

SERFF Tracking Number: LHLI-126096688 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 42008
Company Tracking Number: GPADDM-AR ETAL WM
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accidental Death
Project Name/Number: GPADDM-AR ETAL WM/

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Group Accidental Death SERFF Tr Num: LHLI-126096688 State: ArkansasLH
TOI: H02G Group Health - Accident Only SERFF Status: Closed State Tr Num: 42008
Sub-TOI: H02G.000 Health - Accident Only Co Tr Num: GPADDM-AR ETAL WM State Status: Approved-Closed

Filing Type: Form

Co Status: Reviewer(s): Rosalind Minor
Authors: Cathy Patterson, Wanda McNeece, Rodney Hartwig, Sally Roudebush, Shirley Grossman
Disposition Date: 04/08/2009
Date Submitted: 03/31/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GPADDM-AR ETAL WM
Project Number:
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/08/2009

Deemer Date:

Filing Description:

Group Accidental Death

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Illinois is state of domicile - forms were filed on March 25, 2009
Market Type: Group
Group Market Size: Large
Group Market Type: Discretionary
Explanation for Other Group Market Type:
State Status Changed: 04/08/2009
Corresponding Filing Tracking Number:

March 31, 2009

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Arkansas Insurance Department
Health Policy Review Section
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Lincoln Heritage Life Insurance Company, NAIC #65927

Form:

GCADDM-AR – Group Accidental Death Benefit Certificate
GPADDM-AR – Group Accidental Death Benefit Policy
GCADDMENR-AR – Enrollment Form for Group Accidental Death Benefit Certificate
GPADDMAPP – Application for Group Accidental Death Benefit Policy
Actuarial Memorandum
FLESCH Certification

Dear Sir or Madam:

We are submitting the above noted forms for your review and approval. We will market these products through direct response mailings to individuals in your state. These policies and certificates will have separate rates for males and females.

These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms.

Form GCADDM-AR is an accidental death benefit certificate that will be issued to group members. Level premiums are paid by the Certificateholder with coverage for certain losses which occur as a result of an accident only.

Form GPADDM-AR is the master accidental death benefit policy that will be issued to financial institutions.

Form GPADDMAPP is the application form that will be completed when applying for the group policy.

Form GCADDMENR-AR is the enrollment form that will be completed when applying for the certificates of coverage.

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To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

If you have any questions or require any further information please contact me at 800-433-8181 or email me at wanda.mcneece@londen-insurance.com.

Sincerely,
Wanda McNeece
Compliance Associate
Lincoln Heritage Life Insurance Company

Company and Contact

Filing Contact Information

Wanda McNeece,
4343 E Camelback Rd
Phoenix, AZ 85018

wanda.mcneece@londen-insurance.com
(800) 433-8181 [Phone]
(602) 808-8845[FAX]

Filing Company Information

Lincoln Heritage Life Insurance Company
4343 East Camelback Road
Phoenix, AZ 85018
(800) 433-8181 ext. [Phone]

CoCode: 65927
Group Code:
Group Name:

State of Domicile: Illinois
Company Type: Life and Health
State ID Number:

FEIN Number: 04-2314290

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? Yes
Fee Explanation: 4 forms X \$50.00 retaliatory fee = \$200.00 total filing fee
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$200.00	03/31/2009	26848189

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/08/2009	04/08/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/03/2009	04/03/2009	Wanda McNeece	04/03/2009	04/03/2009

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Disposition

Disposition Date: 04/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	Yes
Form (revised)	Group Accidental Death Master Policy	Approved-Closed	Yes
Form	Group Accidental Death Master Policy	Replaced	Yes
Form (revised)	Group Accidental Death Certificate	Approved-Closed	Yes
Form	Group Accidental Death Certificate	Replaced	Yes
Form	Group Accidental Death Master Policy	Approved-Closed	Yes
	Application		
Form	Group Accidental Death Certificate	Approved-Closed	Yes
	Enrollment Form		

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/03/2009
Submitted Date 04/03/2009

Respond By Date

Dear Wanda McNeece,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Accidental Death Master Policy (Form)
- Group Accidental Death Certificate (Form)

Comment:

At the bottom of the face page, it is stated that "This is a group limited liability certificate.

Liability is a term used with Property & Casualty products. It is requested that you change the title to reflect that the product is Accidental Death.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/03/2009
Submitted Date 04/03/2009

Dear Rosalind Minor,

Comments:

We are in receipt of your memo and are responding with the following changes and information.

Response 1

Comments:

GPADDM-AR

We have removed the word liability from the policy description at the bottom of page 1 and page 10. We have also

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revised the first sentence of the second paragraph on page one by removing the word "liability" and replacing it with the words "accidental death".

GCADDM-AR

We have removed the word liability from the policy description at the bottom of page 1 and page 9. We have also revised the first sentence of the second paragraph on page one by removing the word "liability" and replacing it with the words "accidental death"

Related Objection 1

Applies To:

- Group Accidental Death Master Policy (Form)
- Group Accidental Death Certificate (Form)

Comment:

At the bottom of the face page, it is stated that "This is a group limited liability certificate.

Liability is a term used with Property & Casualty products. It is requested that you change the title to reflect that the product is Accidental Death.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Accidental Death Master Policy	GPADDM-AR		Policy/Contract/Fraternal Certificate	Initial		42	GPADDM-AR.pdf
Previous Version							
Group Accidental Death Master Policy	GPADDM-AR		Policy/Contract/Fraternal Certificate	Initial		42	GPADDM-AR.pdf
Group Accidental Death Certificate	GCADDM-AR		Policy/Contract/Fraternal Certificate	Initial		43	GCADDM-AR.pdf
Previous Version							
Group Accidental Death Certificate	GCADDM-AR		Policy/Contract/Fraternal Certificate	Initial		43	GCADDM-AR.pdf

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No Rate/Rule Schedule items changed.

We appreciate your help in getting these forms approved.

Sincerely,

Cathy Patterson, Rodney Hartwig, Sally Roudebush, Shirley Grossman, Wanda McNeece

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Form Schedule

Lead Form Number: GPADDM-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GPADDM-AR	Policy/Cont	Group Accidental ract/Fratern Death Master Policy al Certificate	Initial		42	GPADDM-AR.pdf
Approved-Closed	GCADDM-AR	Policy/Cont	Group Accidental ract/Fratern Death Certificate al Certificate	Initial		43	GCADDM-AR.pdf
Approved-Closed	GPADDMA PP	Application/Group	Accidental Enrollment Death Master Policy Form Application	Initial		40	GPADDMAP P .pdf
Approved-Closed	GCADDME NR-AR	Application/Group	Accidental Enrollment Death Certificate Form Enrollment Form	Initial		41	GCADDMEN R-AR.pdf

LINCOLN HERITAGE LIFE INSURANCE COMPANY

An Illinois Stock Company

Principal Office
[4343 East Camelback Road, Suite 400\
[Phoenix, AZ 85018-2705]

Administrative Office
[XXXXXXXXXXXXXXXX]
[XXXXXXXXXXXXXXXX]

Toll Free: [800-438-7180]

THIS POLICY PROVIDES LIMITED BENEFITS FOR ACCIDENTAL DEATH CAUSED BY ACCIDENTAL BODILY INJURY AS SHOWN ON THE BENEFIT SCHEDULE PAGE. THIS POLICY PROVIDES ADDITIONAL BENEFITS FOR ACCIDENTAL DEATH AS RESULT OF COMMON CARRIER ACCIDENTS.

NOTICE: THIS IS A GROUP LIMITED ACCIDENTAL DEATH POLICY. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. THIS POLICY PROVIDES RESTRICTIVE COVERAGE FOR CERTAIN LOSSES WHICH OCCUR AS A RESULT OF AN ACCIDENT ONLY.

READ YOUR POLICY CAREFULLY - This Policy is a legal contract between You (the Group Policyholder) and Lincoln Heritage Life Insurance Company. This Policy is issued in consideration of the application and payment of premium. We agree to pay Benefits for certain losses as shown on the Benefit Schedule Page of the Certificate and subject to the provisions, exclusions and limitations of the Policy and Certificate. The term of this Policy begins at twelve (12:00) o'clock midnight, Standard Time, at the place where You reside on the Policy Effective Date shown on the Benefit Schedule. It ends at twelve (12:00) o'clock midnight, the same Standard time, on the date Your premium is due if it is not paid prior to the end of the Grace Period.

Upon receiving due proof of the accidental death of the Certificateholder, We will pay an amount equal to the benefit listed on the Certificate schedule page if death occurs prior to the date the Certificateholder is seventy-one (71) years old. If the accidental death of the Certificateholder occurs after the Certificateholder reaches the age of seventy-one (71), We will pay an amount equal to one-half (50%) of the benefit listed on the Certificate benefit schedule page.

