

<i>SERFF Tracking Number:</i>	<i>FRCS-126062253</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Life Insurance Company (Mutual)</i>	<i>State Tracking Number:</i>	<i>41874</i>
<i>Company Tracking Number:</i>	<i>4996</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Level Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>FEDLIFE/63/63</i>		

## Filing at a Glance

Company: Federal Life Insurance Company (Mutual)

Product Name: Level Term Life Insurance

SERFF Tr Num: FRCS-126062253 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-  
Closed State Tr Num: 41874

Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Co Tr Num: 4996

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author:

Disposition Date: 03/20/2009

Date Submitted: 03/20/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: FEDLIFE/63

Status of Filing in Domicile: Authorized

Project Number: 63

Date Approved in Domicile: 10/01/2008

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: 03/20/2009

Explanation for Other Group Market Type:

State Status Changed: 03/20/2009

Deemer Date:

Created By: LaToya Osborn

Submitted By: Bob Motley

Corresponding Filing Tracking Number:

Filing Description:

Our fee of \$100 has been sent by EFT on this same date, this fee is based on the Company's state of domicile.

The Company offers their assurances that the information required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

This policy provides level renewable term life insurance through age 95. It is issued to insureds from age 15 to age 70 (age at last birthday). The minimum basic Death benefit is \$50,000. Premiums are indeterminate as described in the

SERFF Tracking Number: FRCS-126062253 State: Arkansas  
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 Product Name: Level Term Life Insurance  
 Project Name/Number: FEDLIFE/63/63  
 policy.

The enclosed application form LA-8020 will be used to apply for this policy.

## Company and Contact

### Filing Contact Information

LaToya Osborn, Technician latoya.osborn@firstconsulting.com  
 1020 Central 800-927-2730 [Phone] 2836 [Ext]  
 Suite 201 816-391-2755 [FAX]  
 Kansas City, MO 64105

### Filing Company Information

(This filing was made by a third party - FC01)

Federal Life Insurance Company (Mutual)	CoCode: 63223	State of Domicile: Illinois
3750 West Deerfield Road	Group Code:	Company Type: Life/Health
Riverwoods, IL 60015	Group Name:	State ID Number:
(847) 520-1900 ext. 340[Phone]	FEIN Number: 36-1063550	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: AR fee of \$50 per form and \$50 per rate=\$100  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federal Life Insurance Company (Mutual)	\$100.00	03/20/2009	26562298

SERFF Tracking Number: FRCS-126062253 State: Arkansas  
Filing Company: Federal Life Insurance Company (Mutual) State Tracking Number: 41874  
Company Tracking Number: 4996  
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Level Term Life Insurance  
Project Name/Number: FEDLIFE/63/63

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/20/2009	03/20/2009

*SERFF Tracking Number:* FRCS-126062253      *State:* Arkansas  
*Filing Company:* Federal Life Insurance Company (Mutual)      *State Tracking Number:* 41874  
*Company Tracking Number:* 4996  
*TOI:* L041 Individual Life - Term      *Sub-TOI:* L041.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
  
*Product Name:* Level Term Life Insurance  
*Project Name/Number:* FEDLIFE/63/63

## **Disposition**

Disposition Date: 03/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *FRCS-126062253* State: *Arkansas*  
 Filing Company: *Federal Life Insurance Company (Mutual)* State Tracking Number: *41874*  
 Company Tracking Number: *4996*  
 TOI: *L041 Individual Life - Term* Sub-TOI: *L041.103 Renewable - Single Life -  
 Fixed/Indeterminate Premium*  
 Product Name: *Level Term Life Insurance*  
 Project Name/Number: *FEDLIFE/63/63*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Actuarial Memo		No
<b>Supporting Document</b>	Arkansas Complaint Notice		Yes
<b>Form</b>	Individual Term Life Policy		Yes
<b>Form</b>	Individual Life Application		Yes
<b>Rate</b>	Current Rates		Yes
<b>Rate</b>	Guaranteed Rates		Yes

SERFF Tracking Number: FRCS-126062253 State: Arkansas  
 Filing Company: Federal Life Insurance Company (Mutual) State Tracking Number: 41874  
 Company Tracking Number: 4996  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Product Name: Level Term Life Insurance  
 Project Name/Number: FEDLIFE/63/63

## Form Schedule

### Lead Form Number: L-8029

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-8029	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		51.800	L-8029 Term policy.pdf L-8029-15SpecPp_diest.pdf L-8029-20SpecPp_diest.pdf L-8029-30SpecPp_diest.pdf
	LA-8020	Application/Individual Life Enrollment Application Form	Initial		53.700	LA-8020 Application.pdf

# FEDERAL LIFE

## INSURANCE COMPANY (MUTUAL)

3750 WEST DEERFIELD ROAD • RIVERWOODS, ILLINOIS 60015

1-800-233-3750

### LEVEL TERM LIFE INSURANCE POLICY

**Federal Life Insurance Company (Mutual)** (“we”, “us”, “our”) agrees to pay the death benefit to the Beneficiary upon receipt of due proof of the death of the Insured occurring while this Policy is in force. We also agree to provide the other rights and benefits granted in this Policy. The benefits we must pay also depend on the other terms of this Policy.

**In this Policy**, the person whose life is insured is referred to as the “Insured”. The Owner(s) of this Policy is (are) referred to as “you,” “your” or “yours.”

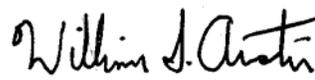
**This Policy** sets forth, in detail, both your rights and obligations, and our rights and obligations. It is important, therefore, to **READ THIS POLICY CAREFULLY**.

**RIGHT TO RETURN POLICY.** Please examine this Policy carefully. Within 30 days of receiving this Policy, the Owner may return it to the Company at its Home Office or to the agent through whom it was purchased. If returned, the Policy will be considered void from the beginning and any premium paid will be refunded. The Company will return all payments made for this Policy within ten days after it receives notice of cancellation and the returned Policy. These rights apply also to any Rider that is added to this Policy.

Executed at our office in Riverwoods, Illinois, on the Policy Date.



*Assistant Secretary*



*President*

**LEVEL TERM LIFE INSURANCE • ADJUSTABLE PREMIUMS PAYABLE WHILE IN FORCE •  
PARTICIPATING AS DESCRIBED HEREIN • CONVERTIBLE AS DESCRIBED HEREIN**

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**Policy Contents**

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<b>PROVISION</b>	<b>PAGE</b>
Policy Schedule .....	3
Definitions .....	4
Death Benefits .....	4
Payment of Claims .....	5
Dividend Provisions .....	7
Owner and Rights of the Owner .....	8
Premiums .....	8
Conversion Provisions .....	9
Termination of Coverage .....	11
General Provisions .....	11
Tables for Settlement Options.....	13

POLICY SCHEDULE

SUMMARY OF COVERAGE

FORM NUMBER	PREMIUM PAYMENT PERIOD	COVERAGE	EXPIRY DATE	FIRST YEAR ANNUAL PREMIUM*
[L-8029	60 YEARS	INDIVIDUAL LEVEL TERM INSURANCE TO AGE 95	01-01-69	183.00]
[L-7951	35 YEARS	ACCIDENTAL DEATH BENEFIT (\$100,000)	01-01-44	100.00]

[ FIRST YEAR TOTAL ANNUAL PREMIUM \$283.00]

PREMIUM INTERVAL [ANNUAL]

[FIRST PREMIUM\* \$283.00]

\*PAGE 3 (B) SHOWS THE GUARANTEED MAXIMUM ANNUAL PREMIUMS FOR THIS CONTRACT. PAGE 3 (C) SHOWS THE SCHEDULE OF ANNUAL PREMIUMS CURRENTLY CHARGED FOR THIS CONTRACT. THE ANNUAL PREMIUMS ACTUALLY CHARGED MAY BE OTHER THAN AS SHOWN ON PAGE 3 (C) BUT WILL NOT BE LARGER THAN THE MAXIMUM ANNUAL PREMIUMS SHOWN ON PAGE 3 (B) .

AS PROVIDED IN THE PREMIUMS PROVISION, PREMIUMS FOR THIS POLICY MAY BE PAID AT VARIOUS MONTHLY INTERVALS. TO DETERMINE THE PREMIUM PAYABLE AT ANY OF THESE INTERVALS, MULTIPLY THE ANNUAL PREMIUM FOR EACH POLICY YEAR BY THE APPROPRIATE FACTOR:

SIX MONTH FACTOR	0.5150
THREE MONTH FACTOR	0.2625
ONE MONTH FACTOR (EFT)	0.0850
ONE MONTH FACTOR (CREDIT CARD)	0.0917

[POLICY NUMBER: T101234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE COVERAGE DATE: JAN 01, 2009]  
 [(FOR EACH COVERAGE LISTED ABOVE)

[ISSUE AGE AND SEX: 35 MALE ISSUE DATE: JAN 01, 2009]

[BASIC DEATH BENEFIT: \$100,000 RISK CLASSIFICATION: NON-TOBACCO]

[INITIAL GUARANTEE PERIOD: 5 YEARS]

OWNER AND BENEFICIARY ARE AS STATED IN THE APPLICATION FOR THIS POLICY UNLESS SUBSEQUENTLY CHANGED IN ACCORDANCE WITH POLICY PROVISIONS.

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T101234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE ISSUE DATE: JAN 01, 2009]

GUARANTEED MAXIMUM ANNUAL PREMIUMS

[POLICY [YEAR	BASE POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[1	183.00	100.00	283.00
[2	183.00	100.00	283.00
[3	183.00	100.00	283.00
[4	183.00	100.00	283.00
[5	183.00	100.00	283.00
[6	342.00	100.00	442.00
[7	367.00	100.00	467.00
[8	398.00	100.00	498.00
[9	435.00	100.00	535.00
[10	475.00	100.00	575.00
[11	519.00	100.00	619.00
[12	563.00	100.00	663.00
[13	600.00	100.00	700.00
[14	629.00	100.00	729.00
[15	665.00	100.00	765.00
[16	713.00	100.00	813.00
[17	775.00	100.00	875.00
[18	850.00	100.00	950.00
[19	937.00	100.00	1037.00
[20	1046.00	100.00	1146.00
[21	1169.00	100.00	1269.00
[22	1296.00	100.00	1396.00
[23	1419.00	100.00	1519.00
[24	1542.00	100.00	1642.00
[25	1687.00	100.00	1787.00
[26	1862.00	100.00	1962.00
[27	2075.00	100.00	2175.00
[28	2323.00	100.00	2423.00
[29	2594.00	100.00	2694.00
[30	2877.00	100.00	2977.00
[31	3171.00	100.00	3271.00
[32	3469.00	100.00	3569.00
[33	3781.00	100.00	3881.00
[34	4110.00	100.00	4210.00
[35	4479.00	100.00	4579.00
[36	4910.00		4910.00
[37	5433.00		5433.00

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T101234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE ISSUE DATE: JAN 01, 2009]

GUARANTEED MAXIMUM ANNUAL PREMIUMS

[POLICY [YEAR	BASE POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[38	6044.00		6044.00 ]
[39	6688.00		6688.00 ]
[40	7381.00		7381.00 ]
[41	8135.00		8135.00 ]
[42	8985.00		8985.00 ]
[43	9973.00		9973.00 ]
[44	11121.00		11121.00 ]
[45	12408.00		12408.00 ]
[46	13842.00		13842.00 ]
[47	15402.00		15402.00 ]
[48	17054.00		17054.00 ]
[49	18858.00		18858.00 ]
[50	20863.00		20863.00 ]
[51	23094.00		23094.00 ]
[52	25548.00		25548.00 ]
[53	28200.00		28200.00 ]
[54	31019.00		31019.00 ]
[55	33977.00		33977.00 ]
[56	36923.00		36923.00 ]
[57	39823.00		39823.00 ]
[58	42862.00		42862.00 ]
[59	46065.00		46065.00 ]
[60	49440.00		49440.00 ]

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T101234

POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE

ISSUE DATE: JAN 01, 2009]

SCHEDULE OF CURRENT ANNUAL PREMIUMS \*

POLICY YEAR	[BASE [POLICY	ACCI-DENTAL DEATH BENEFIT	TOTAL
[1	183.00	100.00	283.00 ]
[2	183.00	100.00	283.00 ]
[3	183.00	100.00	283.00 ]
[4	183.00	100.00	283.00 ]
[5	183.00	100.00	283.00 ]
[6	183.00	100.00	283.00 ]
[7	183.00	100.00	283.00 ]
[8	183.00	100.00	283.00 ]
[9	183.00	100.00	283.00 ]
[10	183.00	100.00	283.00 ]
[11	361.00	100.00	461.00 ]
[12	361.00	100.00	461.00 ]
[13	361.00	100.00	461.00 ]
[14	361.00	100.00	461.00 ]
[15	361.00	100.00	461.00 ]
[16	361.00	100.00	461.00 ]
[17	361.00	100.00	461.00 ]
[18	361.00	100.00	461.00 ]
[19	361.00	100.00	461.00 ]
[20	361.00	100.00	461.00 ]
[21	784.00	100.00	884.00 ]
[22	784.00	100.00	884.00 ]
[23	784.00	100.00	884.00 ]
[24	784.00	100.00	884.00 ]
[25	784.00	100.00	884.00 ]
[26	784.00	100.00	884.00 ]
[27	784.00	100.00	884.00 ]
[28	784.00	100.00	884.00 ]
[29	784.00	100.00	884.00 ]
[30	784.00	100.00	884.00 ]
[31	2306.00	100.00	2406.00 ]
[32	2306.00	100.00	2406.00 ]
[33	2306.00	100.00	2406.00 ]
[34	2306.00	100.00	2406.00 ]
[35	2306.00	100.00	2406.00 ]
[36	2306.00		2306.00 ]
[37	2306.00		2306.00 ]

\* THE AMOUNTS SHOWN ABOVE ARE THE PREMIUMS CURRENTLY BEING CHARGED FOR THIS CONTRACT. THE PREMIUMS ACTUALLY CHARGED AFTER THE [5TH] POLICY YEAR MAY BE OTHER THAN AS SHOWN ABOVE, BUT WILL NOT BE LARGER THAN THE GUARANTEED MAXIMUM ANNUAL PREMIUMS SHOWN ON PAGE 3 (B) .

