

<i>SERFF Tracking Number:</i>	<i>AUWL-126143109</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Century Life Assurance Company</i>	<i>State Tracking Number:</i>	<i>42327</i>
<i>Company Tracking Number:</i>	<i>GSPLT(09)</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>GSPLT(09) CLA</i>		
<i>Project Name/Number:</i>	<i>GSPLT(09)/GSPLT(09)</i>		

## Filing at a Glance

Company: Century Life Assurance Company

Product Name: GSPLT(09) CLA

TOI: L04G Group Life - Term

Sub-TOI: L04G.003 Single Life - Single Premium

Filing Type: Form

SERFF Tr Num: AUWL-126143109 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 42327

Co Tr Num: GSPLT(09)

State Status: Approved-Closed

Author: Linda DeStasio, FLMI,  
AIRC

Date Submitted: 05/08/2009

Reviewer(s): Linda Bird

Disposition Date: 05/14/2009

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: GSPLT(09)

Project Number: GSPLT(09)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/14/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Other

Explanation for Other Group Market Type:

Financial

State Status Changed: 05/14/2009

Created By: Linda DeStasio, FLMI, AIRC

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Linda DeStasio, FLMI, AIRC

Filing Description:

This is a group single premium decreasing term product. The master policy is issued to a financial institution with coverage being written by a licensed agent from the bank's insurance division. The face amount is whatever the applicant wants. Coverage may be assigned, if desired. It is not credit insurance as it is not tied to any specific loan.

Our check #3356 for \$50 was mailed 05/08/2009.

SERFF Tracking Number: AUWL-126143109 State: Arkansas  
Filing Company: Century Life Assurance Company State Tracking Number: 42327  
Company Tracking Number: GSPLT(09)  
TOI: L04G Group Life - Term Sub-TOI: L04G.003 Single Life - Single Premium  
Product Name: GSPLT(09) CLA  
Project Name/Number: GSPLT(09)/GSPLT(09)

## Company and Contact

### Filing Contact Information

Linda DeStasio, Administrative Asst.  
PO Box 9510  
Wichita, KS 67277

ldestasio@iai-online.com  
800-333-2525 [Phone] 125 [Ext]  
316-794-8470 [FAX]

### Filing Company Information

Century Life Assurance Company  
PO Box 9510  
Wichita, KS 67277  
(800) 333-2525 ext. 125[Phone]  
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CoCode: 94447 State of Domicile: Oklahoma  
Group Code: Company Type: Life & Health  
Group Name: State ID Number:  
FEIN Number: 73-1091065

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

SERFF Tracking Number: AUWL-126143109 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/14/2009	05/14/2009

<i>SERFF Tracking Number:</i>	<i>AUWL-126143109</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>GSPLT(09)/GSPLT(09)</i>		

## **Disposition**

Disposition Date: 05/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* AUWL-126143109      *State:* Arkansas  
*Filing Company:* Century Life Assurance Company      *State Tracking Number:* 42327  
*Company Tracking Number:* GSPLT(09)  
*TOI:* L04G Group Life - Term      *Sub-TOI:* L04G.003 Single Life - Single Premium  
*Product Name:* GSPLT(09) CLA  
*Project Name/Number:* GSPLT(09)/GSPLT(09)

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Actuarial		No
<b>Form</b>	Level Term Certificate		Yes
<b>Form</b>	Level Term Policy		Yes
<b>Form</b>	Application		Yes

SERFF Tracking Number: AUWL-126143109 State: Arkansas  
 Filing Company: Century Life Assurance Company State Tracking Number: 42327  
 Company Tracking Number: GSPLT(09)  
 TOI: L04G Group Life - Term Sub-TOI: L04G.003 Single Life - Single Premium  
 Product Name: GSPLT(09) CLA  
 Project Name/Number: GSPLT(09)/GSPLT(09)

## Form Schedule

### Lead Form Number: GSPLT(09)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GSPLT(09)	Certificate	Level Term Certificate	Initial		53.000	Certificate-CLA.pdf
	GSPTLT(09)-MP	Policy/Contract/Fraternal Certificate	Level Term Policy	Initial		53.000	Policy-CLA.pdf
	SISP-APP	Application/Enrollment Form	Application	Initial		40.000	SispAppCLA(08).pdf

NONPARTICIPATING  
GROUP LEVEL TERM LIFE CERTIFICATE

CENTURY LIFE ASSURANCE COMPANY

FOID .....  
Front page of certificate

**CENTURY LIFE ASSURANCE COMPANY**  
(A Stock Insurance Company)  
Oklahoma City, Oklahoma  
Administrative Offices: 1035 S. 183rd Street W., Goddard, Kansas  
(Herein called the Company)

WILL PAY a death benefit upon receipt of proof of the death of the Insured while this certificate is in force. Payment is subject to all policy provisions.