NOTICE OF (30) THIRTY DAY RIGHT TO EXAMINE POLICY – If for any reason You are not satisfied with this Policy, You may return it to Us within thirty days after You receive it. If the Policy is so returned, We will void the Policy from the Policy date and refund any premium paid.



Secretary



President

**THIS IS A GROUP LIMITED ACCIDENTAL DEATH POLICY
GUARANTEED RENEWABLE
HOWEVER, COMPANY RESERVES THE RIGHT TO CHANGE PREMIUMS BY CLASS**

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BENEFIT SCHEDULE

BENEFITS FOR ACCIDENTAL DEATH

Accidental Death	As shown on the Certificate Schedule page
Death due to an Auto Accident	As shown on the Certificate Schedule page
Death due to Common Carrier Accident	As shown on the Certificate Schedule page

Death must occur within 90 days of a covered accident to be payable.

POLICY NUMBER	[27-000001]
POLICY DATE	[March 31, 2009]
GROUP POLICYHOLDER	[Financial Institution]
ELIGIBLE PERSONS	[Credit Card Holder]

DEFINITIONS

In this Policy:

“Age” means age of the Insured on last birthday.

“Application” means the Application(s) and all amendments and supplements as completed by The Group Policyholder.

“Certificate Date” means the effective date of coverage under the Certificate and the date from which Certificate anniversaries and premium due dates are determined.

“Certificateholder” means the holder of the Certificate of Coverage. The Certificateholder may or may not be the Insured. The Certificateholder controls all rights and benefits under the Certificate.

“Enrollment Form” means the Enrollment Form and all amendments and supplements as completed by the Certificateholder.

“Insured” means the person on whose life coverage is based.

“Injury” means bodily injury resulting directly from a Covered Accident and independent of all other causes which occurs while the Insured is covered under the Certificate.

“Lapse” is the termination of the Certificate due to nonpayment of premium.

“Policy Date” means the effective date of coverage under this Policy and the date from which policy anniversaries are determined.

“Reinstatement” means restoring coverage after the Certificate has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the Group Policyholder. The Group Policyholder is shown on the Benefit Schedule Page.

DEFINITION OF ACCIDENTAL DEATH

For the purpose of this Policy and the Certificates, accidental Death is defined as death which results from accidental bodily injury as the direct result of an accident, sustained by the Certificateholder.

Such loss shall be independent of disease, bodily infirmity, or any other non-accidental cause, and must occur within 90 days after the date the injury was sustained and is not a direct result and is not caused by any one or more of the following, which are risks not assumed.

- a. Intentional self-inflicted injury, while sane or insane.
- b. Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled except: (1) when taken as prescribed by a physician; (2) the accidental ingestion of a poisonous food substance; (3) in the case of gas or fumes, except while conducting one's duties during the course of employment.
- c. Bodily or mental infirmity or illness or disease of any kind or by infections (except infections occurring as the result of an accidental bodily injury).
- d. Medical or surgical treatment, except when required as the result of an accident.
- e. Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- f. Committing or attempting to commit an assault or felony.
- g. Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER

If the death of the Certificateholder occurs within ninety (90) days from the date of an accidental injury, as defined below, We will pay an amount equal to the Common Carrier Benefit shown in the Benefit Schedule page of the Certificate.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier, and which is being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

BOATS, SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – If the death of the Certificateholder occurs within ninety (90) days of an accidental injury sustained while riding in a passenger automobile, traveling on a designated and maintained public roadway, We will pay an amount equal to the Auto Accident Benefit shown in the Certificate Benefit Schedule Page. Injury shall be as defined on the definitions page of this Policy and the Certificate.

POLICY PROVISIONS

1. Entire Contract; Changes

The Entire Contract consists of:

- (a) this Policy, including the endorsements and attached papers, if any, and
- (b) the application of the Group Policyholder and
- (c) the Enrollment Forms of the Certificateholders

No change in this Policy or the Certificateholders' Certificates shall be valid unless made in writing by Us and signed by an Officer of Our company. No producer has the authority to change or waive any provisions of this Policy or the Certificate.

All statements made in the application and enrollment forms will be considered representations and not warranties. No statement made by the Certificateholder relating to insurability shall be used in contesting the validity of insurance unless it is contained in the enrollment form.

2. Grace Period

A Grace Period of (31) thirty-one days (without interest) will be allowed for the payment of each Certificate premium due after the first premium, during which time the Certificate shall continue in force. If the premium has not been received before the end of the (31) thirty-one day grace period, the Certificate will lapse.

3. Time Limit on Certain Defenses

After (3) three years from the Policy no misstatements made in the application, except fraudulent misstatements, shall be used to void this Policy or to deny a claim for accidental death after the expiration of such three-year period.

After three (3) years from the Certificate Date of the Certificateholders' Certificate no misstatements made in the enrollment form, except fraudulent misstatements, shall be used to void the Certificate or to deny a claim for accidental death after the expiration of such three-year period.

No claim for accidental death after (3) three years from the Certificate Date of the Certificate shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of death had existed prior to the Certificate Date of the Certificate.

4. Reinstatement

If this Policy lapses due to nonpayment of premium, You can reinstate this Policy within five years from the date of default.

If the Certificate lapses due to nonpayment of premium, the Certificateholder can reinstate the Certificate within five years from the date of default. We will require (a) the Certificate was not surrendered; (b) the Certificateholder sends a written request to reinstate the Certificate; (c) proof of insurability of the Certificateholder acceptable to Us and (d) past due premiums are paid with interest at the rate of four percent (4%) per annum. Our determination of the Certificateholders continued insurability and the payment of all overdue premiums with interest must occur during the Certificateholder's lifetime.

The reinstated Certificate shall cover only death due to an accident which is sustained after the date of reinstatement. In all other respects You, the Certificateholder and Lincoln Heritage Life Insurance Company shall have the same rights as were had under this Group Policy and the Certificate immediately before the due date of the defaulted premium, subject to any provisions endorsed or attached to this Policy and the Certificate in connection with the reinstatement.

5. Notice of Claim

Written notice of claim must be given to Us within (30) thirty days or as soon as is reasonably possible, after the occurrence any accidental death covered by this Policy and the Certificate. Notice given by or on behalf of the Certificateholder or the Beneficiary to Us with information sufficient to identify the Certificateholder shall be considered notice to Us.

6. Claim Forms

Upon receiving a written notice of claim that includes all required information, We will furnish any claim forms necessary for filing a proof of death. If We do not furnish the necessary claim forms within fifteen (15) days of receiving such notice, We shall consider that the Certificateholder has complied with the requirements of this Policy and the Certificate for filing proof of death. The written notice should include written proof covering the accidental death and the character of the accidental death for which claim is being made.

7. Proof of Death

Written proof of death must be furnished to Us within (90) ninety days after the date of death. Failure to furnish such proof within (90) ninety days shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within that time. If the proof of death is furnished as soon as reasonably possible and no later, except in the absence of legal capacity, than one year after the time proof is required such proof will be accepted.

Written proof for death benefits should include certified copy of the death certificate, copy of the accident report, copy of doctor's statement, copy of police report (if any), copy of autopsy (if performed) and proof of being a fare paying passenger on common carrier.

8. Payment of Claims; Unpaid Premium

Benefits payable under this Policy and the Certificate will be paid immediately upon receipt of due written proof of accidental death. Benefits will be payable in accordance with the Beneficiary designation on the enrollment form. Any payment made to the Certificateholder by Us in good faith under this provision shall fully discharge Us to the extent of the payment amount.

Any unpaid premium for the Certificate that is owed to Us and which is due on or before the time of any benefit payment, will be deducted from the benefit amount.

9. Autopsy

We shall have the right and opportunity, at Our expense, to examine the body and, unless prohibited by law, to make an autopsy.

10. Legal Actions

No legal action shall be brought to recover on this Policy and the Certificate prior to the end of (60) sixty days after written proof of death has been furnished in accordance with the requirements of this Policy and the Certificate. No such action shall be brought after the end of three years after the time written proof of death is required to be furnished.

11. Assignment

Assignment of the Certificate by the Certificateholder must be made in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. Any claim made under the assignment shall be subject to proof of interest and extent.

12. Misstatement of Age

If the age of the Certificateholder has been misstated, all amounts payable under this Policy and the Certificate shall be such as the premium paid would have purchased at the correct age. In the event that the age of the Certificateholder is misstated and We would not have originally issued the Certificate, Our liability shall be limited to the return of all the premiums that were paid.

13. Change of Beneficiary

The Beneficiary is named in the Enrollment Form. Unless the Certificateholder makes an irrevocable designation of Beneficiary, the right to change a Beneficiary is reserved to the Certificateholder. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive the Certificateholder's request.

