

SERFF Tracking Number: WDMM-126080567 State: Arkansas
Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 41873
Company Tracking Number: REVISED DISABILITY WAIVER OF PREMIUM RIDER 8066 10-08 FOR FAMILY TERM
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Revised Disability Waiver of Premium Rider for Family Term
Project Name/Number: /

Filing at a Glance

Company: Woodmen of the World Life Insurance Society

Product Name: Revised Disability Waiver of SERFF Tr Num: WDMM- State: Arkansas
Premium Rider for Family Term 126080567

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 41873
Closed

Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num: REVISED DISABILITY State Status: Approved-Closed
Fixed/Indeterminate Premium - Single Life WAIVER OF PREMIUM RIDER
8066 10-08 FOR FAMILY TERM

Filing Type: Form

Reviewer(s): Linda Bird
Author: Kathy Dollen Disposition Date: 03/20/2009
Date Submitted: 03/19/2009 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments: Approved in
domicile by Interstate Insurance Product
Commission on 3-12-09

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 03/20/2009

Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 03/20/2009

Deemer Date:
Submitted By: Kathy Dollen
Filing Description:

Created By: Kathy Dollen
Corresponding Filing Tracking Number:

Re: Fraternal Form Filing - Individual Life
Form 8066 10-08 - Disability Waiver of Premium Rider

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The form listed above is being submitted for your review and approval. Form 8066 10-08 was previously filed and approved by your Department on 12/22/08 (SERFF Filing #WDMM-125925677). This form has not yet been issued by Woodmen therefore the form number will not be changed.

The above form will be offered on an optional basis with our Term Life Insurance Certificate with Term Benefit for Children Form 8063 10-08 AR which was previously approved by your Department in the same filing as Rider Form 8066 10-08.

Disability Waiver of Premium Rider Form 8066 10-08 has been revised to be consistent with changes required upon filing this form with the Interstate Insurance Product Commission. The following changes were made to the attached revised version of Rider Form 8066 10-08:

- The benefit for this rider has been revised to provide a benefit for total disability before age 60 and a benefit for total disability after age 60.
- The definition of Total Disability has been revised by removing the requirement that total disability must result in the covered insured being under the regular care of a licensed physician who is not the owner, the covered insured or of the covered insured's immediate family, until the physician is of the opinion that regular care is no longer required for prudent medical management of the injury or sickness.
- The requirement for proof of continued total disability "at reasonable intervals" during the first two years has been revised to "not be more frequently than once every 30 days" during the first two years.

The enclosed form is submitted in final print and is subject to only minor modification in paper stock, ink, border, company logo, and adaptation to electronic media and computer printing.

We appreciate your time and consideration. Please contact me if you have any questions concerning this filing.

Company and Contact

Filing Contact Information

Kathryn Dollen, Senior Compliance Analyst kdollen@woodmen.org
1700 FARNAM STREET 402-271-7885 [Phone]
OMAHA, NE 68102 402-449-7732 [FAX]

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Filing Company Information

Woodmen of the World Life Insurance Society CoCode: 57320 State of Domicile: Nebraska
 1700 FARNAM STREET Group Code: Company Type:
 OMAHA, NE 68102 Group Name: State ID Number:
 (402) 271-7279 ext. [Phone] FEIN Number: 47-0339250

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 1 form x 20.00 = \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Woodmen of the World Life Insurance Society	\$20.00	03/19/2009	26543426

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 03/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Disability Waiver of Premium Rider		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	FORM 8066 10-08	Policy/Cont ract/Fratern	Disability Waiver of Premium Rider	Initial		46.200	8066 10-08 Revised.pdf
		al	Certificate:				
			Amendmen				
			t, Insert				
			Page,				
			Endorseme				
			nt or Rider				

DISABILITY WAIVER OF PREMIUM RIDER

EFFECTIVE DATE [July 1, 2009]

CERTIFICATE NUMBER [123456789]

PRIMARY INSURED [JOHN X WOODMEN]

[OTHER INSURED] [JANE L WOODMEN]

RATING CLASS [STANDARD]

EXPIRY DATE [July 1, 2039]

The above information relates to this rider only.

This is a rider to the above numbered certificate. It shall be attached to and become a part of it. All terms are the same except those changed by this rider.

BENEFIT

TOTAL DISABILITY BEFORE AGE 60

If total disability of a covered insured starts on or before the anniversary following the disabled insured's 60th birthday, we will waive all premiums that become due for this certificate and any riders for as long as the total disability continues, up to the anniversary following the disabled insured's 95th birthday or termination of this certificate.

TOTAL DISABILITY AFTER AGE 60

If total disability of a covered insured starts on or after the anniversary following the disabled insured's 60th birthday, we will waive all premiums that become due for this certificate and any riders for as long as total disability continues, but only to the anniversary following the disabled insured's 65th birthday.