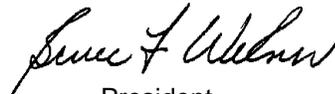
THE CONSIDERATION for this certificate is the attached application and the payment of the single premium.

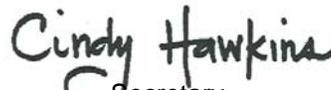
THE ISSUE DATE, from which certificate years, certificate months and certificate anniversaries shall be computed, is set out in the Specifications.

**YOU MAY RETURN this certificate to the Company or to our agent within twenty days after receipt. The Company will then cancel this certificate as of the Issue Date and refund any premiums you paid. If this certificate replaces any other life insurance coverage or annuity, you may return it within 30 days after receipt. We will refund any premiums you paid.**

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

SIGNED for the Company.

  
President

  
Secretary

**SINGLE PREMIUM LEVEL TERM CERTIFICATE  
CONVERTIBLE – NONPARTICIPATING**



**SPECIFICATIONS**

Form No.	Description of Benefits	Single Premium	Expiry Date
GSPLT(09)	Single Premium Level Term Convertible to Age 65	\$ [xx.xx]	[01/01/2015]

The effective date and issue age of each benefit is the issue date and issue age of the certificate and insured unless otherwise stated.

This Certificate is delivered in the state of – [ANYSSTATE]

-----Interest Rates-----

Nonforfeiture Values .....	5.25%
Reserves .....	4.25%
Settlement Options.....	2.50%

-----Mortality Tables-----

Reserves and Nonforfeiture Values - 2001 Standard Ordinary Mortality Table  
Settlement Options - 2000 Annuity Table

-----Reserve Valuation Method-----

Commissioners Reserve Valuation Method

CERTIFICATE NUMBER: [00000]

ISSUE DATE: [00-00-0000]

INSURED: [JOHN DOE]

ISSUE AGE: 35 MALE

OWNER: [JOHN DOE]

TERM: [5 YEARS]

FACE AMOUNT: \$[10,000.00]

SINGLE PREMIUM: \$[ XX.XX]

BENEFICIARY: [JANE DOE, SPOUSE]

(as stated in the application unless changed in accordance with the provisions of the policy)

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Page 4	General Provisions
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Page 7	Table of Values

A copy of the application, any supplemental agreements, and any amendments are attached at the end of the certificate.

### PAYMENT OF BENEFIT PROVISIONS

#### BENEFIT

The Company will pay the death benefit in effect on the date of death of the Insured while a certificate is in full force prior to the termination date shown on page 3. The death benefit is the Face Amount stated on page 3 of the certificate. Payment is subject to the provisions of the certificate. Payment will be made to the named Beneficiary when the Company receives due proof of the Insured's death.

#### CLAIMS OF CREDITORS

The benefits of the certificate shall be exempt from the claims of creditors of the Insured, Owner or Beneficiary.

### GENERAL PROVISIONS

#### CONTRACT

The master policy is issued in consideration of the application for it and the payment of the premium. The master policy and the applications of the policyholder and each insured make up the entire contract. The policy is all the pages shown in the Table of Contents and any attached endorsements. All statements made in the application will be deemed representations and not warranties. No statement made by the Insured or on his behalf shall be used in defense to a claim under the policy unless it is contained in the application. A copy of the application is attached to the certificate when issued.

Only an Officer of the Company can change or waive any of the provisions of the policy. Any change must be made in writing.

#### INCONTESTABILITY

The Company may not contest the policy or the certificate after it has been in force during the lifetime of the Insured for two years from the issue date,

except for failure to pay premiums. If allowed by the laws of the state in which the policy is delivered, this provision will not apply to benefits for total and permanent disability or accidental death which may be contained in a rider which is a part of the policy or certificate.

#### LOANS

No policy loans are available under this coverage.

#### SUICIDE EXCLUSION

If the Insured commits suicide while sane or insane within two years (one year in Missouri) after the issue date, the death benefit will not be paid. Instead the Company will pay a benefit equal to the amount of premiums paid. When the laws of the state in which the policy is delivered require less than this two year period, the period will be as stated in such laws.

#### MISSTATEMENT OF AGE OR SEX

If the age of the Insured as shown on the application is not correct, the benefit to be paid will be adjusted. The adjusted benefit will be an amount which the premium paid would have purchased for the correct age or sex.

#### ATTAINED AGE

The Insured's attained age, as used in the certificate, is the issue age plus the number of years and months from the certificate's issue date to the date on which the attained age is to be determined.