14. Statement of Conflict

The Certificate issued to the Certificateholder summarizes the provisions outlined in this Policy. If there is a conflict between the Policy and the Certificate the Policy provisions will prevail. If any of the provisions of this Policy do not follow the laws of the state where the application was signed, the provisions will be treated in accordance with those laws. If any of the provisions of the Certificate do not follow the laws of the state where the enrollment form was signed, the provisions will be treated in accordance with those laws.

15. Premium Payment

Each renewal premium for the Certificate is due at the expiration of the period of insurance for which the preceding premium was paid and is payable to Us. Premium amounts and interval of payment are shown on the Certificate Benefit Schedule Page. Premiums not paid when due are in default at the end of the grace period.

We reserve the right to change, on a class basis, the table of rates applicable to premiums due on and after each renewal date of the Certificate. Any such change will apply to all Certificates of the same type issued to residents of the state in which the Certificateholder resides. We will give You and the Certificateholder written notice of any such change not less than forty (40) days before the change is to take place. Written notice of such change will be sent to the Certificateholder at their last known address.

16. Nonparticipation

This Policy and the Certificate are issued on a nonparticipating basis and will not share in Our surplus earnings.

17. Termination of Certificate

The Certificate will automatically terminate and become null and void, without any action by Us or notice to or from the Certificateholder, on the earliest of the following dates or events:

- a. receipt by Us of a written request for cancellation of this Policy
- b. The prior lapse or surrender of the Certificate, or
- c. Nonpayment of any premium when due or within the grace period.
- d. Receipt by Us of a written request for cancellation of the Certificate.
- e. At the end of the period for which premiums are payable as shown in the Certificate Benefits Schedule.

18. Continuation of Coverage

If coverage under the Certificate would terminate due to:

- (1) Termination of membership in the classes eligible for coverage; or
- (2) Termination of any class eligible for coverage; or
- (3) Termination of this Policy,

The Certificateholder may continue coverage under the Certificate subject to payment of all scheduled premiums as shown in the Certificate Benefit Schedule. The premium pattern and insured amount will continue to follow the terms of this Policy and the certificate.

**THIS IS A GROUP LIMITED ACCIDENTAL DEATH POLICY
GUARANTEED RENEWABLE
HOWEVER, COMPANY RESERVES THE RIGHT TO CHANGE PREMIUMS BY CLASS**

LINCOLN HERITAGE LIFE INSURANCE COMPANY

An Illinois Stock Company

Principal Office

[4343 East Camelback Road, Suite 400
[Phoenix, AZ 85018-2705]

Administrative Office

[XXXXXXXXXXXXXXXXXX]
[XXXXXXXXXXXXXXXXXX]

Toll Free: [800-438-7180]

THIS CERTIFICATE PROVIDES LIMITED BENEFITS FOR ACCIDENTAL DEATH CAUSED BY ACCIDENTAL BODILY INJURY AS SHOWN ON THE BENEFIT SCHEDULE PAGE. THIS CERTIFICATE PROVIDES ADDITIONAL BENEFITS FOR ACCIDENTAL DEATH AS RESULT OF COMMON CARRIER ACCIDENTS.

NOTICE: THIS IS A GROUP LIMITED ACCIDENTAL DEATH CERTIFICATE. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. THIS CERTIFICATE PROVIDES RESTRICTIVE COVERAGE FOR CERTAIN LOSSES WHICH OCCUR AS A RESULT OF AN ACCIDENT ONLY.

READ YOUR CERTIFICATE CAREFULLY - This Certificate is a legal contract between You the Certificateholder and Lincoln Heritage Life Insurance Company. This Certificate is issued in consideration of the Enrollment Form and payment of premium. We agree to pay Benefits for certain losses as shown on the Benefit Schedule Page and subject to the provisions, exclusions and limitations of the Policy and this Certificate. The term of this Certificate begins at twelve (12:00) o'clock midnight, Standard Time, at the place where You reside on the Certificate Effective Date shown on the Benefit Schedule. It ends at twelve (12:00) o'clock midnight, the same Standard time, on the date Your premium is due if it is not paid prior to the end of the Grace Period.

Upon receiving due proof of the accidental death of the Insured, We will pay an amount equal to the benefit listed on the benefit schedule page if death occurs prior to the date the Insured is seventy-one (71) years old. If the accidental death of the Insured occurs after the Insured reaches the age of seventy-one (71), We will pay an amount equal to one-half (50%) of the benefit listed on the benefit schedule page.

NOTICE OF THIRTY DAY RIGHT TO EXAMINE CERTIFICATE – If for any reason You are not satisfied with this Certificate, You may return it to Us within thirty days after You receive it. If the Certificate is so returned, We will void the Certificate from the Certificate date and refund any premium paid.



Secretary



President

**THIS IS A GROUP LIMITED ACCIDENTAL DEATH CERTIFICATE
GUARANTEED RENEWABLE,
HOWEVER, COMPANY RESERVES THE RIGHT TO CHANGE PREMIUMS BY CLASS**

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BENEFIT SCHEDULE

BENEFITS FOR ACCIDENTAL DEATH

Accidental Death	[\$50,000]
Death due to an Auto Accident	[\$100,000]
Death due to Common Carrier Accident	[\$200,00]

Death must occur within 90 days of a covered accident to be payable.

CERTIFICATE NUMBER: **[27-0987654321]** CERTIFICATE DATE: **[March 31, 2009]**
CERTIFICATEHOLDER: **[John Doe]** PREMIUM AMOUNT: **[\$16.00]**
INSURED: **[John Doe]** AGE: **[45]**

PREMIUM

	Annual	Semi-Annual	Quarterly	Monthly
Accidental Death Benefit	[\$168.00]	[\$84.00]	[\$42.00]	[\$14.00]
Policy Fee	[\$24.00]	[\$12.00]	[\$6.00]	[\$2.00]
Total	[\$192.00]	[\$96.00]	[\$48.00]	[\$16.00]

DEFINITIONS

In this Certificate:

“Age” means age of the Insured on last birthday.

“Application” means the Application(s) and all amendments and supplements as completed by The Group Policyholder.

“Certificate Date” means the effective date of coverage under this Certificate and is the date from which Certificate anniversaries and premium due dates are determined.

“Group Policyholder” means the holder of the Group Policy.

“Enrollment Form” means the Enrollment Form and all amendments and supplements as completed by the Certificateholder.

“Insured” means the person on whose life coverage is based.

“Injury” means bodily injury resulting directly from a Covered Accident and independent of all other causes which occurs while the Insured is covered under the Certificate.

“Lapse” is the termination of the Certificate due to nonpayment of premium.

“Policy Date” means the effective date of coverage under the Group Policy and the date from which policy anniversaries are determined.

“Reinstatement” means restoring coverage after this Certificate has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the Certificateholder. The Certificateholder may or may not be the Insured. The Certificateholder controls all rights and benefits under this Certificate.

DEFINITION OF ACCIDENTAL DEATH

For the purpose of this Certificate and the Policy, accidental death is defined as death which results from accidental bodily injury as the direct result of an accident, sustained by the Insured.

Such death shall be independent of disease, bodily infirmity, or any other non-accidental cause, and must occur within 90 days after the date the injury was sustained and is not a direct result and is not caused by any one or more of the following, which are risks not assumed.

- a. Intentional self-inflicted injury, while sane or insane.
- b. Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled except: (1) when taken as prescribed by a physician; (2) the accidental ingestion of a poisonous food substance; (3) in the case of gas or fumes, except while conducting one's duties during the course of employment.
- c. Bodily or mental infirmity or illness or disease of any kind or by infections (except infections occurring as the result of an accidental bodily injury).
- d. Medical or surgical treatment, except when required as the result of an accident.
- e. Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- f. Committing or attempting to commit an assault or felony.
- g. Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER

If the death of the Insured occurs within (90) ninety days from the date of an accidental injury, as defined in the following, We will pay an amount equal to the Common Carrier Benefit shown in the Benefit Schedule page of this Certificate.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier, and which is being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

BOATS, SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – If the death of the Insured occurs within ninety (90) days of an accidental injury sustained while riding in a passenger automobile traveling on a designated and maintained public roadway, We will pay an amount equal to the Auto Accident Benefit shown in the Benefit Schedule Page. Injury shall be as defined on the definitions page of this Certificate.

CERTIFICATE PROVISIONS

1. Entire Contract; Changes

The Entire Contract consists of:

- (a) this Certificate, including the endorsements and attached papers, if any, and
- (b) the Enrollment Forms of the Certificateholders

No change in this Certificate or the Policy shall be valid unless made in writing by Us and signed by an Officer of Our company. No producer has the authority to change or waive any provisions of this Certificate or the Policy.