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T101234

POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE

ISSUE DATE: JAN 01, 2009]

SCHEDULE OF CURRENT ANNUAL PREMIUMS \*

[POLICY [YEAR	[BASE [POLICY	PREMIUM WAIVER BENEFIT	CHILD TERM RIDER	ACCI- DENTAL DEATH BENEFIT	ADD'L INSURED RIDER	DIS. INCOME RIDER	TOTAL
[38	2306.00						2306.00 ]
[39	2306.00						2306.00 ]
[40	2306.00						2306.00 ]
[41	5717.00						5717.00 ]
[42	5717.00						5717.00 ]
[43	5717.00						5717.00 ]
[44	5717.00						5717.00 ]
[45	5717.00						5717.00 ]
[46	13842.00						13842.00 ]
[47	15402.00						15402.00 ]
[48	17054.00						17054.00 ]
[49	18858.00						18858.00 ]
[50	20863.00						20863.00 ]
[51	23094.00						23094.00 ]
[52	25548.00						25548.00 ]
[53	28200.00						28200.00 ]
[54	31019.00						31019.00 ]
[55	33977.00						33977.00 ]
[56	36923.00						36923.00 ]
[57	39823.00						39823.00 ]
[58	42862.00						42862.00 ]
[59	46065.00						46065.00 ]
[60	49440.00						49440.00 ]

\* THE AMOUNTS SHOWN ABOVE ARE THE PREMIUMS CURRENTLY BEING CHARGED FOR THIS CONTRACT. THE PREMIUMS ACTUALLY CHARGED AFTER THE [5TH] POLICY YEAR MAY BE OTHER THAN AS SHOWN ABOVE, BUT WILL NOT BE LARGER THAN THE GUARANTEED MAXIMUM ANNUAL PREMIUMS SHOWN ON PAGE 3 (B).

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## Definitions

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**Attained Age:** This is the Insured's age as of his or her last birthday at any time other than the Policy Date.

**Base Policy:** This means the part of this Policy that is exclusive of any Riders attached to or made a part of it.

**Basic Death Benefit:** This refers to the Basic Death Benefit coverage provided by the Base Policy, shown on the policy schedule pages, exclusive of any death benefit provided by any Riders attached to or made a part of this Policy.

**Coverage Date:** This is the date any coverage described in this Policy uses as a start date. Coverage Dates will be shown for each coverage in this Policy. The Coverage Date for this Policy is its Policy Date, and the Coverage Date for a Rider is its Rider Date, unless stated otherwise. See also the description of when coverage begins under the General Provisions.

**Expiry Date:** Each coverage described in this Policy will have its own Expiry Date. The Expiry Date for each coverage will be shown on the Policy Schedule pages of this Policy or the Rider providing that coverage, unless stated otherwise. If no Expiry Date is stated for a coverage, it will have the same Expiry Date as the Basic Death Benefit coverage. Expiry Date when used in this Base Policy will mean the Expiry Date of the Basic Death Benefit coverage, unless stated otherwise. No coverage can be renewed beyond or reinstated after its Expiry Date.

**Insured:** This means the person who is insured under this Policy.

**Issue Age:** This is the Insured's age at his or her last birthday as of the Policy Date.

**Issue Date:** The date this Policy is issued by the Company.

**Policy:** Unless provided otherwise, Policy means this Policy and all its Riders.

**Policy Date:** This is the date that the Basic Death Benefit coverage begins. It is shown on the Policy Schedule pages. Policy years and months are measured from this date.

**Request:** This term means a written request, including an application, reinstatement or change form, authorized by the appropriate person, in a form acceptable to us, sent to our Home Office.

**Rider:** This means a document titled a Rider that is attached to or that we ask be attached to this Policy. A Rider deletes, modifies or adds benefits to this Policy in addition to any Basic Death Benefit coverage provided by this Policy.

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## Death Benefits

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**Death Benefits in General:** The Basic Death Benefit provided by this Policy is a level death benefit for a defined term. The term and amount of such coverage is shown on the Policy Schedule Pages. The Policy must be in effect at the time of death for a death benefit to be payable.

**Death Benefit:** The death benefit amount payable upon the Insured's death is:

1. the applicable Basic Death Benefit amount in force for the Insured, as of the date of death and as shown or described on the Policy Schedule pages; **PLUS**
2. any additional death benefits covering the Insured described in a Rider(s), that is in force on that Insured's date of death; **PLUS**
3. any dividend accumulations; **PLUS**
4. any premium for the Insured's coverage paid beyond the Policy month of death of the Insured; **MINUS**
5. any premium for the Insured's coverage that is due and unpaid through the Policy month of the Insured's death.

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### Payment of Claims

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**Payment of Benefits:** Any applicable death benefit payable under this Policy will be paid to the Beneficiary of that coverage. Such amount will be paid in a lump sum unless a Payment Option is elected. If there is more than one Beneficiary, we will pay proceeds to the Beneficiaries in equal shares, unless you by Request instruct otherwise. Our payment of any death benefit is subject to the other terms of this Policy. See also the provisions relating to premiums, contestability, misstatement of age or sex, and suicide.

**Claims of Creditors:** To the extent permitted by law, Policy proceeds will be exempt from the claims of creditors of any payee.

**Beneficiary:** The Beneficiary for each coverage issued under this Policy is named in the Application or in a Request made to begin that coverage, unless changed later. Unless clearly provided otherwise, the Beneficiary designated for the Basic Death Benefit coverage will be the Beneficiary of all death benefit coverage provided by this Policy. If either no such Beneficiary was designated in the Application or in a Request made to begin that coverage, or no Beneficiary survives for 10 days after a covered Insured's death, the death benefit for that coverage will be paid:

1. to the Contingent Beneficiary(s) for that coverage, if: (a) at least one such beneficiary designation has been made under such coverage and is in effect on the date of the death of the Insured, and (b) at least one such Contingent Beneficiary is alive or in existence 10 days after the death of the Insured; otherwise
2. to the spouse of the Insured, if such spouse is alive 10 days after the death of the Insured; otherwise
3. in equal shares to the children of the Insured who are alive 10 days after the Insured's death; otherwise
4. to the estate of the Insured.

A person must survive the death of an Insured by at least 10 days to be considered alive on the death of the Insured and eligible to receive death benefits payable upon the death of the Insured under this Policy.

**Change of Beneficiary:** The Owner of this Policy may designate or change the Beneficiary for this Policy, while such Owner remains alive, if that right has been reserved. An irrevocable Beneficiary, however, cannot be changed without the consent of the irrevocable Beneficiary. A change of Beneficiary will be made upon our receipt of a Request to do so. A change of Beneficiary requested as to this Policy will be

effective on the date signed, unless this Policy provides otherwise. We may require that this Policy be submitted for endorsement to show a Beneficiary designation or change. We will not be liable in any respect for a Request to change a Beneficiary, which we receive after we have made any payment or taken any other action in accordance with such coverage.

**Death Benefit Claim Settlement:** Settlement will be made within two months after we receive in writing due proof of the Insured's death. We may also require due proof of the existence, identity, or age of the Insured or of a Beneficiary before we pay any death benefits. Interest will be added to the death benefit as required by law. Any payment we make in good faith fully discharges us to the extent of our payment.

**Election of Payment Option:** A death benefit will be paid in a single sum unless a Payment Option is elected. During the lifetime of the Insured and subject to any assignment, the Owner of this Policy may:

1. elect by Request any one of our Payment Options; and
2. change by Request any election already made, if the right to do so has not been previously restricted.

If the Owner of this Policy did not elect a Payment Option, the Beneficiary of such coverage may elect any one of our Payment Options when death benefits are payable.

**Payee:** A **payee** is a person named by the party or parties electing a Payment Option to receive payments under a Payment Option. We will require satisfactory proof of the payee's age and sex for any option involving a life income. We may require proof that a payee is living on the date any payment is to be made.

**Conditions:** Payment Options are not available if the Policy proceeds to be used are less than \$3,000 or any payment would be less than \$30.

**Guaranteed Purchase Rates:** The interest basis for guaranteed minimum payments under a Payment Option is 1.50%. The mortality basis is the Annuity 2000 Mortality Table projected with Scale G to the year of annuitization. Upon request, we will furnish you the guaranteed purchase rates for ages and periods not shown below. Annuity benefits available on the Maturity Date will not be less than those provided by the application of an equivalent amount to the purchase of a single premium immediate annuity contract offered by us on the Maturity Date to the same class of Annuitants for the same Annuity Income Option.

#### **Payment Options:**

1. **Interest Payments:** We will pay to the payee annual interest on death benefit proceeds left on deposit with us. Our guaranteed interest rate is 1.5% per year. We may increase payments by any additional interest that we declare. The death benefit proceeds and any unpaid interest may be withdrawn in full at any time.
2. **Payments for a Specified Amount:** We will make payments of a specified amount until the death benefit proceeds and interest are fully paid. The guaranteed rate of interest is 1.5% per year and may be increased by any additional interest that we declare. At any time, the present value of any unpaid payments may be withdrawn.
3. **Payments for a Specified Period:** We will make equal payments for a specified period of time. The guaranteed rate of interest is 1.5% per year and may be increased by any additional interest that we declare. The present value of any unpaid payments may be withdrawn at any time. Table A shows the amount of each payment based on the guaranteed interest rate of 1.5%.
4. **Life Payments:** We will make equal payments for the lifetime of the payee, who may choose a minimum guaranteed payment period. See Tables B and C.

5. **Joint and Survivor Payments:** We will make equal payments for the joint lifetime of two persons. At the first death, we will continue to make payments for the lifetime of the survivor. The amount of each payment to the survivor is either 66-2/3% or 100% of the payments made while both persons are alive and must be elected as described in the Election of Payment Option Provision prior to the beginning of payments under this Option. Table D shows the amount of each payment.
6. **Option 6 - Other Payments:** Any other type of payment may be made with our written approval.

**Payment Frequency:** Unless stated otherwise, all payments under the Payment Options will be made monthly. Except for Option 1, the first payment will be made on the date such death benefit proceeds are payable.

**Contingent Payee:** The party(s) electing a Payment Option may by Request name a **contingent payee** to receive any value remaining under a Payment Option after the death of the initial payee.

**Death of Payee:** At the death of the payee, we will pay any remaining payments as follows:

1. to the designated contingent payee, if there is one surviving, under the terms of the Payment Option in effect, unless that contingent payee elects by Request to receive the present value of any remaining guaranteed payments in a single sum; or
2. if a contingent payee has not been named or dies before the payee, we will pay a single sum to the estate of the payee as follows: (a) any amount left on deposit under Option 1; and (b) the present value of any remaining guaranteed payments under Options 2 through 5.

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### Dividend Provisions

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**Dividends:** This Policy is eligible to share in our divisible surplus, if any. That share is called a **dividend**. Dividends are:

1. determined once a year by us; and
2. credited at the end of each Policy year if all due premiums have been paid.

We will pay no dividend for the first Policy year.