#### ASSIGNMENT

The Company is not responsible for the validity of any assignment. The Company will not be bound by an assignment unless a duplicate of the written original is filed with the Company. The Company will not be liable for any payment made in good faith prior to the receipt and acknowledgement of the assignment at its Administrative Office.

#### NONPARTICIPATING

The policy and certificate are nonparticipating. They do not share in the profits or surplus of the Company.

#### EFFECTIVE DATE

The certificate is effective when: 1) the Company approves the applicant's application; 2) the full premium has been paid while the Insured is alive; and 3) if not a standard risk class, the Owner accepts delivery.

#### OWNER AND BENEFICIARY

The Owner and Beneficiary of the certificate are named on page 3. While the Insured is alive, the Owner has all rights conferred in the policy. If the Owner and any named successor owner die before the Insured, the Insured will be the Owner. The

named Beneficiary will receive the proceeds of the certificate when the Insured dies. If all named beneficiaries die prior to the death of the Insured, the Company will pay the proceeds in one sum to the executor or administrator of the Insured's estate.

The Owner has the right to change any beneficiary, subject only to the consent of any living irrevocable Beneficiary. This change may be requested on forms provided by the Company. The Company must approve the change in writing. When approved, the change will take effect on the date of the request. This will be true whether or not the Insured is living on the date of such approval. The Company shall not suffer loss because of payments made before the approval of such change.

### **PREMIUMS**

The Issue Date is when the single premium is due. It is also the date from which certificate years, and certificate anniversaries are determined. The amount and mode of premium payment are also shown on page 3.

### **COMMON DISASTER**

If a revocable Beneficiary dies at the same time or within 30 days after the Insured's death, the interest of the Beneficiary will end. Provided, that no benefits have been received by the Beneficiary.

### **CASH VALUE**

The Owner may surrender the certificate at any time and receive its cash value. The cash value is shown on page 7. The Company reserves the right to defer payment of any cash value up to six months from the date requested.

### **DEFERMENT**

The Company may defer a cash surrender for up to six months from the date of the request. This does not apply to loans used to pay premiums.

**RIGHT TO CONVERT** – This decreasing term certificate may be exchanged without evidence of insurability for policy form number WL5(09), or its successor. The certificate may be converted:

- (a) if this term certificate is in full force; and
- (b) if this exchange takes place prior to the final conversion age shown on page 3; and
- (c) provided that the conversion of a waiver of premium rider shall be subject to evidence of insurability except for the automatic conversion provision contained herein.

To convert this certificate, the Owner must:

- (a) Send a written request for the exchange, stating the plan of insurance and the effective date of the new policy; and

- (b) surrender this term certificate; and
- (c) pay the first premium on the new policy.

The face amount of the new policy cannot be greater than the amount of insurance in the policy month following that in which the exchange is made. The premiums will be those in effect for the Insured's age on the date of exchange. The new policy must retain the same risk class and the same Insured as this certificate. Any rider providing additional benefits in the event of disability or accidental death will be made a part of the new policy only with our consent.

## **SETTLEMENT OPTION PROVISIONS**

### **ELECTION OF OPTION**

All rights of the Owner provided in the Owner and Beneficiary provision apply to any election or change of election of a Settlement Option. If the Beneficiary is not an individual receiving payment in his or her own right, the Company must consent to any option other than a lump sum payment. A change of beneficiary revokes a prior election option. The beneficiary has no right to change or revoke an election unless this right was given by the Owner and agreed to by the Company in writing. If the Owner does not elect an option, the Beneficiary will have the right at the time of settlement.

If all named beneficiaries die prior to the death of the Insured, the Company will pay the proceeds in one sum to the executors or administrators of the Insured's estate.

### **PROCEEDS**

All or part of the policy proceeds may be paid to the payee in one sum or under one or more of the Settlement Options. The amount which may be applied under the option must be at least \$2,500 and provide periodic payments of at least \$20. If not, the proceeds will be paid in a lump sum.

### **SUPPLEMENTARY CONTRACT**

A supplementary contract will be issued in exchange for this certificate when a settlement is made by any of the options. If settlement is a result of the Insured's death, the effective date of that contract will be the date when proof of death is received by the Company. If applicable and if settlement is a result of certificate maturity as an endowment or cash value surrender, the effective date of the contract will be the date of maturity or surrender.

Interest under Option 1 will be earned from the effective date of the contract. The first installment under Options 2, 3, 4 and 5 will be paid on the effective date of the contract unless a written election provides otherwise.

**INTEREST RATE**

The interest rate for these options may vary, but will not be less than the rate shown on page 3 under "Interest Rates". The interest rate may be changed by the Board of Directors. If so, the Company will determine the amount and the method of payment of such earnings.

**DEATH OF THE PAYEE**

If the payee dies after the option goes into effect, any payments remaining to be paid will be paid in accordance with the supplementary contract in effect.