All statements made in the application and enrollment forms will be considered representations and not warranties. No statement made by the Certificateholder relating to insurability shall be used in contesting the validity of insurance unless it is contained in the enrollment form.

2. Grace Period

A Grace Period of (31) thirty-one days (without interest) will be allowed for the payment of each premium due after the first premium, during which time this Certificate shall continue in force. If the premium has not been received before the end of the (31) thirty-one day grace period, this Certificate will lapse.

3. Time Limit on Certain Defenses

After (3) three years from the Effective Date of this Certificate no misstatements, except fraudulent misstatements, made by You in the Enrollment form shall be used to void this Certificate or to deny a claim for accidental death after the expiration of such two-year period.

No claim for accidental death after (2) two years from the Effective Date of this Certificate shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of death had existed prior to the Effective Date of this Certificate.

4. Reinstatement

If this Certificate lapses due to nonpayment of premium, You may reinstate it within five years from the date of default. We will require (a) it was not surrendered; (b) You send a written request to reinstate the Certificate; (c) proof of insurability acceptable to Us and (d) past due premiums are paid with interest at the rate of four percent (4%) per annum. Our determination of the Insured's continued insurability and the payment of all overdue premiums with interest must occur during the Insured's lifetime.

The reinstated Certificate shall cover only death due to an accident which is sustained after the date of reinstatement. In all other respects you and Lincoln Heritage Life Insurance Company shall have the same rights as was had under this Certificate immediately before the due date of the defaulted premium, subject to any provisions endorsed or attached to this Certificate in connection with the reinstatement.

5. Notice of Claim

Written notice of claim must be given to Us within (30) thirty days or as soon as is reasonably possible, after the occurrence of any accidental death covered by this Certificate. Notice given to US by or on behalf of the Insured or the Beneficiary with information sufficient to identify the Insured shall be considered notice to Us.

6. Claim Forms

Upon receiving a written notice of claim that includes all required information, We will furnish any claim forms necessary for filing a proof of death. If We do not furnish the necessary claim forms within (15) fifteen days of receiving such notice, We shall consider that You have complied with the requirements of this Certificate for filing proof of death. The written notice should include written proof covering the occurrence and the character of the accidental death for which claim is being made.

7. Proof of Death

Written proof of death must be furnished to Us within (90) ninety days after the date of death. Failure to furnish such proof within (90) ninety days shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within that time. If the proof of death is furnished as soon as reasonably possible and no later, except in the absence of legal capacity, than one year after the time proof is required such proof will be accepted.

Written proof for death benefits should include a certified copy of the death certificate, copy of the accident report, copy of doctor's statement, copy of police report (if any), copy of autopsy (if performed) and proof of being a fare paying passenger on common carrier.

8. Payment of Claims; Unpaid Premium

Benefits payable under this Certificate will be paid immediately upon receipt of due written proof of death. Benefits will be payable in accordance with the Beneficiary designation on the enrollment form. Any payment made by Us in good faith under this provision shall fully discharge Us to the extent of the payment amount.

Any unpaid premium owed to Us and which is due on or before the time of any benefit payment will be deducted from the benefit amount.

9. Autopsy

We shall have the right and opportunity, at Our expense, to examine the body and, unless prohibited by law, to make an autopsy.

10. Legal Actions

No legal action shall be brought to recover on this Certificate prior to the end of (60) sixty days after written proof of death has been furnished in accordance with the requirements of this Certificate. No such action shall be brought after the end of three years after the time written proof of death is required to be furnished.

11. Assignment

Assignment of this Certificate by You must be made in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. Any claim made under the assignment shall be subject to proof of interest and extent.

12. Misstatement of Age

If the age of the Insured has been misstated, all amounts payable under this Certificate shall be such as the premium paid would have purchased at the correct age. In the event that the age is misstated and We would not have originally issued the Certificate, Our liability shall be limited to the return of all the premiums that were paid.

13. Change of Beneficiary

The Beneficiary is named in the Enrollment Form. Unless you make an irrevocable designation of Beneficiary, the right to change a Beneficiary is reserved to You. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request.

14. Statement of Conflict

This Certificate summarizes the provisions outlined in the Group Policy. If there is a conflict between the Policy and this Certificate the Policy provisions will prevail. If any of the provisions of this Certificate do not follow the laws of the state where the enrollment form was signed, the provisions will be treated in accordance with those laws.

15. Premium Payment

Each renewal premium is due at the expiration of the period of insurance for which the preceding premium was paid and is payable to Us. Premium amounts and interval of payment are shown on the Benefit Schedule Page of this Certificate. Any premiums not paid when due are in default at the end of the grace period.

We reserve the right to change, on a class basis, the table of rates applicable to premiums due on and after each renewal date of this Certificate. Any such change will apply to all Certificates of the same type issued to residents of the state in which you reside. We will give you written notice at your last known address of any such change in the table of rates not less than forty (40) days before the change is to take place.

16. Nonparticipation

This Certificate and the Policy are issued on a nonparticipating basis and will not share in Our surplus earnings.

17. Termination of Certificate

This Certificate will automatically terminate and become null and void, without any action by Us or notice to or from You, on the earliest of the following dates or events:

- a. The prior lapse or surrender of this Certificate, or
- b. nonpayment of any premium when due or within the grace period
- c. Receipt by Us of a written request for cancellation of this Certificate.
- d. At the end of the period for which premiums are payable as shown in the Benefits Schedule of this Certificate.
- e. Receipt by Us of a written request for cancellation of the Group Policy

18. Continuation of Coverage

If coverage under this Certificate would terminate due to:

- (1) Termination of membership in the classes eligible for coverage; or
- (2) Termination of any class eligible for coverage; or
- (3) Termination of the Group Policy,

The Insured may continue coverage under this Certificate subject to payment of all scheduled premiums as shown in the Benefit Schedule Page of this Certificate. The premium pattern and insured amount will continue to follow the terms of this certificate.

**THIS IS A GROUP LIMITED ACCIDENTAL DEATH CERTIFICATE
GUARANTEED RENEWABLE,
HOWEVER, COMPANY RESERVES THE RIGHT TO CHANGE PREMIUMS BY CLASS**



Lincoln Heritage
LIFE INSURANCE COMPANY

**APPLICATION FOR GROUP
ACCIDENTAL DEATH POLICY**
PLEASE PRINT LEGIBLY

Principal Office:
4343 East Camelback Road
Phoenix, AZ 85018

1. Applicant Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Mailing Address: (if different) _____

City: _____

State: _____

Zip Code: _____

Telephone number with Area Code: _____

2. Authorized Signatures

Authorized Representative's Signature: _____

Date: _____

GPADDMAPP

SERFF Tracking Number: LHLI-126096688 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 42008
Company Tracking Number: GPADDM-AR ETAL WM
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accidental Death
Project Name/Number: GPADDM-AR ETAL WM/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LHLI-126096688 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 42008
Company Tracking Number: GPADDM-AR ETAL WM
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accidental Death
Project Name/Number: GPADDM-AR ETAL WM/

Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 04/08/2009
Comments:
Attachment:
CERT OF FLESCH.pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 04/08/2009
Comments:
These forms are completed in John Doe fashion and are the same version as attached to the Form schedule tab
Attachments:
GPADDMAPP Specimen.pdf
GCADDMENR-AR Specimen.pdf

Satisfied -Name: Actuarial Memorandum **Review Status:** Approved-Closed 04/08/2009
Comments:
Attachment:
Actuarial Memorandum.pdf

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

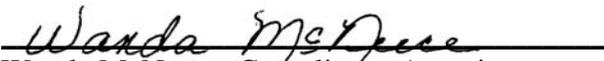
I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 40 on the Flesch reading ease test.
- (2) Except for specification pages, schedules and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s):

GPADDM-AR – Group Accidental Death Master Policy
GCADDM-AR – Group Accidental Death Certificate
GPADDMAPP – Group Accidental Death Master Policy Application
GCADDMENR-AR – Group Accidental Death Certificate Enrollment Form

LINCOLN HERITAGE LIFE INSURANCE COMPANY


Wanda McNeece, Compliance Associate

March 31, 2009



Lincoln Heritage
LIFE INSURANCE COMPANY

**APPLICATION FOR GROUP
ACCIDENTAL DEATH POLICY**
PLEASE PRINT LEGIBLY

Principal Office:
4343 East Camelback Road
Phoenix, AZ 85018

1. Applicant Information

Name: **[Financial Institution]**

Address: **[123 Main Street]**

City: **[Any Town]**

State: **[AR]**

Zip Code: **[00000]**

Mailing Address: (if different) **[Same as Above]**

City: _____

State: _____

Zip Code: _____

Telephone number with Area Code: **[(555) 123-4567]**

2. Authorized Signatures

Authorized Representative's Signature: _____

Date: **[March 31, 2009]**

GPADDMAPP



ENROLLMENT FORM
GROUP ACCIDENTAL DEATH
CERTIFICATE
PLEASE PRINT LEGIBLY

Principal Offices:
4343 East Camelback Road
Phoenix, AZ 85018-2705

Please correct any inaccurate information below

[1234-5678-9987-6543]