Waived premiums will be treated as premiums paid and will not be deducted from the death benefit. All values, refunds and amounts under the certificate and any riders will be the same while premiums are waived as they would have been if the covered insured had paid the premiums.

This benefit has no loan or cash values.

DEFINITIONS

COVERED INSURED

Any reference to a "covered insured" in this rider means the primary insured and the other insured (if any) shown on the Certificate Information Page for this certificate.

TOTAL DISABLEMENT

Total disablement means disablement which:

1. Results from bodily injury or disease; and
2. Starts while this rider is in force; and
3. Has been continuous for at least six months; and

4. Either:

- a. Prevents the covered insured from doing any work for pay or profit. During the first two years of disablement, work means the regular occupation of the covered insured. After two years it means any work for which the covered insured is or becomes reasonably fitted by education, training or experience; or
- b. Includes the loss of the sight of both eyes, or the use of both hands, of both feet, or of one hand and one foot.

RISKS NOT ASSUMED

We will not assume the risk for total disablement that results from:

1. Intentional self-inflicted injury while sane or insane; or
2. War or any act due to war. The term "war" includes declared or undeclared war.

PROOF OF TOTAL DISABLEMENT

No premium will be waived unless due proof of total disablement is received at our Home Office:

1. While the covered insured is living, and still disabled; and
2. While the certificate and other insured rider (if any) are in force; but
3. No later than one year after the expiry date of this rider.

If you fail to give proof within this time because it is not reasonably possible, we will not reduce or deny your claim. In any event, you must give proof of total disablement as soon as it is reasonably possible to do so and you must give this proof within one year after the time limit unless you are legally incapacitated to do so.

PROOF OF CONTINUED TOTAL DISABLEMENT

We may require proof, at your expense, that total disablement has continued without break. This will not be more frequently than once every 30 days during the first two years of disablement, and no more than once a year after that. We may require, at our expense, an examination of the covered insured by a physician of our choice. If the required proof is not given, or if the covered insured is no longer totally disabled, no further premiums will be waived.

PREMIUMS

Until we approve a claim for the waiver of premium benefit, payment of premiums when due are required to avoid a lapse of insurance before we approve the claim for the waiver of premium benefit. If we approve a claim for the waiver of premium benefit, we will refund the premiums paid after the first of the benefit month on or following the date the covered insured's total disability began.

If total disability begins during the grace period of a premium in default, payment of the overdue premium is required to avoid a lapse of insurance before we approve the claim for the waiver of premium benefit.

You must resume payment of premiums that become due for this certificate and any riders after the earlier of either:

1. Recovery from total disablement; or
2. Failure to give due proof of continued total disablement when required.

INCONTESTABILITY

This rider will be incontestable after it has been in force during the lifetime of the covered insured for two years from the rider effective date, excluding any period when the covered insured is totally disabled, except for fraud in the procurement of this rider, when permitted by applicable law in the state where the certificate is delivered or issued for delivery. If this rider is reinstated and proof of insurability is required, it will again become contestable. Any contest will be limited to written statements made to gain reinstatement. This rider will be incontestable after it has been in force while the covered insured is alive for two years from the reinstatement date.

APPLICABLE PROVISIONS

All of the terms of the certificate apply to this rider.

TERMINATION

This rider will be in effect as long as it has not expired and the certificate is in force. If the covered insured is not totally disabled on the expiry date shown above, the rider will terminate on the expiry date. If the covered insured is totally disabled on the expiry date, benefits will continue to be paid until the covered insured is no longer totally disabled. This rider will terminate at that time. At any time before the expiry date, this rider will terminate and no insurance will be in effect when one of the following occurs:

1. We receive your signed request to terminate this rider or the certificate.
2. The certificate terminates.
3. The certificate expires.
4. The certificate lapses because the grace period ends without payment of the required premium.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

[Pamela Hernandez]

Secretary

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Readability Ctfn Dis Waiv Prem Rider.pdf
 Rule & Reg 19 Ctfn.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: Not Applicable.

Comments:

**WOODMEN OF THE WORLD/OMAHA WOODMEN LIFE INSURANCE SOCIETY
1700 Farnam Street, Omaha, Nebraska 68102-2007**

FLESCH CERTIFICATION

<u>Form Number(s)</u>	<u>Description</u>	<u>Flesch Score</u>
8066 10-08	Waiver of Premium Rider	46.2

I certify that this Flesch Index number is accurate in accordance with the published rules of application of the test.

Randall P. Rotschafer
Vice President and Chief Actuary

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY
1700 Farnam Street, Omaha, Nebraska 68102

CERTIFICATION

I certify that to the best of my knowledge and belief the form(s) in this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

Date

Vice President & Chief Actuary

Form(s):
FORM 8066 10-08