**SETTLEMENT OPTIONS**

All rates shown are the minimum guaranteed rates. Payments may be higher based on interest rates being paid by the Company at the time of payment.

**OPTION 1: INTEREST**

The proceeds may be left with the Company to earn interest for a specified period. This period of time may not exceed 30 years or the lifetime of the payee. The interest earned may be paid as agreed upon or credited annually and added to the proceeds. At the end of the specified period, the proceeds will be paid to the payee. If the payee dies before the end of this period, the proceeds will be paid as previously agreed upon.

**OPTION 2: INSTALLMENTS FOR A GUARANTEED PERIOD**

The proceeds may be used to provide equal installments for a guaranteed period. This period may not exceed 30 years. The equal installment may be paid on an annual, semi annual, quarterly or monthly basis. The amount of each monthly installment for each \$1,000 of proceeds is shown in the table below.

The installment amounts on other than a monthly basis, or for years not shown, will be furnished upon request.

Number of Years Guaranteed	Monthly Installment Per \$1000
5	\$17.73
10	9.41
15	6.65
20	5.29
25	4.47
30	3.94

**OPTION 3: SPECIAL SETTLEMENT**

The proceeds may be paid in installments of equal or varied amounts. This option must be agreed to by the Company. Such installments will be paid until the proceeds plus interest credited on unpaid balances are paid in full.

**OPTION 4: LIFE INCOME WITH A GUARANTEED PERIOD**

The proceeds may be used to provide equal monthly installments for a guaranteed period and thereafter during the lifetime of the payee. This guaranteed period may be 5, 10 or 20 years.

The Company can require satisfactory evidence of the payee's age before making any payment under this option. The amount of the monthly installments is determined by: (a) the guaranteed period chosen, and (b) the payee's sex and attained age on the date the first installment would be paid. The amount for each \$1,000 of proceeds is shown in the table below. Installments for any age not shown will be furnished upon request.

Age Last Birthday Male Payee	Monthly Life Income with Payments Guaranteed For:	
	10 years	20 years
50	\$3.81	\$3.71
55	4.19	4.01
60	4.68	4.35
65	5.31	4.68
70	6.08	4.96
75	6.96	5.15

Age Last Birthday Female Payee	Monthly Life Income with Payments Guaranteed For:	
	10 years	20 years
50	\$3.57	\$3.52
55	3.90	3.80
60	4.33	4.14
65	4.89	4.51
70	5.63	4.85
75	6.55	5.10

**ALTERNATE LIFE INCOME OPTION**

If Option 4 is elected the proceeds may be used to provide a monthly life income which is equal to 103% of the monthly annuity that would be purchased based on the rates of the Company then in use for new single premium annuities.

**CASH VALUES  
PER \$100 OF PREMIUM**

Remaining years to date of expiry (across)

Original term of certificate (down)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	0.83	2.50	5.00	8.33	12.50	17.50	23.33	30.00	37.50	45.83	55.00	65.00	75.83	87.50
14	0.95	2.86	5.71	9.52	14.29	20.00	26.67	34.29	42.86	52.38	62.86	74.29	86.67	
13	1.10	3.30	6.59	10.99	16.48	23.08	30.77	39.56	49.45	60.44	72.53	85.71		
12	1.28	3.85	7.69	12.82	19.23	26.92	35.90	46.15	57.69	70.51	84.62			
11	1.52	4.55	9.09	15.15	22.73	31.82	42.42	54.55	68.18	83.33				
10	1.82	5.45	10.91	18.18	27.27	38.18	50.91	65.45	81.82					
09	2.22	6.67	13.33	22.22	33.33	46.67	62.22	80.00						
08	2.78	8.33	16.67	27.78	41.67	58.33	77.78							
07	3.57	10.71	21.43	35.71	53.57	75.00								
06	4.76	14.29	28.57	47.62	71.43									
05	6.67	20.00	40.00	66.67										
04	10.00	30.00	60.00											
03	16.67	50.00												
02	33.33													
01	0.00													

Values shown apply at the end of the certificate year. Values at any time other than at the end of the year will be determined giving allowance for the part of the year prior to surrender. Values for years not shown will be furnished upon request.

Cash Values - Cash values will be equal to the greater of the above factors and the minimum values required by the state in which the policy is delivered. The method of computation of minimum nonforfeiture values is on file with the Insurance Department of the state in which the policy is delivered.

## AMENDMENTS

### For coverage issued in Arkansas

We will pay a death claim within 30 days of:

1. receipt of due proof of loss of any person insured under the policy; and
2. proof of the identity of the beneficiary.

If the claim is not paid within 30 days of receipt of such proofs, we will pay interest of 8% annually until the claim is paid.