Birth Date: [03/15/1963] Male: [X] Female: _____

[John Doe]
[456 Central Avenue]
[Any Town, AR, 00000]

Telephone [(555) 987-6543] _____

Email: [john.doe@website.com] _____

1. Benefit amount: [X \$50,000] _____ [] \$ _____ [] \$ _____ [] \$ _____

Accidental Death Benefit coverage with additional death benefits in the event of Automobile Accident or Common Carrier Accident

BENEFICIARY:

The spouse of the Insured Person, if living, otherwise equally to the deceased Insured Person's surviving lawful children (including adopted children and stepchildren); otherwise equally to the Insured's then living parent or parents; otherwise to the estate of the Insured. (if you prefer a beneficiary designation other than described above, please write to us and we will send you the proper form.)

Please enroll me for Accidental Death Coverage. I understand that coverage will become effective on the date stated on my Certificate's Benefit Schedule Page provided the applicable first premium has been paid. I authorize until further notice the necessary monthly electronic debits from my [Financial Institution credit card / checking account] for this coverage

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.

2. X Sign Your Name: _____
Insured / Certificateholder

Date: 03 / 31 / 2009
Mo. Day Yr

ACTUARIAL MEMORANDUM

For

Lincoln Heritage Life Insurance Company
4343 East Camelback Rd, Phoenix, Arizona 85018

February 6, 2008

Group Accidental Death Policy
Non-contributory · Non-participating

**ACTUARIAL MEMORANDUM
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10	Area Factors.....	5
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ACTUARIAL MEMORANDUM

Scope and Purpose:

This filing is for a new group accident policy form with individual certificates. The purpose of this actuarial memorandum is to demonstrate that the anticipated loss ratio of this form meets state requirements. It is not intended for other uses.

Benefit Description:

This group accident policy form provides coverage for injuries to the certificate-holder due to an accident only. Expenses not covered are listed in the Exclusions Section of the policy.

The following is eligible coverage:

ACCIDENTAL DEATH BENEFIT

If an Insured's injury results in death within 90 days from the date of a covered accident, the Company will pay the stated benefit for the type of covered accident.

Death due to an Auto Accident pays twice the basic benefit, and death due to a Common Carrier Accident pays four times the basic benefit.

Types of Accidents Covered:

1. Common carrier accidents
2. Passenger automobile accidents while traveling on a designated and maintained public roadway.
3. All other accidents.

The policy limitations include the following:

- 1) Intentional self-inflicted injury, while sane or insane.
- 2) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled except: (1) when taken as prescribed by a physician; (2) the accidental ingestion of a poisonous food substance; (3) in the case of gas or fumes, except while conducting one's duties during the course of employment.
- 3) Bodily or mental infirmity or illness or disease of any kind or by infections (except infections occurring as the result of an accidental bodily injury).
- 4) Medical or surgical treatment, except when required as the result of an accident.
- 5) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- 6) Committing or attempting to commit an assault or felony.
- 7) Operating a vehicle while legally intoxicated as specified by state law.

The benefit plan configuration is subject to approval of the group policy-holder. Insured certificate-holders are members of the group. The basic benefit for long-tenured members is:

Accidental Death	\$ 100,000
Death Due to an Auto Accident	\$ 200,000
Death Due to Common Carrier Accident	\$ 400,000

Subject to agreement with the policy-holder, benefits may be less for certificate-holders with less tenure in the group. The basic benefit will never be less than half that of the long-tenured member. Basic benefits may be reduced at age 70.

Renewability:

This policy form is a group form. The continued existence of the policy is by agreement. An individual Insured's coverage will terminate for such person on the date a required premium is not paid, subject to the grace period provision.

The Company reserves the right to change on a class basis the table of rates applicable to premiums due on and after each renewal date of the policy. Any such change will apply to all policies of the same type as this policy issued to residents of the state in which you reside. The Company will give written notice both to the Policyholder and the certificate-holder at least 40 days in advance of any such change in the premium rates or any change in benefits.

Applicability:

The proposed premium rate levels will apply to all newly written certificates of this form.

Morbidity:

ACCIDENTAL DEATH BENEFIT

Mortality is based on the 1959 ADB table. Additional benefits may increase the claims rate. Estimates of the increase are based primarily on data from the National Safety Council (Injury Facts, 2000 edition, pp. 10-12).

Mortality:

Pricing mortality other than accidental was not used.

Underwriting:

Since this is an accident only plan, no underwriting selection has been assumed.

Premium Classes:

The only premium class is for the individual certificate. It is anticipated that the premium will be the same regardless of group tenure.

Issue Age Range:

20-70

Area Factors:

Not Applicable

Annual Premium:

The premiums are as stated in the filing.

Active Life Reserves:

The reserves are based on 100% 1959 ADB table at 3%. As appropriate, unearned premium reserves, claim reserves and IBNR reserves will be held.

Trend Assumptions – Medical and Insurance:

This policy provides for the payment of limited benefits for accidental death. The Medical trend is expected to have little or no impact on anticipated future claims.

Anticipated Loss Ratio:

The lifetime anticipated loss ratio is at least 60%. It is calculated as benefits divided by the premium received, using assumed distribution of group tenure and assumed percentage of additional benefits.

Distribution of Business:

The expected distribution of business is 50% male and 50% female.

Actuarial Certification:

I hereby certify that to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws and rules of this state, and complies with Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans," as adopted by the Actuarial Standards Board, January, 1989, which standard is hereby adopted and incorporated by reference, and that the benefits provided are reasonable in relation to the proposed premiums. The anticipated loss ratio is 66%. The anticipated loss ratio is calculated as the benefits divided by the premiums received.



James M. Jerome, F.S.A., M.A.A.A.

February 9, 2009

Date

ADB Benefits as Part of ADB Policy

Customer Tenure at issue	Duration	ADB	Auto Accident	Common Carrier
0-5 Yrs	1	50,000	100,000	200,000
	2	60,000	120,000	240,000
	3	70,000	140,000	280,000
	4	80,000	160,000	320,000
	5	90,000	180,000	360,000
	6	100,000	200,000	400,000
	7	100,000	200,000	400,000
	8	100,000	200,000	400,000
	9	100,000	200,000	400,000
	10	100,000	200,000	400,000
6-10 Yrs	1	70,000	140,000	280,000
	2	80,000	160,000	320,000
	3	90,000	180,000	360,000
	4	100,000	200,000	400,000
	5	100,000	200,000	400,000
	6	100,000	200,000	400,000
	7	100,000	200,000	400,000
	8	100,000	200,000	400,000
	9	100,000	200,000	400,000
	10	100,000	200,000	400,000
11+ Yrs	1	90,000	180,000	360,000
	2	100,000	200,000	400,000
	3	100,000	200,000	400,000
	4	100,000	200,000	400,000
	5	100,000	200,000	400,000
	6	100,000	200,000	400,000
	7	100,000	200,000	400,000
	8	100,000	200,000	400,000
	9	100,000	200,000	400,000
	10	100,000	200,000	400,000

ADB Benefits as Part of ADB Policy

Customer Tenure at issue	Duration	ADB	Auto Accident	Common Carrier
0-5 Yrs	1	50000	100000	200000
	2	60000	120000	240000
	3	70000	140000	280000
	4	80000	160000	320000
	5	90000	180000	360000
	6	100000	200000	400000
	7	100000	200000	400000
	8	100000	200000	400000
	9	100000	200000	400000
10+		100000	200000	400000
6-10 Yrs	1	70000	140000	280000
	2	80000	160000	320000
	3	90000	180000	360000
	4	100000	200000	400000
	5	100000	200000	400000
	6	100000	200000	400000
	7	100000	200000	400000
	8	100000	200000	400000
	9	100000	200000	400000
10+		100000	200000	400000
11+ Yrs	1	90000	180000	360000
	2	100000	200000	400000
	3	100000	200000	400000
	4	100000	200000	400000
	5	100000	200000	400000
	6	100000	200000	400000
	7	100000	200000	400000
	8	100000	200000	400000
	9	100000	200000	400000
10+		100000	200000	400000

Premium is \$14 per month plus \$2 per month policy fee.
 Loss ratio of 66.26% based on ten years accumulation.

