/1/2008</b>
RIDER EXPIRY DATE	<b>08/01/2033</b>
RIDER PREMIUM	<b>\$154.90 ANNUALLY</b>
PREMIUM GUARANTEE PERIOD	<b>1 YEAR</b>