**Dividend Options:** You may use each dividend under one of the following options:

1. **Cash:** We pay the dividend in cash.
2. **Reduce Premium:** We apply the dividend to the payment of the due premium. Any remaining due premium must be paid at the same time.
3. **Dividend Accumulation:** We accumulate the dividend with interest compounded annually. Our guaranteed interest rate is 3% per year.
4. **Paid-Up Insurance:** We apply the dividend as a net single premium to purchase additional paid-up insurance.

We will apply Option 3, Dividend Accumulation, if no option is chosen.

**Change of Option:** You may, by Request, change the dividend option at any time. A change of dividend option applies only to dividends we credit after receipt of such a Request.

**Post-Mortem Dividend:** As part of this Policy's death benefit, we will pay a pro-rata portion of any dividend due at the end of the Policy year of the Insured's death under this Policy.

**Withdrawal of Dividends:** Dividend accumulations under this Policy may be withdrawn by Request at any time. Any remaining dividend accumulations for this Policy will be payable:

1. as part of this Policy's death benefit amount payable;
2. on the Expiry Date of the Basic Death Benefit coverage; or
3. at the end of the grace period of any premium in default under this Policy.

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### Owner and Rights of the Owner

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**Owner:** Except as otherwise provided, the person named as the Insured in this Policy is the Owner of this Policy. The Owner is also referred to as "you," "your" or "yours" in this Policy. The Owner may elect any right granted under this Policy unless this Policy provides otherwise. The Owner may exercise such rights by sending a Request to us. A change requested will be effective on the date executed unless this Policy provides otherwise. We will not be liable for payment made or action taken before we received a Request at our Home Office.

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### Premiums

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**Payment of Premiums:** Premiums for coverage provided by this Policy are payable to us either at our Home Office or elsewhere through a representative authorized to receive premium payments. If payment is made to a representative, then we will provide a receipt signed by an officer of the Company. Upon Request, we will provide a receipt for each premium payment. The first premium for any coverage issued under this Policy is due while the Insured is alive before that coverage becomes effective. All premiums after the first are due in advance of the premium due date.

**General:** A premium paid for coverage provided by this Policy is deemed fully earned on its due date. Once earned, a premium is non-refundable except as provided in this Policy. All premium checks must be made payable to us, or to any other party we designate in writing. Premiums for any Riders will be added to the premium due for this Policy, and will increase the premium due for the coverage provided by this Policy. The premium for this Policy is due as a whole sum and is not payable separately for the Base Policy or any Rider. When a Rider ends, its premiums will no longer be included in the premiums due for this Policy.

**Amount and Frequency:** The Schedule of Current Annual Premiums for this Policy is shown in the Policy Schedule pages. After the Initial Guarantee Period shown on the Policy Schedule Pages, we may charge a current annual premium for the Basic Death Benefit coverage which is lower or higher than those shown in the Schedule of Current Annual Premiums, by mailing a notice to the Insured at his or her last address of record. The Base Policy premiums shown in the Schedule of Current Annual Premiums are guaranteed as described in the Policy Schedule Pages. They will remain in effect until the Policy Anniversary immediately following the date we mail to the Insured a notice of a new Schedule of Current Annual Premiums which will contain the new premiums to be charged for the Base Policy. Any new Schedule of Current Annual Premiums will be guaranteed to be effective for one year from the Policy

Anniversary immediately following the date we mail such notice to the Insured. Following this procedure, the Schedule of Current Annual Premiums may be changed annually.

The Schedule of Current Annual Premiums applies to all Policies having the same plan, issue year and Guaranteed Maximum Annual Premium. Any change in the Schedule of Current Annual Premiums will be on a uniform basis for insureds at the same insuring age, sex and classification.

We will never change the Schedule of Current Annual Premiums to contain a premium for the Policy which is larger than the Guaranteed Maximum Annual Premiums which are shown in the Policy Schedule pages.

Premiums may be paid at twelve, six, or three month intervals or, with our consent, monthly at our applicable rates for this Policy. Premium frequency may be changed by Request and with our approval. Any change will be made on a Policy Anniversary.

**Grace Period:** A grace period of 31 days will be allowed for the payment of any premium due after the first premium, for coverage provided by this Policy. Coverage will continue in force during the grace period unless terminated under another Policy provision. If the premium is not paid within the grace period, the Policy will terminate as of the due date. If a death claim arises during the grace period, any overdue premium will be deducted from the proceeds.

**Default in Payment of Premium:** If a premium due for a coverage described in this Policy is not paid by the end of a grace period, the premium will be in default. In that case, such coverage will end unless it is reinstated.

**Premium Refund at Death:** As part of the death benefits payable under this Policy, we will return the portion of any premiums under this Policy paid beyond the end of the Policy month of the death of the Insured.

**Reinstatement:** If any coverage ends because a premium for it was not paid, that coverage can be reinstated. The requirements for such reinstatement are that you must:

1. send a Request for such reinstatement within five years following the date that coverage ended;
2. pay all past due premiums plus interest from the due date of each at the rate of 6% interest per year, compounded annually;
3. provide proof to us which satisfies us the Insured is alive, in good health, and still qualify under our rules for that coverage.

**Other Reinstatement Conditions:** No coverage can be reinstated: (a) unless this Base Policy is in force or is also reinstated; or (b) after the earlier of the Expiry Date of the Basic Death Benefit coverage, or, if different, the Expiry Date of that coverage; or (c) after that coverage ended other than because of the non-payment of a premium due.

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### Conversion Provisions

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**Conversion:** At any time before the the end of policy year 15 or the Insured's 65<sup>th</sup> birthday, whichever is earlier, while this Policy is in force, you may make a Request for a full or partial conversion of this Policy to a new policy providing permanent life insurance on the life of the Insured. A conversion is a partial conversion if any coverage will continue under this Policy after the conversion. A conversion will be a full

conversion unless your Request is for a partial conversion and it qualifies for that partial conversion. The Conversion Date of any converted coverage will be the date we receive the Request for such conversion.

**Full Conversion:** A Request for full conversion will be granted without evidence of insurability for a permanent life policy we are then issuing, subject to the following conditions:

1. any new policy we issue will be for a face amount equal to the Basic Death Benefit amount on the Insured just prior to the Conversion Date; but the amount of coverage under any new policy may not be less than our minimum issue amount for such coverage on the intended Conversion Date;
2. the Owner and the Insured under this Policy must make a Request for such conversion;
3. the Basic Death Benefit coverage must have been in force just prior to the Conversion Date, with no due and unpaid premium;
4. the Policy Date or Coverage Date for any new policy will be the Conversion Date;
5. the first premium for any new policy is due on the Conversion Date;
6. premiums for any new policy shall be based on our rate for the new policy at the Attained Age of the Insured on the Conversion Date;
7. contestability and suicide provisions for any new policy shall be measured using the Policy Date or Coverage Date of the Basic Death Benefit coverage being converted;
8. the risk classification under any new policy will be the same as under the coverage to be converted;
9. any new policy is subject to any assignment of the coverage to be converted unless provided otherwise by the Owner and assignee of the coverage to be converted;
10. the beneficiary under any new policy will be the same as the Beneficiary for the coverage being converted as of the Conversion Date, unless changed;
11. unless we agree otherwise, any new policy will cover only the Insured whose coverage is being converted; and
12. a new policy will not include any coverage described in a Rider unless such Rider allows for the conversion of such coverage, or we agree to a conversion of that coverage.

**Partial Conversion:** A Request for partial conversion will be granted without evidence of insurability for a permanent life policy we are then issuing, subject to the following conditions:

1. the amount of Basic Death Benefit coverage under any new policy we issue will be less than 100% of the Basic Death Benefit amount on the Insured just prior to the Conversion Date; but the amount of coverage under any new policy or policies may not be less than our minimum issue amount for such coverage on the intended Conversion Date;
2. the amount of Basic Death Benefit coverage that continues under this Policy will be the Basic Death Benefit coverage described in this Policy prior to conversion, less the sum of the Basic Death Benefit Amounts of all new policies issued as a result of that partial conversion;
3. some Basic Death Benefit coverage must continue under this Policy, and the amount of that coverage may not be less than our minimum coverage amount for such coverage as of the intended Conversion Date;
4. after conversion, the total amount of Basic Death Benefit coverage on the new policy(s) together with that remaining under this Policy may not exceed the amount of Basic Death Benefit coverage on such Insured under the Policy being converted just prior to the Conversion Date;

5. the premium under the Basic Death Benefit coverage remaining under this Policy, will be adjusted pro rata to reflect the coverage remaining (except any Policy Fee for this Policy will not be pro rated); and
6. the premium and benefits under any Riders remaining under this Policy will be adjusted pro rata to reflect the coverage remaining under such Riders;

otherwise, the requirements and terms for a full conversion (other than item 2 listed in the Full Conversion paragraph) will apply.

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### Termination of Coverage

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**Coverage Termination:** This Policy, and all the coverage it provides, will end on the earliest of: (a) the date of the Insured's death (but any benefits which are due because of the death of the Insured will still be due); (b) the date the grace period ends for a due and unpaid premium for this Policy (but, if eligible, such coverage may be reinstated); (c) the Expiry Date of the Basic Death Benefit coverage; (d) the date you Request that any coverage provided by this Policy be terminated; or (e) the next premium due date following our receipt of a Request by you that this Policy or the Basic Death Benefit coverage terminate.

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### General Provisions

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**Entire Contract:** The Policy, the attached Application, and any attached endorsements or Riders comprise the entire contract. Only our President or Secretary has the power on our behalf to change, modify, or waive any Policy provisions. Any changes, modifications, or waivers must be in writing. We will not be bound by any promises or representations made by any agent or other person, regarding this Policy, including any Riders, except as stated in this paragraph. Anniversaries, coverage years, and premium due dates shall be measured from the Coverage Date of the applicable coverage. No statement shall be used in defense of a claim under the Policy unless it is contained in a written Application that is endorsed upon or attached to the Policy when issued or delivered.

**When Coverage Begins:** An Insured will first become insured under each coverage provided by this Policy after: (a) an appropriate Application or Request for that coverage has been completed and given to us; (b) our issuance of a Policy or Rider for that coverage; and (c) the payment to us of the initial premium for that coverage while that Insured is alive. If it becomes effective, any coverage provided by this Policy will take effect on the Coverage Date for such coverage shown in the schedule pages of this Policy or in the Rider describing such coverage.

**Suicide:** No coverage under this Policy covers suicide by the Insured during the first two years after that coverage's Coverage Date. If a suicide does occur within that two-year period, our sole payout for such coverage will be limited to a refund of all premiums paid for that coverage.

**Contestability under the Policy:** We rely on the statements made in the Application to provide coverage under this Policy. We also rely on statements made in any application or Request for a reinstatement, change or addition to coverage provided by this Policy. In the absence of fraud, we deem such statements to be representations and not warranties. In addition to the other reasons permitted by law, we can contest the validity of any coverage provided by this Policy, any reinstatement of coverage provided by this Policy or any benefit or Rider added to coverage provided by this Policy if:

1. any material misrepresentation of fact was made in the Application, an application or a Request form for coverage provided, changed, or reinstated under this Policy; and
2. a copy of that Application, that application, or that Request form was attached to this Policy or the Rider.

Except as stated below, we will not contest the validity of coverage provided by this Policy for the Insured after that coverage has been in force, during the Insured's life, for two years from the Coverage Date for such coverage. With respect to: (a) any reinstatement of coverage provided by this Policy; or (b) any benefit or Rider added to coverage provided by this Policy, we will not contest the validity of such change, addition or reinstatement after that action has been effective during the life of the Insured for two years. We can always contest the validity of any coverage, reinstatement of coverage, or any benefit or Rider added to any coverage, for non-payment of any premium due.

**Misstatement of Age or Sex:** If the Insured's age or sex is misstated, we will adjust the coverage accordingly. In that case if benefits are payable under this Policy, whether provided by the Base Policy or a Rider, we will pay the benefits that the premium actually paid would have bought for the correct age or sex, with coverages adjusted pro rata.

**Conformity with State Statutes:** Any provision of this Policy, including any Rider, that is in conflict with the laws of the State where the Insured resides on the date such coverage begins, is amended to the minimum requirements of those laws.

**Collateral Assignment:** You may assign this Policy as collateral security. We assume no responsibility for the validity or effect of any collateral assignment of the Policy. We will not be responsible to an assignee for any payment or other action taken by us before receipt in writing at our Home Office of the assignment.

**Periods of Insurance:** All periods of insurance begin and end at 12:01 AM Standard Time at an Insured Person's residence.