Loss Ratios assume 43.18% of accidents are auto, 40% highest tenure, 30% middle tenure, and 30% youngest tenure.

SERFF Tracking Number: LHLI-126096688 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 42008
 Company Tracking Number: GPADDM-AR ETAL WM
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: Group Accidental Death
 Project Name/Number: GPADDM-AR ETAL WM/

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Group Accidental Death Master Policy	03/31/2009	GPADDM-AR.pdf
No original date	Form	Group Accidental Death Certificate	03/31/2009	GCADDM-AR.pdf

LINCOLN HERITAGE LIFE INSURANCE COMPANY

An Illinois Stock Company

Principal Office

[4343 East Camelback Road, Suite 400\
[Phoenix, AZ 85018-2705]

Administrative Office

[XXXXXXXXXXXXXXXXXX]
[XXXXXXXXXXXXXXXXXX]

Toll Free: [800-438-7180]

THIS POLICY PROVIDES LIMITED BENEFITS FOR ACCIDENTAL DEATH CAUSED BY ACCIDENTAL BODILY INJURY AS SHOWN ON THE BENEFIT SCHEDULE PAGE. THIS POLICY PROVIDES ADDITIONAL BENEFITS FOR ACCIDENTAL DEATH AS RESULT OF COMMON CARRIER ACCIDENTS.

NOTICE: THIS IS A GROUP LIMITED LIABILITY POLICY. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. THIS POLICY PROVIDES RESTRICTIVE COVERAGE FOR CERTAIN LOSSES WHICH OCCUR AS A RESULT OF AN ACCIDENT ONLY.

READ YOUR POLICY CAREFULLY - This Policy is a legal contract between You (the Group Policyholder) and Lincoln Heritage Life Insurance Company. This Policy is issued in consideration of the application and payment of premium. We agree to pay Benefits for certain losses as shown on the Benefit Schedule Page of the Certificate and subject to the provisions, exclusions and limitations of the Policy and Certificate. The term of this Policy begins at twelve (12:00) o'clock midnight, Standard Time, at the place where You reside on the Policy Effective Date shown on the Benefit Schedule. It ends at twelve (12:00) o'clock midnight, the same Standard time, on the date Your premium is due if it is not paid prior to the end of the Grace Period.

Upon receiving due proof of the accidental death of the Certificateholder, We will pay an amount equal to the benefit listed on the Certificate schedule page if death occurs prior to the date the Certificateholder is seventy-one (71) years old. If the accidental death of the Certificateholder occurs after the Certificateholder reaches the age of seventy-one (71), We will pay an amount equal to one-half (50%) of the benefit listed on the Certificate benefit schedule page.

NOTICE OF (30) THIRTY DAY RIGHT TO EXAMINE POLICY – If for any reason You are not satisfied with this Policy, You may return it to Us within thirty days after You receive it. If the Policy is so returned, We will void the Policy from the Policy date and refund any premium paid.



Secretary



President

**THIS IS A GROUP LIMITED LIABILITY POLICY
GUARANTEED RENEWABLE
HOWEVER, COMPANY RESERVES THE RIGHT TO CHANGE PREMIUMS BY CLASS**

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BENEFIT SCHEDULE

BENEFITS FOR ACCIDENTAL DEATH

Accidental Death	As shown on the Certificate Schedule page
Death due to an Auto Accident	As shown on the Certificate Schedule page
Death due to Common Carrier Accident	As shown on the Certificate Schedule page

Death must occur within 90 days of a covered accident to be payable.

POLICY NUMBER	[27-000001]
POLICY DATE	[March 31, 2009]
GROUP POLICYHOLDER	[Financial Institution]
ELIGIBLE PERSONS	[Credit Card Holder]

DEFINITIONS

In this Policy:

“Age” means age of the Insured on last birthday.

“Application” means the Application(s) and all amendments and supplements as completed by The Group Policyholder.

“Certificate Date” means the effective date of coverage under the Certificate and the date from which Certificate anniversaries and premium due dates are determined.

“Certificateholder” means the holder of the Certificate of Coverage. The Certificateholder may or may not be the Insured. The Certificateholder controls all rights and benefits under the Certificate.

“Enrollment Form” means the Enrollment Form and all amendments and supplements as completed by the Certificateholder.

“Insured” means the person on whose life coverage is based.

“Injury” means bodily injury resulting directly from a Covered Accident and independent of all other causes which occurs while the Insured is covered under the Certificate.

“Lapse” is the termination of the Certificate due to nonpayment of premium.

“Policy Date” means the effective date of coverage under this Policy and the date from which policy anniversaries are determined.

“Reinstatement” means restoring coverage after the Certificate has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the Group Policyholder. The Group Policyholder is shown on the Benefit Schedule Page.

DEFINITION OF ACCIDENTAL DEATH

For the purpose of this Policy and the Certificates, accidental Death is defined as death which results from accidental bodily injury as the direct result of an accident, sustained by the Certificateholder.

Such loss shall be independent of disease, bodily infirmity, or any other non-accidental cause, and must occur within 90 days after the date the injury was sustained and is not a direct result and is not caused by any one or more of the following, which are risks not assumed.

- a. Intentional self-inflicted injury, while sane or insane.
- b. Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled except: (1) when taken as prescribed by a physician; (2) the accidental ingestion of a poisonous food substance; (3) in the case of gas or fumes, except while conducting one's duties during the course of employment.
- c. Bodily or mental infirmity or illness or disease of any kind or by infections (except infections occurring as the result of an accidental bodily injury).
- d. Medical or surgical treatment, except when required as the result of an accident.
- e. Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- f. Committing or attempting to commit an assault or felony.
- g. Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER

If the death of the Certificateholder occurs within ninety (90) days from the date of an accidental injury, as defined below, We will pay an amount equal to the Common Carrier Benefit shown in the Benefit Schedule page of the Certificate.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier, and which is being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

BOATS, SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – If the death of the Certificateholder occurs within ninety (90) days of an accidental injury sustained while riding in a passenger automobile, traveling on a designated and maintained public roadway, We will pay an amount equal to the Auto Accident Benefit shown in the Certificate Benefit Schedule Page. Injury shall be as defined on the definitions page of this Policy and the Certificate.

POLICY PROVISIONS

1. Entire Contract; Changes

The Entire Contract consists of:

- (a) this Policy, including the endorsements and attached papers, if any, and
- (b) the application of the Group Policyholder and
- (c) the Enrollment Forms of the Certificateholders

No change in this Policy or the Certificateholders' Certificates shall be valid unless made in writing by Us and signed by an Officer of Our company. No producer has the authority to change or waive any provisions of this Policy or the Certificate.

All statements made in the application and enrollment forms will be considered representations and not warranties. No statement made by the Certificateholder relating to insurability shall be used in contesting the validity of insurance unless it is contained in the enrollment form.

2. Grace Period

A Grace Period of (31) thirty-one days (without interest) will be allowed for the payment of each Certificate premium due after the first premium, during which time the Certificate shall continue in force. If the premium has not been received before the end of the (31) thirty-one day grace period, the Certificate will lapse.

3. Time Limit on Certain Defenses

After (3) three years from the Policy no misstatements made in the application, except fraudulent misstatements, shall be used to void this Policy or to deny a claim for accidental death after the expiration of such three-year period.

After three (3) years from the Certificate Date of the Certificateholders' Certificate no misstatements made in the enrollment form, except fraudulent misstatements, shall be used to void the Certificate or to deny a claim for accidental death after the expiration of such three-year period.

No claim for accidental death after (3) three years from the Certificate Date of the Certificate shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of death had existed prior to the Certificate Date of the Certificate.

4. Reinstatement

If this Policy lapses due to nonpayment of premium, You can reinstate this Policy within five years from the date of default.

If the Certificate lapses due to nonpayment of premium, the Certificateholder can reinstate the Certificate within five years from the date of default. We will require (a) the Certificate was not surrendered; (b) the Certificateholder sends a written request to reinstate the Certificate; (c) proof of insurability of the Certificateholder acceptable to Us and (d) past due premiums are paid with interest at the rate of four percent (4%) per annum. Our determination of the Certificateholders continued insurability and the payment of all overdue premiums with interest must occur during the Certificateholder's lifetime.

The reinstated Certificate shall cover only death due to an accident which is sustained after the date of reinstatement. In all other respects You, the Certificateholder and Lincoln Heritage Life Insurance Company shall have the same rights as were had under this Group Policy and the Certificate immediately before the due date of the defaulted premium, subject to any provisions endorsed or attached to this Policy and the Certificate in connection with the reinstatement.