For information, service, or complaint:

Policyowner Services  
P.O. Box 9510  
Wichita, Kansas 67277  
1-800-333-2525

You may also contact your agent or any of our agents for additional help

If we fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 W. Third Street  
Little Rock, AR 72201  
(501) 371-2640  
(800) 852-5494

### Issue State - Oklahoma

The following provision is hereby added to the provision on the face of this certificate with regard to the twenty day right to examine this certificate:

The premium will be refunded within 30 days of the date of cancellation of this certificate. If we do not refund the premium within 30 days, we will pay interest on the amount to be refunded at the rate of interest calculated as set forth in the Insurance Laws of the State of Oklahoma.

### For policies issued in Texas

**SUICIDE** If the insured dies by suicide within two years after a reinstatement, the death benefit payable is the reinstatement premium.

**INCONTESTABILITY:** We rely on all statements made by the proposed insured and the owner. In the absence of fraud all statements are considered representations not warranties. We can contest the validity of this contract or deny a claim for any material misrepresentation of a fact. To do so, the misrepresentation must have been made in an application and a copy of the application attached to this contract. We cannot contest this contract after it has been in effect during the Insured's life for two years from the Date of Issue, except for nonpayment of premium. This two-year limitation does not apply to disability or accidental death benefits, if any. If this contract is reinstated, a contestable period begins on the date of reinstatement, but only as to material statements made in the reinstatement application(s).

**MISSTATEMENT OF AGE AND SEX:** If the age or sex of the Annuitant is misstated, the death benefit will be adjusted. The amount of coverage provided is the amount the premium paid would have purchased at the correct age or sex.

**PAYMENT OF PROCEEDS:** Death benefits payable under this certificate will be paid within two months of receipt of proof of death and the right of the claimant to the policy proceeds. Interest on benefits unpaid accumulates from the date of death of the insured person.

### Issue State - Indiana

We will pay any benefits due under this certificate within two months after we receive due proof of loss and interest of the claimant. If payment is not made within 30 days of the date of death, we will pay the death benefit plus interest from the date of death to the date of settlement. The rate of interest will not be less than the interest rate we pay on proceeds of life insurance left on deposit with us.

If this contract is surrendered within 30 days of a contract anniversary, the net cash value will not be less than the net contract value on that contract anniversary.

**CENTURY LIFE ASSURANCE COMPANY**  
(A Stock Insurance Company)  
Oklahoma City, Oklahoma  
Administrative Offices: 1035 S. 183rd Street W., Goddard, Kansas  
(Herein called the Company)

WILL PAY a death benefit upon receipt of proof of the death of the Insured while the certificate is in force. Payment is subject to all policy provisions.

THE CONSIDERATION for this coverage is the application and the payment of the single premium.

THE ISSUE DATE, from which certificate years, certificate months and certificate anniversaries are computed, is set out in the certificate's Specifications.

**THE INSURED MAY RETURN the certificate to the Company or to our agent within twenty days after receipt. The Company will then cancel the certificate as of the Issue Date and refund any premiums paid. If this certificate replaces any other life insurance coverage or annuity, the insured may return it the certificate within 30 days after receipt. We will refund any premiums paid.**

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

SIGNED for the Company.

  
President

  
Secretary

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**SINGLE PREMIUM LEVEL TERM POLICY  
RENEWABLE – NONPARTICIPATING**

## **PAYMENT OF BENEFIT PROVISIONS**

### **BENEFIT**

The Company will pay the death benefit in effect on the date of death of the Insured while the certificate is in full force prior to the termination date shown on page 3 of the certificate. The death benefit is the Face Amount stated on page 3 of the certificate. Payment is subject to the provisions of the policy. Payment will be made to the named Beneficiary when the Company receives due proof of the Insured's death.

### **CLAIMS OF CREDITORS**

The benefits of the policy shall be exempt from the claims of creditors of the Insured, Owner or Beneficiary.

## **GENERAL PROVISIONS**

### **CONTRACT**

The master policy is issued in consideration of the application for it and the payment of the premium. The master policy and the applications of the policyholder and each insured make up the entire contract. The policy is all the pages shown in the Table of Contents and any attached endorsements. All statements made in the application will be deemed representations and not warranties. No statement made by the Insured or on his behalf shall be used in defense to a claim under this policy unless it is contained in the application. A copy of the application is attached to the certificate when issued.

Only an Officer of the Company can change or waive any of the provisions of the policy. Any change must be made in writing.

### **INCONTESTABILITY**

The Company may not contest the policy or the certificate after it has been in force during the lifetime of the Insured for two years from the issue date, except for failure to pay premiums. If allowed by the laws of the state in which the policy is delivered, this provision will not apply to benefits for total and permanent disability or accidental death which may be contained in a rider which is a part of the policy or certificate.