## TABLES FOR SETTLEMENT OPTIONS

**Table A – Income for a Specified Period  
(Monthly Installments for each \$1,000 of Proceeds)**

Years	Installment		Years	Installment		Years	Installment
1	83.90		11	8.21		21	4.62
2	42.26		12	7.58		22	4.44
3	28.39		13	7.05		23	4.28
4	21.45		14	6.59		24	4.13
5	17.28		15	6.20		25	3.99
6	14.51		16	5.85		26	3.86
7	12.53		17	5.55		27	3.75
8	11.04		18	5.27		28	3.64
9	9.89		19	5.03		29	3.54
10	8.96		20	4.81		30	3.44

**Table B – Income for Life without a Guarantee Period  
(Monthly Installments for each \$1,000 of Proceeds)**

Year of Annuitization	2010		2020		2030		2040	
Age	Male	Female	Male	Female	Male	Female	Male	Female
30	3.15	3.06	3.12	3.03	3.09	3.00	3.06	2.97
35	3.30	3.18	3.25	3.14	3.21	3.10	3.18	3.07
40	3.48	3.32	3.42	3.28	3.37	3.23	3.32	3.20
45	3.70	3.51	3.63	3.45	3.57	3.40	3.51	3.35
50	3.98	3.74	3.89	3.67	3.82	3.60	3.74	3.54
55	4.34	4.05	4.23	3.95	4.13	3.87	4.04	3.79
60	4.82	4.45	4.68	4.33	4.55	4.22	4.43	4.12
65	5.48	4.99	5.29	4.83	5.12	4.68	4.96	4.55
70	6.38	5.75	6.13	5.53	5.89	5.33	5.69	5.16
75	7.62	6.86	7.26	6.54	6.95	6.26	6.66	6.02
80	9.35	8.48	8.85	8.02	8.41	7.61	8.02	7.26
85	11.76	10.89	11.08	10.21	10.48	9.62	9.96	9.11

**Table C – Income for Life with 10 Years Guaranteed  
(Monthly Installments for each \$1,000 of Proceeds)**

Year of Annuitization	2010		2020		2030		2040	
Age	Male	Female	Male	Female	Male	Female	Male	Female
30	3.16	3.06	3.12	3.03	3.09	3.00	3.06	2.97
35	3.30	3.17	3.25	3.14	3.21	3.10	3.17	3.07
40	3.47	3.32	3.42	3.27	3.37	3.23	3.32	3.19
45	3.69	3.50	3.62	3.44	3.56	3.39	3.50	3.35
50	3.96	3.73	3.87	3.66	3.80	3.60	3.73	3.54
55	4.30	4.03	4.20	3.94	4.10	3.86	4.02	3.78
60	4.74	4.41	4.61	4.29	4.50	4.19	4.39	4.10
65	5.31	4.91	5.15	4.76	5.01	4.63	4.87	4.51
70	6.02	5.57	5.83	5.39	5.65	5.22	5.48	5.07
75	6.85	6.42	6.63	6.19	6.42	5.98	6.23	5.79
80	7.73	7.40	7.51	7.16	7.30	6.92	7.10	6.70
85	8.52	8.34	8.35	8.13	8.18	7.93	8.02	7.73

**TABLES FOR SETTLEMENT OPTIONS (Continued)**

**Table D – Joint and 100% Survivor Income  
(Monthly Installments for each \$1,000 of Proceeds)**

Year of Annuitization	2020				2040			
Female Age	45	55	65	75	45	55	65	75
Male Age								
45	3.25	3.41	3.52	3.59	3.18	3.32	3.42	3.47
55	3.35	3.63	3.90	4.09	3.26	3.52	3.76	3.92
65	3.40	3.80	4.30	4.78	3.31	3.67	4.10	4.52
75	3.43	3.89	4.59	5.54	3.34	3.74	4.36	5.18

# **FEDERAL LIFE**

INSURANCE COMPANY (MUTUAL)  
3750 WEST DEERFIELD ROAD  
RIVERWOODS, ILLINOIS 60015  
1-847-520-1900

**LEVEL TERM LIFE INSURANCE**  
**ADJUSTABLE PREMIUMS PAYABLE**  
**WHILE IN FORCE**  
**PARTICIPATING AS DESCRIBED**  
**HEREIN**  
**CONVERTIBLE AS DESCRIBED**  
**HEREIN**

L-8029

05-08

POLICY SCHEDULE

SUMMARY OF COVERAGE

FORM NUMBER	PREMIUM PAYMENT PERIOD	COVERAGE	EXPIRY DATE	FIRST YEAR ANNUAL PREMIUM*
[L-8029	60 YEARS	INDIVIDUAL LEVEL TERM INSURANCE TO AGE 95	01-01-69	223.00]
[L-7951	35 YEARS	ACCIDENTAL DEATH BENEFIT (\$100,000)	01-01-44	100.00]

[ FIRST YEAR TOTAL ANNUAL PREMIUM \$323.00]

PREMIUM INTERVAL [ANNUAL]

[FIRST PREMIUM\* \$323.00]

\*PAGE 3 (B) SHOWS THE GUARANTEED MAXIMUM ANNUAL PREMIUMS FOR THIS CONTRACT. PAGE 3 (C) SHOWS THE SCHEDULE OF ANNUAL PREMIUMS CURRENTLY CHARGED FOR THIS CONTRACT. THE ANNUAL PREMIUMS ACTUALLY CHARGED MAY BE OTHER THAN AS SHOWN ON PAGE 3 (C) BUT WILL NOT BE LARGER THAN THE MAXIMUM ANNUAL PREMIUMS SHOWN ON PAGE 3 (B) .

AS PROVIDED IN THE PREMIUMS PROVISION, PREMIUMS FOR THIS POLICY MAY BE PAID AT VARIOUS MONTHLY INTERVALS. TO DETERMINE THE PREMIUM PAYABLE AT ANY OF THESE INTERVALS, MULTIPLY THE ANNUAL PREMIUM FOR EACH POLICY YEAR BY THE APPROPRIATE FACTOR:

SIX MONTH FACTOR	0.5150
THREE MONTH FACTOR	0.2625
ONE MONTH FACTOR (EFT)	0.0850
ONE MONTH FACTOR (CREDIT CARD)	0.0917

[POLICY NUMBER: T151234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE COVERAGE DATE: JAN 01, 2009]  
 [(FOR EACH COVERAGE LISTED ABOVE)

[ISSUE AGE AND SEX: 35 MALE ISSUE DATE: JAN 01, 2009]

[BASIC DEATH BENEFIT: \$100,000 RISK CLASSIFICATION: NON-TOBACCO]

[INITIAL GUARANTEE PERIOD: 7 YEARS]

OWNER AND BENEFICIARY ARE AS STATED IN THE APPLICATION FOR THIS POLICY UNLESS SUBSEQUENTLY CHANGED IN ACCORDANCE WITH POLICY PROVISIONS.

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T151234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE ISSUE DATE: JAN 01, 2009]

GUARANTEED MAXIMUM ANNUAL PREMIUMS

[POLICY [YEAR	BASE POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[1	223.00	100.00	323.00
[2	223.00	100.00	323.00
[3	223.00	100.00	323.00
[4	223.00	100.00	323.00
[5	223.00	100.00	323.00
[6	223.00	100.00	323.00
[7	223.00	100.00	323.00
[8	398.00	100.00	498.00
[9	435.00	100.00	535.00
[10	475.00	100.00	575.00
[11	519.00	100.00	619.00
[12	563.00	100.00	663.00
[13	600.00	100.00	700.00
[14	629.00	100.00	729.00
[15	665.00	100.00	765.00
[16	713.00	100.00	813.00
[17	775.00	100.00	875.00
[18	850.00	100.00	950.00
[19	937.00	100.00	1037.00
[20	1046.00	100.00	1146.00
[21	1169.00	100.00	1269.00
[22	1296.00	100.00	1396.00
[23	1419.00	100.00	1519.00
[24	1542.00	100.00	1642.00
[25	1687.00	100.00	1787.00
[26	1862.00	100.00	1962.00
[27	2075.00	100.00	2175.00
[28	2323.00	100.00	2423.00
[29	2594.00	100.00	2694.00
[30	2877.00	100.00	2977.00
[31	3171.00	100.00	3271.00
[32	3469.00	100.00	3569.00
[33	3781.00	100.00	3881.00
[34	4110.00	100.00	4210.00
[35	4479.00	100.00	4579.00
[36	4910.00		4910.00
[37	5433.00		5433.00

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T151234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE ISSUE DATE: JAN 01, 2009]

GUARANTEED MAXIMUM ANNUAL PREMIUMS

[POLICY [YEAR	BASE POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[38	6044.00		6044.00 ]
[39	6688.00		6688.00 ]
[40	7381.00		7381.00 ]
[41	8135.00		8135.00 ]
[42	8985.00		8985.00 ]
[43	9973.00		9973.00 ]
[44	11121.00		11121.00 ]
[45	12408.00		12408.00 ]
[46	13842.00		13842.00 ]
[47	15402.00		15402.00 ]
[48	17054.00		17054.00 ]
[49	18858.00		18858.00 ]
[50	20863.00		20863.00 ]
[51	23094.00		23094.00 ]
[52	25548.00		25548.00 ]
[53	28200.00		28200.00 ]
[54	31019.00		31019.00 ]
[55	33977.00		33977.00 ]
[56	36923.00		36923.00 ]
[57	39823.00		39823.00 ]
[58	42862.00		42862.00 ]
[59	46065.00		46065.00 ]
[60	49440.00		49440.00 ]

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T151234

POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE

ISSUE DATE: JAN 01, 2009]

SCHEDULE OF CURRENT ANNUAL PREMIUMS \*

POLICY YEAR	[BASE POLICY]	ACCI-DENTAL DEATH BENEFIT	TOTAL
[1	223.00	100.00	323.00 ]
[2	223.00	100.00	323.00 ]
[3	223.00	100.00	323.00 ]
[4	223.00	100.00	323.00 ]
[5	223.00	100.00	323.00 ]
[6	223.00	100.00	323.00 ]
[7	223.00	100.00	323.00 ]
[8	223.00	100.00	323.00 ]
[9	223.00	100.00	323.00 ]
[10	223.00	100.00	323.00 ]
[11	223.00	100.00	323.00 ]
[12	223.00	100.00	323.00 ]
[13	223.00	100.00	323.00 ]
[14	223.00	100.00	323.00 ]
[15	223.00	100.00	323.00 ]
[16	713.00	100.00	813.00 ]
[17	775.00	100.00	875.00 ]
[18	850.00	100.00	950.00 ]
[19	937.00	100.00	1037.00 ]
[20	1046.00	100.00	1146.00 ]
[21	1169.00	100.00	1269.00 ]
[22	1296.00	100.00	1396.00 ]
[23	1419.00	100.00	1519.00 ]
[24	1542.00	100.00	1642.00 ]
[25	1687.00	100.00	1787.00 ]
[26	1862.00	100.00	1962.00 ]
[27	2075.00	100.00	2175.00 ]
[28	2323.00	100.00	2423.00 ]
[29	2594.00	100.00	2694.00 ]
[30	2877.00	100.00	2977.00 ]
[31	3171.00	100.00	3271.00 ]
[32	3469.00	100.00	3569.00 ]
[33	3781.00	100.00	3881.00 ]
[34	4110.00	100.00	4210.00 ]
[35	4479.00	100.00	4579.00 ]
[36	4910.00	100.00	4910.00 ]
[37	5433.00	100.00	5433.00 ]

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POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T201234

POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE

ISSUE DATE: JAN 01, 2009]

SCHEDULE OF CURRENT ANNUAL PREMIUMS \*

[POLICY [YEAR	[BASE [POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[38	6044.00		6044.00
[39	6688.00		6688.00
[40	7381.00		7381.00
[41	8135.00		8135.00
[42	8985.00		8985.00
[43	9973.00		9973.00
[44	11121.00		11121.00
[45	12408.00		12408.00
[46	13842.00		13842.00
[47	15402.00		15402.00
[48	17054.00		17054.00
[49	18858.00		18858.00
[50	20863.00		20863.00
[51	23094.00		23094.00
[52	25548.00		25548.00
[53	28200.00		28200.00
[54	31019.00		31019.00
[55	33977.00		33977.00
[56	36923.00		36923.00
[57	39823.00		39823.00
[58	42862.00		42862.00
[59	46065.00		46065.00
[60	49440.00		49440.00

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POLICY SCHEDULE

SUMMARY OF COVERAGE

FORM NUMBER	PREMIUM PAYMENT PERIOD	COVERAGE	EXPIRY DATE	FIRST YEAR ANNUAL PREMIUM*
[L-8029	60 YEARS	INDIVIDUAL LEVEL TERM INSURANCE TO AGE 95	01-01-69	251.00]
[L-7951	35 YEARS	ACCIDENTAL DEATH BENEFIT (\$100,000)	01-01-44	100.00]

[ FIRST YEAR TOTAL ANNUAL PREMIUM \$351.00]

PREMIUM INTERVAL [ANNUAL]

[FIRST PREMIUM\* \$351.00]

\*PAGE 3 (B) SHOWS THE GUARANTEED MAXIMUM ANNUAL PREMIUMS FOR THIS CONTRACT. PAGE 3 (C) SHOWS THE SCHEDULE OF ANNUAL PREMIUMS CURRENTLY CHARGED FOR THIS CONTRACT. THE ANNUAL PREMIUMS ACTUALLY CHARGED MAY BE OTHER THAN AS SHOWN ON PAGE 3 (C) BUT WILL NOT BE LARGER THAN THE MAXIMUM ANNUAL PREMIUMS SHOWN ON PAGE 3 (B) .