5. Notice of Claim

Written notice of claim must be given to Us within (30) thirty days or as soon as is reasonably possible, after the occurrence any accidental death covered by this Policy and the Certificate. Notice given by or on behalf of the Certificateholder or the Beneficiary to Us with information sufficient to identify the Certificateholder shall be considered notice to Us.

6. Claim Forms

Upon receiving a written notice of claim that includes all required information, We will furnish any claim forms necessary for filing a proof of death. If We do not furnish the necessary claim forms within fifteen (15) days of receiving such notice, We shall consider that the Certificateholder has complied with the requirements of this Policy and the Certificate for filing proof of death. The written notice should include written proof covering the accidental death and the character of the accidental death for which claim is being made.

7. Proof of Death

Written proof of death must be furnished to Us within (90) ninety days after the date of death. Failure to furnish such proof within (90) ninety days shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within that time. If the proof of death is furnished as soon as reasonably possible and no later, except in the absence of legal capacity, than one year after the time proof is required such proof will be accepted.

Written proof for death benefits should include certified copy of the death certificate, copy of the accident report, copy of doctor's statement, copy of police report (if any), copy of autopsy (if performed) and proof of being a fare paying passenger on common carrier.

8. Payment of Claims; Unpaid Premium

Benefits payable under this Policy and the Certificate will be paid immediately upon receipt of due written proof of accidental death. Benefits will be payable in accordance with the Beneficiary designation on the enrollment form. Any payment made to the Certificateholder by Us in good faith under this provision shall fully discharge Us to the extent of the payment amount.

Any unpaid premium for the Certificate that is owed to Us and which is due on or before the time of any benefit payment, will be deducted from the benefit amount.

9. Autopsy

We shall have the right and opportunity, at Our expense, to examine the body and, unless prohibited by law, to make an autopsy.

10. Legal Actions

No legal action shall be brought to recover on this Policy and the Certificate prior to the end of (60) sixty days after written proof of death has been furnished in accordance with the requirements of this Policy and the Certificate. No such action shall be brought after the end of three years after the time written proof of death is required to be furnished.

11. Assignment

Assignment of the Certificate by the Certificateholder must be made in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. Any claim made under the assignment shall be subject to proof of interest and extent.

12. Misstatement of Age

If the age of the Certificateholder has been misstated, all amounts payable under this Policy and the Certificate shall be such as the premium paid would have purchased at the correct age. In the event that the age of the Certificateholder is misstated and We would not have originally issued the Certificate, Our liability shall be limited to the return of all the premiums that were paid.

13. Change of Beneficiary

The Beneficiary is named in the Enrollment Form. Unless the Certificateholder makes an irrevocable designation of Beneficiary, the right to change a Beneficiary is reserved to the Certificateholder. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive the Certificateholder's request.

14. Statement of Conflict

The Certificate issued to the Certificateholder summarizes the provisions outlined in this Policy. If there is a conflict between the Policy and the Certificate the Policy provisions will prevail. If any of the provisions of this Policy do not follow the laws of the state where the application was signed, the provisions will be treated in accordance with those laws. If any of the provisions of the Certificate do not follow the laws of the state where the enrollment form was signed, the provisions will be treated in accordance with those laws.

15. Premium Payment

Each renewal premium for the Certificate is due at the expiration of the period of insurance for which the preceding premium was paid and is payable to Us. Premium amounts and interval of payment are shown on the Certificate Benefit Schedule Page. Premiums not paid when due are in default at the end of the grace period.

We reserve the right to change, on a class basis, the table of rates applicable to premiums due on and after each renewal date of the Certificate. Any such change will apply to all Certificates of the same type issued to residents of the state in which the Certificateholder resides. We will give You and the Certificateholder written notice of any such change not less than forty (40) days before the change is to take place. Written notice of such change will be sent to the Certificateholder at their last known address.

16. Nonparticipation

This Policy and the Certificate are issued on a nonparticipating basis and will not share in Our surplus earnings.

17. Termination of Certificate

The Certificate will automatically terminate and become null and void, without any action by Us or notice to or from the Certificateholder, on the earliest of the following dates or events:

- a. receipt by Us of a written request for cancellation of this Policy
- b. The prior lapse or surrender of the Certificate, or
- c. Nonpayment of any premium when due or within the grace period.
- d. Receipt by Us of a written request for cancellation of the Certificate.
- e. At the end of the period for which premiums are payable as shown in the Certificate Benefits Schedule.

18. Continuation of Coverage

If coverage under the Certificate would terminate due to:

- (1) Termination of membership in the classes eligible for coverage; or
- (2) Termination of any class eligible for coverage; or
- (3) Termination of this Policy,

The Certificateholder may continue coverage under the Certificate subject to payment of all scheduled premiums as shown in the Certificate Benefit Schedule. The premium pattern and insured amount will continue to follow the terms of this Policy and the certificate.

**THIS IS A GROUP LIMITED LIABILITY POLICY
GUARANTEED RENEWABLE
HOWEVER, COMPANY RESERVES THE RIGHT TO CHANGE PREMIUMS BY CLASS**

LINCOLN HERITAGE LIFE INSURANCE COMPANY

An Illinois Stock Company

Principal Office

[4343 East Camelback Road, Suite 400
[Phoenix, AZ 85018-2705]

Administrative Office

[XXXXXXXXXXXXXXXXXX]
[XXXXXXXXXXXXXXXXXX]

Toll Free: [800-438-7180]

THIS CERTIFICATE PROVIDES LIMITED BENEFITS FOR ACCIDENTAL DEATH CAUSED BY ACCIDENTAL BODILY INJURY AS SHOWN ON THE BENEFIT SCHEDULE PAGE. THIS CERTIFICATE PROVIDES ADDITIONAL BENEFITS FOR ACCIDENTAL DEATH AS RESULT OF COMMON CARRIER ACCIDENTS.

NOTICE: THIS IS A GROUP LIMITED LIABILITY CERTIFICATE. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. THIS CERTIFICATE PROVIDES RESTRICTIVE COVERAGE FOR CERTAIN LOSSES WHICH OCCUR AS A RESULT OF AN ACCIDENT ONLY.

READ YOUR CERTIFICATE CAREFULLY - This Certificate is a legal contract between You the Certificateholder and Lincoln Heritage Life Insurance Company. This Certificate is issued in consideration of the Enrollment Form and payment of premium. We agree to pay Benefits for certain losses as shown on the Benefit Schedule Page and subject to the provisions, exclusions and limitations of the Policy and this Certificate. The term of this Certificate begins at twelve (12:00) o'clock midnight, Standard Time, at the place where You reside on the Certificate Effective Date shown on the Benefit Schedule. It ends at twelve (12:00) o'clock midnight, the same Standard time, on the date Your premium is due if it is not paid prior to the end of the Grace Period.

Upon receiving due proof of the accidental death of the Insured, We will pay an amount equal to the benefit listed on the benefit schedule page if death occurs prior to the date the Insured is seventy-one (71) years old. If the accidental death of the Insured occurs after the Insured reaches the age of seventy-one (71), We will pay an amount equal to one-half (50%) of the benefit listed on the benefit schedule page.

NOTICE OF THIRTY DAY RIGHT TO EXAMINE CERTIFICATE – If for any reason You are not satisfied with this Certificate, You may return it to Us within thirty days after You receive it. If the Certificate is so returned, We will void the Certificate from the Certificate date and refund any premium paid.



Secretary



President

**THIS IS A GROUP LIMITED LIABILITY CERTIFICATE
GUARANTEED RENEWABLE,
HOWEVER, COMPANY RESERVES THE RIGHT TO CHANGE PREMIUMS BY CLASS**

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BENEFIT SCHEDULE

BENEFITS FOR ACCIDENTAL DEATH

Accidental Death	[\$50,000]
Death due to an Auto Accident	[\$100,000]
Death due to Common Carrier Accident	[\$200,00]

Death must occur within 90 days of a covered accident to be payable.

CERTIFICATE NUMBER: **[27-0987654321]** CERTIFICATE DATE: **[March 31, 2009]**
CERTIFICATEHOLDER: **[John Doe]** PREMIUM AMOUNT: **[\$16.00]**
INSURED: **[John Doe]** AGE: **[45]**

PREMIUM

	Annual	Semi-Annual	Quarterly	Monthly
Accidental Death Benefit	[\$168.00]	[\$84.00]	[\$42.00]	[\$14.00]
Policy Fee	[\$24.00]	[\$12.00]	[\$6.00]	[\$2.00]
Total	[\$192.00]	[\$96.00]	[\$48.00]	[\$16.00]

DEFINITIONS

In this Certificate:

“Age” means age of the Insured on last birthday.

“Application” means the Application(s) and all amendments and supplements as completed by The Group Policyholder.