### **LOANS**

No policy loans are available under this coverage.

### **SUICIDE EXCLUSION**

If the Insured commits suicide while sane or insane within two years (one year in Missouri) after the issue date, the death benefit will not be paid. Instead the Company will pay a benefit equal to the amount of premiums paid. When the laws of the state in which

the policy is delivered require less than this two year period, the period will be as stated in such laws.

### **MISSTATEMENT OF AGE OR SEX**

If the age of the Insured as shown on the application is not correct, the benefit to be paid will be adjusted. The adjusted benefit will be an amount which the premium paid would have purchased for the correct age or sex.

### **ATTAINED AGE**

The Insured's attained age, as used in the certificate, is the issue age plus the number of years and months from the certificate's issue date to the date on which the attained age is to be determined.

### **ASSIGNMENT**

The Company is not responsible for the validity of any assignment. The Company will not be bound by an assignment unless a duplicate of the written original is filed with the Company. The Company will not be liable for any payment made in good faith prior to the receipt and acknowledgement of the assignment at its Administrative Office.

### **NONPARTICIPATING**

The policy and certificate are nonparticipating. They do not share in the profits or surplus of the Company.

### **EFFECTIVE DATE**

The certificate is effective when: 1) the Company approves the applicant's application; 2) the full premium has been paid while the Insured is alive; and 3) if not a standard risk class, the Owner accepts delivery.

### **OWNER AND BENEFICIARY**

The Owner and Beneficiary of the certificate are named on page 3 of the certificate. While the Insured is alive, the Owner has all rights conferred in this policy. If the Owner and any named successor owner die before the Insured, the Insured will be the Owner. The named Beneficiary will receive the proceeds of the certificate when the Insured dies. If all named beneficiaries die prior to the death of the Insured, the Company will pay the proceeds in one sum to the executor or administrator of the Insured's estate.

The Owner has the right to change any beneficiary, subject only to the consent of any living irrevocable Beneficiary. This change may be requested on forms provided by the Company. The Company must approve the change in writing. When approved, the change will take effect on the date of the request. This will be true whether or not the Insured is living on the date of such approval. The Company shall not suffer loss because of payments made before the approval of such change.

**PREMIUMS**

The Issue Date is when the single premium is due. It is also the date from which certificate years, and certificate anniversaries are determined. The amount and mode of premium payment are also shown on page 3 of the certificate

**COMMON DISASTER**

If a revocable Beneficiary dies at the same time or within 30 days after the Insured's death, the interest of the Beneficiary will end. Provided, that no benefits have been received by the Beneficiary.

**CASH VALUE**

The Owner may surrender the certificate at any time and receive its cash value. The cash value is shown on page 5 of the certificate. The Company reserves the right to defer payment of any cash value up to six months from the date requested.

**DEFERMENT**

The Company may defer a cash surrender for up to six months from the date of the request. This does not apply to loans used to pay premiums.

**RIGHT TO CONVERT** – This decreasing term policy may be exchanged without evidence of insurability for policy form number WL5(09), or its successor. The policy may be converted:

- (a) if this term policy is in full force; and
- (b) if this exchange takes place prior to the final conversion age shown on page 3 of the certificate; and
- (c) provided that the conversion of a waiver of premium rider shall be subject to evidence of insurability except for the automatic conversion provision contained herein.

To convert this policy, the Owner must:

- (a) Send a written request for the exchange, stating the plan of insurance and the effective date of the new policy; and
- (b) surrender this term policy; and
- (c) pay the first premium on the new policy.

The face amount of the new policy cannot be greater than the amount of insurance in the policy month following that in which the exchange is made. The premiums will be those in effect for the Insured's age on the date of exchange. The new policy must retain the same risk class and the same Insured as this policy. Any rider providing additional benefits in the event of disability or accidental death will be made a part of the new policy only with our consent.

**SETTLEMENT OPTION PROVISIONS****ELECTION OF OPTION**

All rights of the Owner provided in the Owner and Beneficiary provision apply to any election or change of election of a Settlement Option. If the Beneficiary is not an individual receiving payment in his or her own right, the Company must consent to any option other than a lump sum payment. A change of beneficiary revokes a prior election option. The beneficiary has no right to change or revoke an election unless this right was given by the Owner and agreed to by the Company in writing. If the Owner does not elect an option, the Beneficiary will have the right at the time of settlement.

If all named beneficiaries die prior to the death of the Insured, the Company will pay the proceeds in one sum to the executors or administrators of the Insured's estate.

**PROCEEDS**

All or part of the policy proceeds may be paid to the payee in one sum or under one or more of the Settlement Options. The amount which may be applied under the option must be at least \$2,500 and provide periodic payments of at least \$20. If not, the proceeds will be paid in a lump sum.