AS PROVIDED IN THE PREMIUMS PROVISION, PREMIUMS FOR THIS POLICY MAY BE PAID AT VARIOUS MONTHLY INTERVALS. TO DETERMINE THE PREMIUM PAYABLE AT ANY OF THESE INTERVALS, MULTIPLY THE ANNUAL PREMIUM FOR EACH POLICY YEAR BY THE APPROPRIATE FACTOR:

SIX MONTH FACTOR	0.5150
THREE MONTH FACTOR	0.2625
ONE MONTH FACTOR (EFT)	0.0850
ONE MONTH FACTOR (CREDIT CARD)	0.0917

[POLICY NUMBER: T201234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE COVERAGE DATE: JAN 01, 2009]  
[ (FOR EACH COVERAGE LISTED ABOVE)

[ISSUE AGE AND SEX: 35 MALE ISSUE DATE: JAN 01, 2009]

[BASIC DEATH BENEFIT: \$100,000 RISK CLASSIFICATION: NON-TOBACCO]

[INITIAL GUARANTEE PERIOD: 10 YEARS]

OWNER AND BENEFICIARY ARE AS STATED IN THE APPLICATION FOR THIS POLICY UNLESS SUBSEQUENTLY CHANGED IN ACCORDANCE WITH POLICY PROVISIONS.

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T201234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE ISSUE DATE: JAN 01, 2009]

GUARANTEED MAXIMUM ANNUAL PREMIUMS

[POLICY [YEAR	BASE POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[1	251.00	100.00	351.00
[2	251.00	100.00	351.00
[3	251.00	100.00	351.00
[4	251.00	100.00	351.00
[5	251.00	100.00	351.00
[6	251.00	100.00	351.00
[7	251.00	100.00	351.00
[8	251.00	100.00	351.00
[9	251.00	100.00	351.00
[10	251.00	100.00	351.00
[11	519.00	100.00	619.00
[12	563.00	100.00	663.00
[13	600.00	100.00	700.00
[14	629.00	100.00	729.00
[15	665.00	100.00	765.00
[16	713.00	100.00	813.00
[17	775.00	100.00	875.00
[18	850.00	100.00	950.00
[19	937.00	100.00	1037.00
[20	1046.00	100.00	1146.00
[21	1169.00	100.00	1269.00
[22	1296.00	100.00	1396.00
[23	1419.00	100.00	1519.00
[24	1542.00	100.00	1642.00
[25	1687.00	100.00	1787.00
[26	1862.00	100.00	1962.00
[27	2075.00	100.00	2175.00
[28	2323.00	100.00	2423.00
[29	2594.00	100.00	2694.00
[30	2877.00	100.00	2977.00
[31	3171.00	100.00	3271.00
[32	3469.00	100.00	3569.00
[33	3781.00	100.00	3881.00
[34	4110.00	100.00	4210.00
[35	4479.00	100.00	4579.00
[36	4910.00		4910.00
[37	5433.00		5433.00

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T201234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE ISSUE DATE: JAN 01, 2009]

GUARANTEED MAXIMUM ANNUAL PREMIUMS

[POLICY [YEAR	BASE POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[38	6044.00		6044.00 ]
[39	6688.00		6688.00 ]
[40	7381.00		7381.00 ]
[41	8135.00		8135.00 ]
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[47	15402.00		15402.00 ]
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[50	20863.00		20863.00 ]
[51	23094.00		23094.00 ]
[52	25548.00		25548.00 ]
[53	28200.00		28200.00 ]
[54	31019.00		31019.00 ]
[55	33977.00		33977.00 ]
[56	36923.00		36923.00 ]
[57	39823.00		39823.00 ]
[58	42862.00		42862.00 ]
[59	46065.00		46065.00 ]
[60	49440.00		49440.00 ]

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T201234

POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE

ISSUE DATE: JAN 01, 2009]

SCHEDULE OF CURRENT ANNUAL PREMIUMS \*

[POLICY [YEAR	[ BASE POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[1	251.00	100.00	351.00 ]
[2	251.00	100.00	351.00 ]
[3	251.00	100.00	351.00 ]
[4	251.00	100.00	351.00 ]
[5	251.00	100.00	351.00 ]
[6	251.00	100.00	351.00 ]
[7	251.00	100.00	351.00 ]
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[12	251.00	100.00	351.00 ]
[13	251.00	100.00	351.00 ]
[14	251.00	100.00	351.00 ]
[15	251.00	100.00	351.00 ]
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POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T201234

POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE

ISSUE DATE: JAN 01, 2009]

SCHEDULE OF CURRENT ANNUAL PREMIUMS \*

[POLICY [YEAR	BASE POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[38	6044.00		6044.00
[39	6688.00		6688.00
[40	7381.00		7381.00
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[42	8985.00		8985.00
[43	9973.00		9973.00
[44	11121.00		11121.00
[45	12408.00		12408.00
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[47	15402.00		15402.00
[48	17054.00		17054.00
[49	18858.00		18858.00
[50	20863.00		20863.00
[51	23094.00		23094.00
[52	25548.00		25548.00
[53	28200.00		28200.00
[54	31019.00		31019.00
[55	33977.00		33977.00
[56	36923.00		36923.00
[57	39823.00		39823.00
[58	42862.00		42862.00
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POLICY SCHEDULE

SUMMARY OF COVERAGE

FORM NUMBER	PREMIUM PAYMENT PERIOD	COVERAGE	EXPIRY DATE	FIRST YEAR ANNUAL PREMIUM*
[L-8029	60 YEARS	INDIVIDUAL LEVEL TERM INSURANCE TO AGE 95	01-01-69	315.00]
[L-7951	35 YEARS	ACCIDENTAL DEATH BENEFIT (\$100,000)	01-01-44	100.00]

[ FIRST YEAR TOTAL ANNUAL PREMIUM \$415.00]

PREMIUM INTERVAL [ANNUAL]

[FIRST PREMIUM\* \$415.00]

\*PAGE 3 (B) SHOWS THE GUARANTEED MAXIMUM ANNUAL PREMIUMS FOR THIS CONTRACT. PAGE 3 (C) SHOWS THE SCHEDULE OF ANNUAL PREMIUMS CURRENTLY CHARGED FOR THIS CONTRACT. THE ANNUAL PREMIUMS ACTUALLY CHARGED MAY BE OTHER THAN AS SHOWN ON PAGE 3 (C) BUT WILL NOT BE LARGER THAN THE MAXIMUM ANNUAL PREMIUMS SHOWN ON PAGE 3 (B) .

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SIX MONTH FACTOR	0.5150
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ONE MONTH FACTOR (EFT)	0.0850
ONE MONTH FACTOR (CREDIT CARD)	0.0917

[POLICY NUMBER: T301234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE COVERAGE DATE: JAN 01, 2009]  
[ (FOR EACH COVERAGE LISTED ABOVE)

[ISSUE AGE AND SEX: 35 MALE ISSUE DATE: JAN 01, 2009]

[BASIC DEATH BENEFIT: \$100,000 RISK CLASSIFICATION: NON-TOBACCO]

[INITIAL GUARANTEE PERIOD: 15 YEARS]

OWNER AND BENEFICIARY ARE AS STATED IN THE APPLICATION FOR THIS POLICY UNLESS SUBSEQUENTLY CHANGED IN ACCORDANCE WITH POLICY PROVISIONS.

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T301234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE ISSUE DATE: JAN 01, 2009]

GUARANTEED MAXIMUM ANNUAL PREMIUMS

[POLICY [YEAR	BASE POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[1	315.00	100.00	415.00
[2	315.00	100.00	415.00
[3	315.00	100.00	415.00
[4	315.00	100.00	415.00
[5	315.00	100.00	415.00
[6	315.00	100.00	415.00
[7	315.00	100.00	415.00
[8	315.00	100.00	415.00
[9	315.00	100.00	415.00
[10	315.00	100.00	415.00
[11	315.00	100.00	415.00
[12	315.00	100.00	415.00
[13	315.00	100.00	415.00
[14	315.00	100.00	415.00
[15	315.00	100.00	415.00
[16	713.00	100.00	813.00
[17	775.00	100.00	875.00
[18	850.00	100.00	950.00
[19	937.00	100.00	1037.00
[20	1046.00	100.00	1146.00
[21	1169.00	100.00	1269.00
[22	1296.00	100.00	1396.00
[23	1419.00	100.00	1519.00
[24	1542.00	100.00	1642.00
[25	1687.00	100.00	1787.00
[26	1862.00	100.00	1962.00
[27	2075.00	100.00	2175.00
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[32	3469.00	100.00	3569.00
[33	3781.00	100.00	3881.00
[34	4110.00	100.00	4210.00
[35	4479.00	100.00	4579.00
[36	4910.00		4910.00
[37	5433.00		5433.00

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T301234 POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE ISSUE DATE: JAN 01, 2009]

GUARANTEED MAXIMUM ANNUAL PREMIUMS

[POLICY [YEAR	BASE POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[38	6044.00		6044.00 ]
[39	6688.00		6688.00 ]
[40	7381.00		7381.00 ]
[41	8135.00		8135.00 ]
[42	8985.00		8985.00 ]
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[56	36923.00		36923.00 ]
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[58	42862.00		42862.00 ]
[59	46065.00		46065.00 ]
[60	49440.00		49440.00 ]

POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T301234

POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE

ISSUE DATE: JAN 01, 2009]

SCHEDULE OF CURRENT ANNUAL PREMIUMS \*

POLICY YEAR	[BASE POLICY]	ACCI-DENTAL DEATH BENEFIT	TOTAL
[1	315.00	100.00	415.00 ]
[2	315.00	100.00	415.00 ]
[3	315.00	100.00	415.00 ]
[4	315.00	100.00	415.00 ]
[5	315.00	100.00	415.00 ]
[6	315.00	100.00	415.00 ]
[7	315.00	100.00	415.00 ]
[8	315.00	100.00	415.00 ]
[9	315.00	100.00	415.00 ]
[10	315.00	100.00	415.00 ]
[11	315.00	100.00	415.00 ]
[12	315.00	100.00	415.00 ]
[13	315.00	100.00	415.00 ]
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[16	315.00	100.00	415.00 ]
[17	315.00	100.00	415.00 ]
[18	315.00	100.00	415.00 ]
[19	315.00	100.00	415.00 ]
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POLICY SCHEDULE (CONTINUED)

[POLICY NUMBER: T301234

POLICY DATE: JAN 01, 2009]

[INSURED: JOHN DOE

ISSUE DATE: JAN 01, 2009]

SCHEDULE OF CURRENT ANNUAL PREMIUMS \*

[POLICY [YEAR	[BASE [POLICY	ACCI- DENTAL DEATH BENEFIT	TOTAL
[38	6044.00		6044.00
[39	6688.00		6688.00
[40	7381.00		7381.00
[41	8135.00		8135.00
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Federal Life Insurance Company (Mutual)(The Company)

3750 West Deerfield Road • Riverwoods, Illinois 60015

PART I - Application/Enrollment Form ("APP/EF") for Life Insurance and/or Disability Insurance

1. Proposed Insured(s)
Table with columns: First Name, Middle, Last, Soc. Sec. No., Phone Numbers, Birthplace, Birth Month, Day, Year, Age, Sex.
Rows: a. Insured, b. Joint Insured

2. Street Address, City, State and Zip, County, How Long?

3. Is every proposed insured a permanent resident of the United States? Yes No

4. Employer Name and Address, Your Job Title and Duties, How Long?
Proposed Insured:
Proposed Joint or Additional Insured:

5. Owner - If other than Insured
Relationship, Soc. Sec. No., Street Address, City, State and Zip, County

6. Insurance Requested:
a. Life Insurance Plan, Face Amount \$, Option A B
b. Disability Income Insurance Plan, Class, Monthly Indemnity \$, Benefit Period, Waiting Period
7. Florida Only: Pursuant to Florida Statutes, we invite you to provide us with the name and address of a second addressee in the space below. This legislation and procedure is intended to provide additional assurance that you receive notice of premium due for your policy:
Name, Street, City, State, Zip

8. Supplemental Benefits Amount Applied For
Disability Income Rider (Not available on all plans) ... \$
Occupational Non-occupational
10 Year Extra Term Rider \$
Accidental Death Benefit \$
Children's Term Rider \$
Spouse Term Rider \$
Money Back Rider (If available)
Initial Specified Amount Continuation Rider
Waiver of Premium
Additional Insured Rider
Other

9. Automatic Premium Loan Requested? Yes No

10. Payment Plan
Annual Semi-Annual Quarterly EFT List Bill
Visa, MasterCard, or Discover (Complete Form L-8015)

11. Beneficiary: Enter full names, Social Security numbers, and relationships to Insured.
Primary: Soc. Sec. No. Relationship
Contingent: Soc. Sec. No. Relationship

**Items 12 through 27 apply to all persons proposed for insurance in Question 1:**

12. Does any proposed insured now have any life insurance, annuities, or disability income insurance:
- |   |  |                          |                          |   |                          |
|---|--|--------------------------|--------------------------|---|--------------------------|
|   |  | <b>Proposed Insured</b>  |                          | <b>Proposed Joint or Additional Insured</b> |                          |
|   |  | <b>Yes</b>               | <b>No</b>                | <b>Yes</b>                                  | <b>No</b>                |
| a. In force with any company? .....                                 |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> |
| b. Applications or enrollment forms pending with any company? ..... |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> |
| c. Which will be replaced or changed because of this APP/EF? .....  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> |

If **Yes** to **12a.**, **12b.**, or **12c.**, give details below and submit any needed replacement forms.

Person	Company Name	Disability Monthly Benefit	Life Face Amount	Date Applied or Issued

13. Has any proposed insured been declined, postponed, or offered a rated or modified life insurance policy, or been denied reinstatement within the past 7 years?
14. **In the past 3 years has any proposed insured:** a. Flown other than as a scheduled airline passenger?
- 14b. Engaged in, or intend to engage in, motorized racing, hang gliding, ballooning, sky or scuba diving, mountain or rock climbing, base jumping, bungee jumping, backcountry skiing or any other hazardous activity?
- If **Yes** to either **14a.** or **14b.**, complete the appropriate questionnaire.
15. Has any proposed insured made claim for or received disability payment for an injury or sickness in the past 5 years?
16. Within the past 5 years: a. Has any proposed insured had three or more moving violations, or had their license suspended or revoked?
- b. Has any proposed insured been convicted of, or is any proposed insured awaiting trial for reckless driving or driving under the influence of alcohol or drugs?
- If **Yes** to **16a.** or **16b.**, please list details below:

Person's Name \_\_\_\_\_ Date of Incident \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

17. Has any proposed insured ever been convicted of, or are they awaiting trial for a felony?
18. Is any proposed insured serving a term of parole or probation assigned by a court of law?

**For Office Use Only:**

**Part I:** No. \_\_\_\_ Is Corrected To Read: \_\_\_\_\_

**Part II – APP/EF Non-Medical Report**

19. Present height and weight a. Proposed insured \_\_ ft. \_\_ in. \_\_\_\_ lbs. b. Proposed joint or additional insured \_\_ ft. \_\_ in. \_\_\_\_ lbs. c. Has any proposed insured lost more than 10 lbs. in the past 12 months?
- If **Yes** to **19c.**, please answer below:

**Proposed insured's weight loss** \_\_\_\_ lbs. **Proposed joint or additional insured's weight loss** \_\_\_\_ lbs.

Reason for loss if known: \_\_\_\_\_

20. Has any proposed insured used any form of tobacco or nicotine products within the past 24 months?

**Has any proposed insured in the past 10 years:**

21. a. Used illegal drugs or used restricted or controlled drugs except as prescribed for that person by a physician?
- If **Yes**, list all drugs, when used, how often, and by whom: \_\_\_\_\_
- b. Had treatment or been advised by a medical professional to have treatment for drug use?
- If **Yes**, Dates: \_\_\_\_\_ Details: \_\_\_\_\_
- c. Had treatment or been advised by a medical professional to limit the use of, seek treatment for or receive treatment for alcohol use?
- If **Yes**, Dates: \_\_\_\_\_ Details: \_\_\_\_\_
22. In the past 7 years, has any proposed insured had, been told they had, or consulted a medical professional for any disease or disorder of the organs or conditions below?
- a. Heart attack, heart disease, high blood pressure, angina, palpitations, heart murmur, chest pain, congestive heart failure, stroke, anemia or any other disease or disorder of the circulatory, cerebrovascular, or cardiovascular system or blood vessels?
- b. Epilepsy, seizures, convulsions, fainting spells, multiple sclerosis, paralysis, depression, anxiety, mental illness, suicide attempt, eating disorder, dementia, Alzheimer's, or any other disease or disorder of the brain or nervous system?
- c. Emphysema, chronic obstructive pulmonary disease (COPD), asthma, shortness of breath, chronic cough, sleep apnea, or any other disease or disorder of the lungs or respiratory system?
- d. Cancer, tumor, cyst, polyps, melanoma or other malignancy?
- e. Ulcer, colitis, Crohn's disease, hepatitis, cirrhosis, pancreatitis or any other disease or disorder of the stomach, gall bladder, intestines, colon, rectum, liver or pancreas?
- f. Diabetes, thyroid, pituitary or other gland?
- g. Breasts, prostate, male or female reproductive organs?
- h. Kidneys, bladder or urinary system, sugar, albumin or blood in the urine?



## CONDITIONAL RECEIPT

**Federal Life Insurance Company (Mutual)** ("The Company") has received from \_\_\_\_\_

- a payment of \$\_\_\_\_\_ for the insurance applied/enrolled for with the APP/EF.
- an authorization for payment of premiums by participation in the Electronic Funds Transfer Plan or the Credit Card Billing Plan for the insurance applied/enrolled for with the APP/EF.

This receipt is not valid unless it is signed by an agent of The Company. This receipt is not valid unless the amount paid with the APP/EF, if paid by check or draft, is honored on first presentation for payment, or the authorization for payment of premium remains in effect until the first premium is transmitted to The Company.

**IMPORTANT:** The payment or authorization for payment of premiums is received subject to the following conditions:

- (A)** 1. If the medical examinations required by The Company are completed; and
2. If The Company at its Home Office is satisfied that, at the time of completing Part I and Part II of the APP/EF each person to be covered was insurable under The Company's rules for insurance on the plan, in the amount, and at the class of risk to be applied/enrolled for in Part I of the APP/EF;

Then, and only after these conditions are met, the insurance applied/enrolled for shall be effective from the date of Part II, or the date requested in the APP/EF, whichever is the latest, regardless of any change of insurability of each person to be covered occurring after completion of both parts of the APP/EF. If less than the full first premium has been paid for such insurance, it shall remain in effect only for the fraction of one year that the payment made for such insurance bears to the annual premium for such insurance.

The Company shall not be required to make insurance effective for an amount which, together with any amount effective in The Company on each person to be covered would exceed the following limits: (a) \$100,000 of life insurance if such person is age 16 – 65 and is insurable as a standard class of risk, or \$25,000 at all other ages and classes of risk; and (b) \$50,000 of benefits for death by accident. Any insurance applied/enrolled for as alternate or additional to the plan and amount of insurance applied/enrolled for in the APP/EF shall not become effective under this conditional receipt.

- (B)** If the conditions of **(A)** are met for the insurance applied/enrolled for in the APP/EF, except that if any person to be covered is not insurable under The Company's rules for benefits for disability or accidental death as applied/enrolled for, the life insurance, and any portion of such benefits for which the Proposed Insured is insurable under The Company's rules, shall be effective as provided in **(A)**.
- (C)** If family insurance or children's insurance is applied/enrolled for and the conditions of **(A)** are met for such insurance except that one or more of the persons to be covered are not insurable under The Company's rules for such insurance, the family insurance or children's insurance for which the other persons to be covered are insurable under The Company's rules shall be effective as provided in **(A)**.

Except as provided in this conditional receipt, any Contract issued by The Company shall not take effect unless the full first premium is paid and such Contract is delivered to the Owner during the lifetime of each person to be covered by such Contract, and all the statements and answers given in the APP/EF continue to be true and complete to the best of the Proposed Insured's (Owner's) knowledge and belief as of the date of delivery of such Contract.

Neither the agent nor the medical examiner is authorized to accept risks or pass upon insurability, to modify contracts, or to waive any of The Company's rights or requirements.

**IMPORTANT:** The payment is received subject to the conditions of this receipt. This conditional receipt does not provide any insurance until after its conditions are met.

Agent Name \_\_\_\_\_ Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

If you do not hear from The Company regarding the proposed insurance within 30 days, notify The Company at its Home Office in Riverwoods, Illinois, giving the name of the agent, date and amount paid.

**Make checks payable only to Federal Life Insurance Company (Mutual). Do not make check payable to the agent. Do not leave payee blank.**

----- DETACH HERE -----

### Notice To Applicant/Enrollee:

### Medical Information Bureau

Information regarding your insurability will be treated as confidential. Federal Life Insurance Company (Mutual) or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. If you apply to or enroll with another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in the MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Federal Life Insurance Company (Mutual) or its reinsurers may also release information in its file to other insurance companies to whom you may apply/enroll for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained at its website [www.mib.com](http://www.mib.com).

----- DETACH HERE -----

### **Fair Credit Reporting Act**

**Notice to Applicant/Enrollee:** Federal law requires that notice of investigation be given to persons applying or enrolling for insurance. In making this application/enrollment for insurance to Federal Life Insurance Company (Mutual), it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request to the Home Office of The Company within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. (See Notice to Applicant/Enrollee – regarding Medical Information Bureau.)

### **Notice Of Information Practices – To our Contractholders, Applicants/Enrollees and Insureds:**

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on the information provided by you. We may also seek information from others, such as medical professionals who have treated you or family members covered under such insurance. You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate. The above is a general description of The Company's and its agents' information practices. If you would like to receive a more detailed explanation of those practices, please contact:

**Policyholder Services – Federal Life Insurance Company (Mutual) – 3750 West Deerfield Road – Riverwoods, Illinois 60015**

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**Federal Life Insurance Company (Mutual)** (“The Company”)

**Health Insurance Portability and Accountability Act (HIPAA ) Authorization to obtain and disclose certain data**

- A.** I hereby authorize the release of any and all records and information within your possession, custody or control regarding me pursuant to this Authorization. Any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition are to be released. Such records and information to be released may include, but should not be limited to, the following: alcohol abuse treatment, drug abuse treatment, psychiatric treatment, pharmacy prescriptions, HIV testing and treatment, STD testing and treatment, genetic testing, Sickle Cell testing and treatment, lab data and EKGs.
- For Wisconsin only:** *Information about AIDS or HIV status is limited to a positive diagnosis made by a member of the medical profession. HIV test results received at an anonymous counseling and testing site or results from a home test kit are not subject to disclosure.*
- B.** This information will be used to determine my eligibility for insurance, underwrite my application or enrollment form for insurance, determine my eligibility for benefits under any temporary insurance, and if the contract is issued, determine my eligibility and contestability of the contract.
- C.** I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, the Veteran's Administration, insurance company, MIB, INC. ("MIB"), employer, consumer reporting agency or other organization, institution or person, that has any records or knowledge of me or my health to give to The Company or its reinsurers, any such information when this authorization or a copy of it is shown.
- D.** Data about mental illness, alcoholism, and the use of drugs is to be included.
- E.** The Company or its reinsurers may make a brief report about me or my children to other companies to which I have applied/enrolled or may apply/enroll for coverage.
- F.** This authorization is good for 24 months after it is signed. **For AZ only 180 days in the case of HIV related information** A copy of this authorization will be as valid as the original. I understand that I or my authorized representative may request a copy of this authorization.
- G.** The company may obtain an investigative consumer report on me.  I want to be interviewed if such a report is obtained.
- H.** I may revoke this authorization at any time, except to the extent that action has been taken in reliance on this authorization or other law allows The Company to contest a claim under the contract or to contest the contract itself, by sending a written request to:  
Federal Life Insurance Company (Mutual) – 3750 W. Deerfield Rd. – Riverwoods, IL 60015

**For all states except Oklahoma:**

I understand that my revocation of this authorization will not affect uses and disclosures of my health information by the Recipient for purposes of underwriting, claims administration and other matters associated with my application/enrollment for insurance and the administration of any contract issued as a result of that application/enrollment.