“Certificate Date” means the effective date of coverage under this Certificate and is the date from which Certificate anniversaries and premium due dates are determined.

“Group Policyholder” means the holder of the Group Policy.

“Enrollment Form” means the Enrollment Form and all amendments and supplements as completed by the Certificateholder.

“Insured” means the person on whose life coverage is based.

“Injury” means bodily injury resulting directly from a Covered Accident and independent of all other causes which occurs while the Insured is covered under the Certificate.

“Lapse” is the termination of the Certificate due to nonpayment of premium.

“Policy Date” means the effective date of coverage under the Group Policy and the date from which policy anniversaries are determined.

“Reinstatement” means restoring coverage after this Certificate has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the Certificateholder. The Certificateholder may or may not be the Insured. The Certificateholder controls all rights and benefits under this Certificate.

DEFINITION OF ACCIDENTAL DEATH

For the purpose of this Certificate and the Policy, accidental death is defined as death which results from accidental bodily injury as the direct result of an accident, sustained by the Insured.

Such death shall be independent of disease, bodily infirmity, or any other non-accidental cause, and must occur within 90 days after the date the injury was sustained and is not a direct result and is not caused by any one or more of the following, which are risks not assumed.

- a. Intentional self-inflicted injury, while sane or insane.
- b. Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled except: (1) when taken as prescribed by a physician; (2) the accidental ingestion of a poisonous food substance; (3) in the case of gas or fumes, except while conducting one's duties during the course of employment.
- c. Bodily or mental infirmity or illness or disease of any kind or by infections (except infections occurring as the result of an accidental bodily injury).
- d. Medical or surgical treatment, except when required as the result of an accident.
- e. Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- f. Committing or attempting to commit an assault or felony.
- g. Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER

If the death of the Insured occurs within (90) ninety days from the date of an accidental injury, as defined in the following, We will pay an amount equal to the Common Carrier Benefit shown in the Benefit Schedule page of this Certificate.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier, and which is being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

BOATS, SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – If the death of the Insured occurs within ninety (90) days of an accidental injury sustained while riding in a passenger automobile traveling on a designated and maintained public roadway, We will pay an amount equal to the Auto Accident Benefit shown in the Benefit Schedule Page. Injury shall be as defined on the definitions page of this Certificate.

CERTIFICATE PROVISIONS

1. Entire Contract; Changes

The Entire Contract consists of:

- (a) this Certificate, including the endorsements and attached papers, if any, and
- (b) the Enrollment Forms of the Certificateholders

No change in this Certificate or the Policy shall be valid unless made in writing by Us and signed by an Officer of Our company. No producer has the authority to change or waive any provisions of this Certificate or the Policy.

All statements made in the application and enrollment forms will be considered representations and not warranties. No statement made by the Certificateholder relating to insurability shall be used in contesting the validity of insurance unless it is contained in the enrollment form.

2. Grace Period

A Grace Period of (31) thirty-one days (without interest) will be allowed for the payment of each premium due after the first premium, during which time this Certificate shall continue in force. If the premium has not been received before the end of the (31) thirty-one day grace period, this Certificate will lapse.

3. Time Limit on Certain Defenses

After (3) three years from the Effective Date of this Certificate no misstatements, except fraudulent misstatements, made by You in the Enrollment form shall be used to void this Certificate or to deny a claim for accidental death after the expiration of such two-year period.

No claim for accidental death after (2) two years from the Effective Date of this Certificate shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of death had existed prior to the Effective Date of this Certificate.

4. Reinstatement

If this Certificate lapses due to nonpayment of premium, You may reinstate it within five years from the date of default. We will require (a) it was not surrendered; (b) You send a written request to reinstate the Certificate; (c) proof of insurability acceptable to Us and (d) past due premiums are paid with interest at the rate of four percent (4%) per annum. Our determination of the Insured's continued insurability and the payment of all overdue premiums with interest must occur during the Insured's lifetime.

The reinstated Certificate shall cover only death due to an accident which is sustained after the date of reinstatement. In all other respects you and Lincoln Heritage Life Insurance Company shall have the same rights as was had under this Certificate immediately before the due date of the defaulted premium, subject to any provisions endorsed or attached to this Certificate in connection with the reinstatement.

5. Notice of Claim

Written notice of claim must be given to Us within (30) thirty days or as soon as is reasonably possible, after the occurrence of any accidental death covered by this Certificate. Notice given to US by or on behalf of the Insured or the Beneficiary with information sufficient to identify the Insured shall be considered notice to Us.

6. Claim Forms

Upon receiving a written notice of claim that includes all required information, We will furnish any claim forms necessary for filing a proof of death. If We do not furnish the necessary claim forms within (15) fifteen days of receiving such notice, We shall consider that You have complied with the requirements of this Certificate for filing proof of death. The written notice should include written proof covering the occurrence and the character of the accidental death for which claim is being made.

7. Proof of Death

Written proof of death must be furnished to Us within (90) ninety days after the date of death. Failure to furnish such proof within (90) ninety days shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within that time. If the proof of death is furnished as soon as reasonably possible and no later, except in the absence of legal capacity, than one year after the time proof is required such proof will be accepted.

Written proof for death benefits should include a certified copy of the death certificate, copy of the accident report, copy of doctor's statement, copy of police report (if any), copy of autopsy (if performed) and proof of being a fare paying passenger on common carrier.

8. Payment of Claims; Unpaid Premium

Benefits payable under this Certificate will be paid immediately upon receipt of due written proof of death. Benefits will be payable in accordance with the Beneficiary designation on the enrollment form. Any payment made by Us in good faith under this provision shall fully discharge Us to the extent of the payment amount.

Any unpaid premium owed to Us and which is due on or before the time of any benefit payment will be deducted from the benefit amount.

9. Autopsy

We shall have the right and opportunity, at Our expense, to examine the body and, unless prohibited by law, to make an autopsy.

10. Legal Actions

No legal action shall be brought to recover on this Certificate prior to the end of (60) sixty days after written proof of death has been furnished in accordance with the requirements of this Certificate. No such action shall be brought after the end of three years after the time written proof of death is required to be furnished.

11. Assignment

Assignment of this Certificate by You must be made in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. Any claim made under the assignment shall be subject to proof of interest and extent.

12. Misstatement of Age

If the age of the Insured has been misstated, all amounts payable under this Certificate shall be such as the premium paid would have purchased at the correct age. In the event that the age is misstated and We would not have originally issued the Certificate, Our liability shall be limited to the return of all the premiums that were paid.

13. Change of Beneficiary

The Beneficiary is named in the Enrollment Form. Unless you make an irrevocable designation of Beneficiary, the right to change a Beneficiary is reserved to You. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request.

14. Statement of Conflict

This Certificate summarizes the provisions outlined in the Group Policy. If there is a conflict between the Policy and this Certificate the Policy provisions will prevail. If any of the provisions of this Certificate do not follow the laws of the state where the enrollment form was signed, the provisions will be treated in accordance with those laws.

15. Premium Payment

Each renewal premium is due at the expiration of the period of insurance for which the preceding premium was paid and is payable to Us. Premium amounts and interval of payment are shown on the Benefit Schedule Page of this Certificate. Any premiums not paid when due are in default at the end of the grace period.

We reserve the right to change, on a class basis, the table of rates applicable to premiums due on and after each renewal date of this Certificate. Any such change will apply to all Certificates of the same type issued to residents of the state in which you reside. We will give you written notice at your last known address of any such change in the table of rates not less than forty (40) days before the change is to take place.

16. Nonparticipation

This Certificate and the Policy are issued on a nonparticipating basis and will not share in Our surplus earnings.

17. Termination of Certificate

This Certificate will automatically terminate and become null and void, without any action by Us or notice to or from You, on the earliest of the following dates or events:

- a. The prior lapse or surrender of this Certificate, or
- b. nonpayment of any premium when due or within the grace period
- c. Receipt by Us of a written request for cancellation of this Certificate.
- d. At the end of the period for which premiums are payable as shown in the Benefits Schedule of this Certificate.
- e. Receipt by Us of a written request for cancellation of the Group Policy

18. Continuation of Coverage

If coverage under this Certificate would terminate due to:

- (1) Termination of membership in the classes eligible for coverage; or
- (2) Termination of any class eligible for coverage; or
- (3) Termination of the Group Policy,

The Insured may continue coverage under this Certificate subject to payment of all scheduled premiums as shown in the Benefit Schedule Page of this Certificate. The premium pattern and insured amount will continue to follow the terms of this certificate.

**THIS IS A GROUP LIMITED LIABILITY CERTIFICATE
GUARANTEED RENEWABLE,
HOWEVER, COMPANY RESERVES THE RIGHT TO CHANGE PREMIUMS BY CLASS**