**SUPPLEMENTARY CONTRACT**

A supplementary contract will be issued in exchange for this policy when a settlement is made by any of the options. If settlement is a result of the Insured's death, the effective date of that contract will be the date when proof of death is received by the Company. If applicable and if settlement is a result of policy maturity as an endowment or cash value surrender, the effective date of the contract will be the date of maturity or surrender.

Interest under Option 1 will be earned from the effective date of the contract. The first installment under Options 2, 3, 4 and 5 will be paid on the effective date of the contract unless a written election provides otherwise.

**INTEREST RATE**

The interest rate for these options may vary, but will not be less than the rate shown on page 3 of the certificate under "Interest Rates". The interest rate may be changed by the Board of Directors. If so, the Company will determine the amount and the method of payment of such earnings.

**DEATH OF THE PAYEE**

If the payee dies after the option goes into effect, any payments remaining to be paid will be paid in accordance with the supplementary contract in effect.

**SETTLEMENT OPTIONS**

All rates shown are the minimum guaranteed rates. Payments may be higher based on interest rates being paid by the Company at the time of payment.

**OPTION 1: INTEREST**

The proceeds may be left with the Company to earn interest for a specified period. This period of time may not exceed 30 years or the lifetime of the payee. The interest earned may be paid as agreed upon or credited annually and added to the proceeds. At the end of the specified period, the proceeds will be paid to the payee. If the payee dies before the end of this period, the proceeds will be paid as previously agreed upon.

**OPTION 2: INSTALLMENTS FOR A GUARANTEED PERIOD**

The proceeds may be used to provide equal installments for a guaranteed period. This period may not exceed 30 years. The equal installment may be paid on an annual, semi annual, quarterly or monthly basis. The amount of each monthly installment for each \$1,000 of proceeds is shown in the table below.

The installment amounts on other than a monthly basis, or for years not shown, will be furnished upon request.

Number of Years Guaranteed	Monthly Installment Per \$1000
5	\$17.73
10	9.41
15	6.65
20	5.29
25	4.47
30	3.94

**OPTION 3: SPECIAL SETTLEMENT**

The proceeds may be paid in installments of equal or varied amounts. This option must be agreed to by the Company. Such installments will be paid until the proceeds plus interest credited on unpaid balances are paid in full.

**OPTION 4: LIFE INCOME WITH A GUARANTEED PERIOD**

The proceeds may be used to provide equal monthly installments for a guaranteed period and thereafter during the lifetime of the payee. This guaranteed period may be 5, 10 or 20 years.

The Company can require satisfactory evidence of the payee's age before making any payment under this option. The amount of the monthly installments is determined by: (a) the guaranteed period chosen, and (b) the payee's sex and attained age on the date the first installment would be paid. The amount for each \$1,000 of proceeds is shown in the table below. Installments for any age not shown will be furnished upon request.

Age Last Birthday Male Payee	Monthly Life Income with Payments Guaranteed For:	
	10 years	20 years
50	\$3.81	\$3.71
55	4.19	4.01
60	4.68	4.35
65	5.31	4.68
70	6.08	4.96
75	6.96	5.15

Age Last Birthday Female Payee	Monthly Life Income with Payments Guaranteed For:	
	10 years	20 years
50	\$3.57	\$3.52
55	3.90	3.80
60	4.33	4.14
65	4.89	4.51
70	5.63	4.85
75	6.55	5.10

**ALTERNATE LIFE INCOME OPTION**

If Option 4 is elected the proceeds may be used to provide a monthly life income which is equal to 103% of the monthly annuity that would be purchased based on the rates of the Company then in use for new single premium annuities.

**CASH VALUES  
PER \$100 OF PREMIUM**

Remaining years to date of expiry (across)

Original term of policy (down)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	0.83	2.50	5.00	8.33	12.50	17.50	23.33	30.00	37.50	45.83	55.00	65.00	75.83	87.50
14	0.95	2.86	5.71	9.52	14.29	20.00	26.67	34.29	42.86	52.38	62.86	74.29	86.67	
13	1.10	3.30	6.59	10.99	16.48	23.08	30.77	39.56	49.45	60.44	72.53	85.71		
12	1.28	3.85	7.69	12.82	19.23	26.92	35.90	46.15	57.69	70.51	84.62			
11	1.52	4.55	9.09	15.15	22.73	31.82	42.42	54.55	68.18	83.33				
10	1.82	5.45	10.91	18.18	27.27	38.18	50.91	65.45	81.82					
09	2.22	6.67	13.33	22.22	33.33	46.67	62.22	80.00						
08	2.78	8.33	16.67	27.78	41.67	58.33	77.78							
07	3.57	10.71	21.43	35.71	53.57	75.00								
06	4.76	14.29	28.57	47.62	71.43									
05	6.67	20.00	40.00	66.67										
04	10.00	30.00	60.00											
03	16.67	50.00												
02	33.33													
01	0.00													

Values shown apply at the end of the policy year. Values at any time other than at the end of the year will be determined giving allowance for the part of the year prior to surrender. Values for years not shown will be furnished upon request.