**For Oklahoma only:**

*However I realize that any such revocation may be a basis for denying the policy being applied for. I realize such failure to sign an authorization statement may impair the ability of a regulated insurance agency to process applications and may be a basis for denying an application.*

- I.** I understand that the signing of this authorization will not affect uses and disclosures of my health information by the Recipient for purposes of underwriting, information necessary to consider my application.
- J.** I hereby acknowledge that The Company is subject to federal privacy regulations. I understand that information released to The Company will be used and disclosed as described in The Company's privacy policy, but that upon disclosure to any person or organization that is not a health plan or health care provider, the information may no longer be protected by federal privacy regulations.
- K.** I have read this authorization. I also have read and have received the NOTICE REGARDING MIB, Inc., and the NOTICE UNDER THE FAIR CREDIT REPORTING ACT.

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Name of Proposed Insured

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Date

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Signature of Proposed Insured or Proposed Insured's Personal Representative

Description of Authority of Personal Representative (if applicable) \_\_\_\_\_

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Name of Proposed Joint or Additional Insured

---

Date

---

Signature of Proposed Joint or Additional Insured or Proposed Joint or Additional Insured's Personal Representative

Description of Authority of Joint Insured's Personal Representative (if applicable) \_\_\_\_\_

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## Fraud Warning

Any person who knowingly and with intent to defraud any insurance company submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading may be committing a crime which is subject to criminal and civil penalties.

**Note:** The following states require that alternate statements regarding insurance fraud be given. If you are a resident of any of the following states, please consider the following statements as replacement for the above statement.

**Arkansas & Louisiana** – 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 fines and confinement in prison.

**Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia** – Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to the claim was provided by the applicant.

**Hawaii** – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Kentucky, Ohio & Pennsylvania** – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee, Virginia, and Washington** – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland** – Any person who willingly presents a false or fraudulent claim for payment of a loss or benefit who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and confinement in prison.

**Minnesota** – A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Mexico** – 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.

**Oklahoma** – Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, is guilty of a felony.

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**Bank Draft Plan**     **Checking** – Attach Voided Check     **Savings** – Include Transit/Routing and Bank Account Numbers

### Request For Electronic Funds Transfer Plan

ACH Transit/Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Phone Number \_\_\_\_\_

I (we) authorize Federal Life Insurance Company (Mutual) to initiate deductions from the bank account at the transit/routing number listed above. I (we) understand and agree that this authorization remains in effect until discontinued by the company or me upon thirty (30) days written notice. If the company is unable to deduct premiums from my (our) account, I (or the contract owner) must pay the premium directly when due to keep the insurance coverage in force. Requests to withdraw funds on a specific day cannot be honored. If you do not specify a draw period we will withdraw funds from the 20<sup>th</sup>-25<sup>th</sup> of each month.

Please withdraw funds from  7<sup>th</sup>- 12<sup>th</sup> or  20<sup>th</sup>- 25<sup>th</sup> of each month.

Please withdraw the initial premium from my bank account     Yes     No

Contract Owner's Name \_\_\_\_\_ Contract Number(s) \_\_\_\_\_

Signature of Bank Account Holder \_\_\_\_\_ Dated \_\_\_\_\_

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**Agent's Report – To be completed by Field Underwriter (“APP/EF” means Application/Enrollment Form)**

	Proposed Insured	Proposed Joint or Additional Insured
1.a. Prior residential addresses within 2 years		
b. Prior employers and addresses within 2 years		

2. Check requirements for exams or special tests.     Med    Urine    EKG    Blood                       Med    Urine    EKG    Blood

3. Has the name of any person in question No. 1. of the APP/EF changed in the past 7 years? If **Yes**, complete below: .....  **Yes**  **No**  
 Person \_\_\_\_\_ Former Name \_\_\_\_\_ Date Changed \_\_\_\_\_ Reason \_\_\_\_\_

4. How long have you known proposed insured? \_\_\_\_\_ How known? \_\_\_\_\_

5. Who first suggested the purchase of this insurance?  
 Agent     Proposed Insured     Owner     Other \_\_\_\_\_

6. Purpose of insurance (Insurable Interest): \_\_\_\_\_

7. a. Did you personally see the proposed insured? .....  **Yes**  **No**

b. Was the APP/EF signed by the proposed insured in your presence after all questions were answered? .....  **Yes**  **No**

If either **7a.** or **7b.** are answered **No**, explain: \_\_\_\_\_

8. Are you aware of anything about the health, habits, hobbies, or other factors which might affect the insurability of the proposed insured? .....  **Yes**  **No**

If **Yes**, explain: \_\_\_\_\_

9. Did you quote a special class extra premium for this contract? .....  **Yes**  **No**  
 If **Yes**, Table Rating? \_\_\_\_\_ Why? \_\_\_\_\_

10. If Insured is age 0 through 14, answer questions below:

a. Number of brothers \_\_\_\_ sisters \_\_\_\_ Do they all have same amount of insurance as Insured? .....  **Yes**  **No**

b. If less than 1 year of age, what was birth weight? \_\_\_\_ lb. \_\_\_\_ oz.    c. Did you see the child? .....  **Yes**  **No**

If **No**, explain: \_\_\_\_\_

d. Amount of life insurance in force and/or requested on father: \$ \_\_\_\_\_ mother: \$ \_\_\_\_\_

11. **Annual Earned Income:** Insured \$ \_\_\_\_\_ Joint Insured \$ \_\_\_\_\_

12. Your calculation of the annual premium:

**a. Life Insurance**

Base Plan	\$ _____
Policy/Certificate Fee	\$ _____
Waiver of Premium	\$ _____
Accidental Death Benefit	\$ _____
Other Benefits and Riders	\$ _____
Subtotal	\$ _____
Return of Premium Rider	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**b. If Universal Life,**

indicate planned periodic premium	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**c. Disability Insurance**

Base Plan	\$ _____
Other Benefits and Riders	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**d. Amount of money submitted with APP/EF:** \$ \_\_\_\_\_

13. Is this Keyman Insurance?     Yes    No

**Remarks:** \_\_\_\_\_

14. **Agent's Commission** to be shared with: Name \_\_\_\_\_ % \_\_\_\_\_ No. \_\_\_\_\_ Situation Code \_\_\_\_\_

**I certify that:**

**Statements By Agent:**

- I asked and carefully explained each question to the proposed insured and owner/applicant before recording each answer prior to the APP/EF being signed;
- The answers in this APP/EF and Agent's Report are complete and accurate to the best of my knowledge and belief;
- The proposed insured and agent know that any fraudulent statement of material misrepresentation in the application/enrollment form may result in loss of coverage under the contract;
- I have no personal knowledge of any other factors which may have an effect on the proposed insured's insurability;
- If I become aware of a change in the health or habits of the proposed insured occurring after the date of the application/enrollment form and before I deliver the contract, I will inform the Company of the change and agree to withhold delivery of the contract until instructed by the Company to do so;
- I have explained to the proposed insured that if money is submitted with this APP/EF, conditions of the Conditional Receipt must be met;
- I have made no agreement whereby anyone has received or is to receive directly or indirectly, in settlement of the premium on the proposed insurance any concession or rebate from the full regular premium according to The Company's table of rates.

Agent's Signature \_\_\_\_\_

Agent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

SERFF Tracking Number: FRCS-126062253 State: Arkansas  
 Filing Company: Federal Life Insurance Company (Mutual) State Tracking Number: 41874  
 Company Tracking Number: 4996  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
 Fixed/Indeterminate Premium  
 Product Name: Level Term Life Insurance  
 Project Name/Number: FEDLIFE/63/63

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Current Rates	L-8029	New		current rates_dist.pdf
	Guaranteed Rates	LA-8020	New		Guaranteed rates_dist.pdf

10-Year Age	Male NT Preferred	Male NT Standard	Male T	Female NT Preferred	Female NT Standard	Female T
20	0.93	1.13	2.04	0.81	0.98	1.45
21	0.93	1.13	2.11	0.86	1.05	1.56
22	0.97	1.17	2.15	0.91	1.1	1.67
23	1	1.24	2.19	0.92	1.12	1.79
24	1	1.24	2.23	0.92	1.13	1.85
25	1	1.24	2.26	0.92	1.13	1.85
26	1.01	1.24	2.29	0.93	1.13	1.86
27	1.01	1.24	2.33	0.93	1.13	1.88
28	1.02	1.24	2.35	0.95	1.13	1.92
29	1.04	1.24	2.36	0.95	1.13	1.94
30	1.05	1.24	2.38	0.95	1.16	2.01
31	1.05	1.24	2.4	0.96	1.16	2.02
32	1.05	1.24	2.42	0.96	1.16	2.04
33	1.06	1.24	2.44	0.96	1.17	2.07
34	1.09	1.24	2.48	1.01	1.19	2.12
35	1.12	1.25	2.51	1.06	1.23	2.2
36	1.12	1.3	2.6	1.09	1.24	2.25
37	1.13	1.31	2.64	1.12	1.25	2.31
38	1.14	1.32	2.65	1.12	1.26	2.36
39	1.14	1.32	2.67	1.12	1.27	2.44
40	1.19	1.32	2.7	1.12	1.29	2.51
41	1.24	1.4	2.88	1.12	1.37	2.71
42	1.25	1.52	3.12	1.15	1.47	2.94
43	1.27	1.64	3.38	1.23	1.53	3.12
44	1.36	1.81	3.71	1.24	1.61	3.34
45	1.45	1.87	3.84	1.26	1.69	3.56
46	1.55	2.01	4.1	1.28	1.78	3.79
47	1.68	2.15	4.39	1.31	1.87	4.03
48	1.83	2.3	4.72	1.38	1.98	4.28
49	2.01	2.48	5.1	1.47	2.12	4.6
50	2.22	2.74	5.64	1.58	2.26	4.93
51	2.45	2.96	6.13	1.66	2.38	5.23
52	2.7	3.25	6.74	1.8	2.55	5.62
53	2.94	3.59	7.47	1.96	2.74	6.07
54	3.18	3.97	8.27	2.17	2.94	6.55
55	3.44	4.4	9.15	2.36	3.17	7
56	3.73	4.86	10.04	2.58	3.4	7.38
57	4.07	5.4	11.09	2.83	3.69	7.87
58	4.52	5.98	12.24	3.14	3.98	8.35
59	5.07	6.62	13.51	3.47	4.31	8.87
60	5.67	7.43	15.1	3.84	4.65	9.38
61	6.33	8.34	16.89	4.23	5.05	9.97
62	7.07	9.36	18.9	4.67	5.45	10.54
63	7.87	10.31	20.78	5.16	5.88	11.17
64	8.76	11.36	22.85	5.67	6.37	11.89
65	9.8	12.58	25.11	6.32	7.2	13.13
66	11	14.4	28.39	7.04	8.15	14.51
67	12.33	16.22	31.59	7.83	9.21	16.03
68	13.85	18.27	35.11	8.71	10.41	17.7
69	15.49	20.71	39.24	9.68	11.77	19.54
70	17.34	23.2	43.34	10.72	13.27	21.53

15-year Age	Male NT Preferred	Male NT Standard	Male T	Female NT Preferred	Female NT Standard	Female T
20	1.06	1.25	2.14	0.98	1.18	1.83
21	1.06	1.25	2.2	0.98	1.18	1.88
22	1.06	1.25	2.24	0.99	1.18	1.91
23	1.06	1.26	2.29	1	1.18	1.95
24	1.06	1.26	2.32	1.01	1.18	2
25	1.06	1.27	2.36	1.01	1.18	2.01
26	1.06	1.27	2.39	1.02	1.19	2.02
27	1.07	1.28	2.45	1.02	1.19	2.04
28	1.07	1.29	2.48	1.03	1.19	2.07
29	1.08	1.29	2.5	1.04	1.19	2.09
30	1.09	1.29	2.53	1.04	1.2	2.14
31	1.09	1.29	2.55	1.04	1.21	2.15
32	1.09	1.3	2.58	1.04	1.21	2.18
33	1.1	1.3	2.61	1.04	1.21	2.21
34	1.11	1.31	2.65	1.07	1.22	2.25
35	1.15	1.35	2.75	1.1	1.26	2.34
36	1.17	1.42	2.88	1.11	1.3	2.44
37	1.18	1.47	3.01	1.14	1.35	2.56
38	1.18	1.54	3.14	1.14	1.39	2.67
39	1.18	1.61	3.31	1.14	1.45	2.83
40	1.21	1.68	3.48	1.15	1.52	2.99
41	1.29	1.77	3.68	1.15	1.59	3.17
42	1.42	1.93	4.01	1.16	1.7	3.43
43	1.51	2.1	4.37	1.24	1.8	3.68
44	1.62	2.31	4.79	1.28	1.93	3.99
45	1.75	2.46	5.11	1.35	2.06	4.31
46	1.89	2.67	5.52	1.43	2.21	4.64
47	2.05	2.89	5.96	1.5	2.36	4.99
48	2.23	3.14	6.47	1.6	2.52	5.36
49	2.44	3.42	7.01	1.72	2.72	5.79
50	2.66	3.74	7.65	1.86	2.93	6.25
51	2.91	4.05	8.28	1.98	3.13	6.7
52	3.18	4.41	9.02	2.15	3.36	7.21
53	3.47	4.83	9.86	2.34	3.62	7.8
54	3.79	5.27	10.76	2.56	3.9	8.42
55	4.16	5.76	11.72	2.78	4.2	9
56	4.57	6.29	12.72	3.03	4.52	9.51
57	5.03	6.86	13.82	3.29	4.87	10.1
58	5.54	7.48	15.01	3.62	5.24	10.69
59	6.1	8.15	16.3	3.97	5.64	11.31
60	6.73	9	17.93	4.36	6.06	11.95
61	7.42	9.94	19.73	4.78	6.51	12.62
62	8.18	10.97	21.71	5.24	6.99	13.32
63	9.01	12.11	23.89	5.74	7.51	14.07
64	9.92	13.36	26.27	6.29	8.06	14.85
65	10.92	14.73	28.89	6.89	8.65	15.68

20-year	Male NT	Male NT	Male T	Female NT	Female NT	Female T
Age	Preferred	Standard		Preferred	Standard	
20	1.12	1.26	2.24	1.05	1.24	1.98
21	1.12	1.27	2.29	1.06	1.24	2.03
22	1.12	1.3	2.33	1.07	1.24	2.07
23	1.12	1.33	2.38	1.08	1.24	2.1
24	1.12	1.36	2.42	1.09	1.24	2.14
25	1.12	1.39	2.46	1.1	1.24	2.16
26	1.12	1.42	2.5	1.11	1.24	2.18
27	1.13	1.46	2.57	1.12	1.24	2.2
28	1.13	1.5	2.61	1.12	1.25	2.23
29	1.13	1.54	2.63	1.12	1.25	2.25
30	1.13	1.6	2.68	1.12	1.25	2.27
31	1.13	1.66	2.7	1.12	1.25	2.29
32	1.13	1.73	2.74	1.12	1.25	2.31
33	1.13	1.81	2.77	1.12	1.25	2.34
34	1.13	1.9	2.83	1.12	1.25	2.37
35	1.17	2.01	3	1.13	1.29	2.47
36	1.22	2.13	3.17	1.13	1.36	2.62
37	1.23	2.27	3.38	1.17	1.45	2.8
38	1.23	2.42	3.64	1.17	1.53	2.98
39	1.34	2.59	3.94	1.17	1.63	3.22
40	1.48	2.78	4.27	1.17	1.74	3.46
41	1.64	2.99	4.48	1.17	1.8	3.62
42	1.79	3.22	4.9	1.17	1.93	3.92
43	1.92	3.47	5.36	1.25	2.07	4.25
44	2.08	3.74	5.87	1.32	2.25	4.64
45	2.26	4.04	6.39	1.43	2.43	5.05
46	2.47	4.37	6.95	1.58	2.63	5.49
47	2.7	4.73	7.54	1.69	2.85	5.96
48	2.94	5.13	8.21	1.81	3.07	6.45
49	3.19	5.56	8.91	1.96	3.32	6.99
50	3.46	6.04	9.66	2.14	3.6	7.57
51	3.77	6.56	10.44	2.3	3.87	8.17
52	4.13	7.14	11.31	2.5	4.17	8.8
53	4.57	7.79	12.26	2.72	4.51	9.53
54	5.05	8.51	13.25	2.95	4.86	10.3
55	5.56	9.3	14.28	3.21	5.23	10.99
56	6.11	10.19	15.4	3.47	5.63	11.64
57	6.72	11.19	16.56	3.76	6.06	12.34
58	7.33	12.3	17.79	4.09	6.5	13.04
59	7.97	13.55	19.08	4.46	6.97	13.76
60	8.63	14.95	20.77	4.87	7.47	14.52

30-year	Male NT	Male NT	Male T	Female NT	Female NT	Female T
Age	Preferred	Standard		Preferred	Standard	
20	1.17	1.93	2.3	1.07	1.27	2.01
21	1.17	1.93	2.34	1.08	1.28	2.06
22	1.17	1.94	2.39	1.09	1.28	2.1
23	1.18	1.94	2.43	1.1	1.28	2.13
24	1.18	1.95	2.47	1.11	1.29	2.17
25	1.18	1.95	2.51	1.13	1.29	2.19
26	1.19	1.96	2.58	1.13	1.46	2.21
27	1.19	1.96	2.62	1.14	1.61	2.24
28	1.19	1.97	2.64	1.14	1.69	2.27
29	1.2	1.97	2.69	1.17	1.76	2.29
30	1.2	1.98	2.71	1.19	1.79	2.31
31	1.24	1.98	2.8	1.22	1.81	2.33
32	1.27	1.99	3.03	1.25	1.81	2.35
33	1.29	1.99	3.29	1.28	1.82	2.38
34	1.31	2.15	3.57	1.3	1.82	2.41
35	1.42	2.33	3.88	1.33	1.83	2.51
36	1.56	2.54	4.23	1.35	1.88	2.67
37	1.71	2.78	4.59	1.38	1.98	2.88
38	1.87	3.04	4.99	1.43	2.09	3.1
39	2.05	3.34	5.41	1.47	2.22	3.43
40	2.26	3.66	5.86	1.66	2.36	3.79
41	2.47	3.99	6.34	1.84	2.48	4.19
42	2.71	4.36	6.86	2.04	2.62	4.61
43	2.95	4.75	7.41	2.26	2.87	5.07
44	3.21	5.15	8	2.5	3.13	5.56
45	3.49	5.59	8.63	2.76	3.46	6.09
46	3.78	6.03	9.3	3.03	3.84	6.66
47	4.08	6.5	10.01	3.31	4.28	7.26
48	4.39	6.98	10.77	3.59	4.73	8.05
49	4.8	7.51	11.6	3.88	5.26	8.88
50	5.31	7.99	12.49	4.19	5.85	9.76
51	6.05	8.51	13.45	4.66	6.47	10.69
52	6.76	9.05	14.46	5.16	7.13	11.69
53	7.58	9.63	15.53	5.69	7.88	12.74
54	8.45	10.24	16.66	6.28	8.73	13.86
55	9.41	10.89	17.84	6.94	9.7	15.03

Attained	Male	Female	Male	Female
Age	Nonsmoker	Nonsmoker	Smoker	Smoker
20	1.83	0.87	2.50	1.13
21	1.83	0.90	2.62	1.21
22	1.83	0.92	2.75	1.27
23	1.85	0.92	2.88	1.33
24	1.87	0.96	3.04	1.40
25	1.92	0.98	3.21	1.52
26	2.00	1.06	3.38	1.62
27	2.04	1.10	3.48	1.71
28	2.00	1.15	3.50	1.83
29	1.98	1.21	3.48	1.94
30	1.96	1.27	3.46	2.06
31	1.94	1.35	3.48	2.21
32	1.96	1.42	3.54	2.37
33	2.02	1.52	3.65	2.56
34	2.06	1.63	3.79	2.81
35	2.15	1.77	3.94	3.06
36	2.25	1.90	4.17	3.31
37	2.38	2.02	4.44	3.52
38	2.56	2.12	4.77	3.73
39	2.71	2.23	5.13	3.96
40	2.92	2.37	5.58	4.21
41	3.17	2.52	6.12	4.50
42	3.48	2.69	6.75	4.87
43	3.85	2.90	7.50	5.27
44	4.25	3.15	8.35	5.75
45	4.69	3.44	9.19	6.31
46	5.13	3.79	10.04	6.96
47	5.50	4.19	10.75	7.77
48	5.79	4.63	11.29	8.73
49	6.15	5.13	11.98	9.81
50	6.63	5.69	12.88	10.96
51	7.25	6.33	14.06	12.23
52	8.00	7.04	15.48	13.60
53	8.87	7.79	17.19	15.08
54	9.96	8.58	19.23	16.65
55	11.19	9.48	21.40	18.33
56	12.46	10.46	23.65	20.12
57	13.69	11.50	25.73	21.92
58	14.92	12.58	27.71	23.81
59	16.37	13.67	30.04	25.83
60	18.12	14.83	32.90	27.92
61	20.25	16.10	36.40	30.19
62	22.73	17.44	40.42	32.60
63	25.44	18.87	44.73	35.06
64	28.27	20.42	49.04	37.71
65	31.21	22.15	53.25	40.58
66	34.19	24.04	57.33	43.69
67	37.31	26.13	61.44	47.15
68	40.60	28.46	65.65	50.94
69	44.29	31.00	70.29	55.12
70	48.60	33.87	75.60	59.83
71	53.83	37.13	82.12	65.10
72	59.94	40.71	89.69	70.83
73	66.38	44.62	97.33	77.08
74	73.31	48.94	105.60	83.62
75	80.85	53.69	114.79	90.48
76	89.35	58.90	124.98	97.90
77	99.23	64.67	136.77	105.90
78	110.71	70.96	150.29	114.54
79	123.58	77.87	165.17	123.83
80	137.92	86.44	181.44	135.40
81	153.52	96.98	198.73	149.56
82	170.04	108.13	216.52	164.13
83	188.08	119.85	235.48	179.02
84	208.13	132.90	256.92	194.52
85	230.44	146.13	281.23	208.85
86	254.98	161.77	307.60	225.40
87	281.50	181.08	335.62	245.94
88	309.69	201.44	364.83	266.50
89	339.27	221.71	394.87	285.31
90	368.73	236.63	423.88	296.00
91	397.73	250.90	451.50	304.77
92	428.12	274.56	479.85	323.71
93	460.15	306.62	509.15	350.52
94	493.90	346.54	540.42	387.88

SERFF Tracking Number: *FRCS-126062253*      State: *Arkansas*  
 Filing Company: *Federal Life Insurance Company (Mutual)*      State Tracking Number: *41874*  
 Company Tracking Number: *4996*  
 TOI: *L041 Individual Life - Term*      Sub-TOI: *L041.103 Renewable - Single Life - Fixed/Indeterminate Premium*  
  
 Product Name: *Level Term Life Insurance*  
 Project Name/Number: *FEDLIFE/63/63*

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b>      Flesch Certification</p> <p><b>Comments:</b></p> <p><b>Attachments:</b></p> <p>AR RDB.pdf            AR COC.pdf            Auth 3-09.pdf</p>		
<p><b>Bypassed - Item:</b>      Application</p> <p><b>Bypass Reason:</b>      Not applicable to this filing.</p> <p><b>Comments:</b></p>		
<p><b>Satisfied - Item:</b>      Arkansas Complaint Notice</p> <p><b>Comments:</b></p> <p><b>Attachment:</b></p> <p>8055 Arkansas.pdf</p>		

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** Federal Life Insurance Company (Mutual)

This is to certify that the forms referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
L-8029	64.9
LA-8020	54.3



Paul R. Murphy, FSA, MAAA  
Actuary

March 6, 2009

Date

**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Federal Life Insurance Company (Mutual)

**Form Title(s):** Individual Term Life Policy  
Individual Life Application

**Form Number(s):** L-8029  
LA-8020

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.

  
Paul R. Murphy, FSA, MAAA  
Actuary

March 6, 2009  
Date



Federal Life Insurance Company (Mutual)  
3750 West Deerfield Road • Riverwoods, Illinois 60015 • (847) 520-1900

March 13, 2009

To: The Insurance Commissioner

**Authorization**

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Federal Life Insurance Company (Mutual)

By: Paul R. Murphy

Title: Actuary

# Federal Life Insurance Company (Mutual)

3750 West Deerfield Road • Riverwoods, Illinois 60015

1-800-233-3750

## IMPORTANT INFORMATION

If you have any questions concerning your Policy, you may contact the following:

### **Federal Life Insurance Company (Mutual)**

3750 West Deerfield Road

Riverwoods, Illinois 60015

1-800-233-3750

Your Insurance Agent

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

### **Arkansas Insurance Department**

1200 West Third Street

Little Rock, AR 72201

1-800-282-9134