Cash Values - Cash values will be equal to the greater of the above factors and the minimum values required by the state in which this policy is delivered. The method of computation of minimum nonforfeiture values is on file with the Insurance Department of the state in which this policy is delivered.

## AMENDMENTS

### For coverage issued in Arkansas

We will pay a death claim within 30 days of:

1. receipt of due proof of loss of any person insured under this policy; and
2. proof of the identity of the beneficiary.

If the claim is not paid within 30 days of receipt of such proofs, we will pay interest of 8% annually until the claim is paid.

For information, service, or complaint:

Policyowner Services  
P.O. Box 9510  
Wichita, Kansas 67277  
1-800-333-2525

You may also contact your agent or any of our agents for additional help

If we fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 W. Third Street  
Little Rock, AR 72201  
(501) 371-2640  
(800) 852-5494

### Issue State - Oklahoma

The following provision is hereby added to the provision on the face of this policy with regard to the twenty day right to examine this policy:

The premium will be refunded within 30 days of the date of cancellation of this policy. If we do not refund the premium within 30 days, we will pay interest on the amount to be refunded at the rate of interest calculated as set forth in the Insurance Laws of the State of Oklahoma.

### For policies issued in Texas

**SUICIDE** If the insured dies by suicide within two years after a reinstatement, the death benefit payable is the reinstatement premium.

**INCONTESTABILITY:** We rely on all statements made by the proposed insured and the owner. In the absence of fraud all statements are considered representations not warranties. We can contest the validity of this contract or deny a claim for any material misrepresentation of a fact. To do so, the misrepresentation must have been made in an application and a copy of the application attached to this contract. We cannot contest this contract after it has been in effect during the Insured's life for two years from the Date of Issue, except for nonpayment of premium. This two-year limitation does not apply to disability or accidental death benefits, if any. If this contract is reinstated, a contestable period begins on the date of reinstatement, but only as to material statements made in the reinstatement application(s).

**MISSTATEMENT OF AGE AND SEX:** If the age or sex of the Annuitant is misstated, the death benefit will be adjusted. The amount of coverage provided is the amount the premium paid would have purchased at the correct age or sex.

**PAYMENT OF PROCEEDS:** Death benefits payable under this policy will be paid within two months of receipt of proof of death and the right of the claimant to the policy proceeds. Interest on benefits unpaid accumulates from the date of death of the insured person.

### Issue State - Indiana

We will pay any benefits due under this policy within two months after we receive due proof of loss and interest of the claimant. If payment is not made within 30 days of the date of death, we will pay the death benefit plus interest from the date of death to the date of settlement. The rate of interest will not be less than the interest rate we pay on proceeds of life insurance left on deposit with us.

If this contract is surrendered within 30 days of a contract anniversary, the net cash value will not be less than the net contract value on that contract anniversary.

**CENTURY LIFE ASSURANCE COMPANY**

Home Office: Indianapolis, Indiana; Administrative Offices: P.O. Box 9510, Wichita, Kansas 67277

NAME OF PROPOSED INSURED		ADDRESS (include city, state, zip)	
[JOHN DOE 123 S. MAIN, ANYTOWN, AS 00000]			
AMOUNT OF LOAN [NONE]		INTEREST RATE (APR)	
COVERAGE REQUESTED	<input type="checkbox"/> Decreasing Term	Critical Period Disability	<input type="checkbox"/> 30-Day Elimination
	<input type="checkbox"/> Level Term		<input type="checkbox"/> 90-Day Elimination
Original Amount of Life Insurance \$ [10,000]	THIS IS A LIMITED BENEFIT Monthly Disability Benefit \$ [200]		PREMIUM \$
SOCIAL SECURITY NUMBER 000-00-0000		Term Mos. [60]	Effective Date [01/01/08]
DATE OF BIRTH: MO. DAY YR. STATE OF BIRTH		Expiry Date [01/01/13]	
AVERAGE MONTHLY EARNED INCOME		HEIGHT	WEIGHT
HEIGHT	WEIGHT	AVERAGE MONTHLY EARNED INCOME \$	
PRESENT OCCUPATION Explain duties fully		Are you now employed full time? _____	

<p>1. <b>Have you had or been told you had:</b> Any disease of the heart, lungs, brain, kidneys, stomach, intestines, liver, gall bladder or spleen; cancer, tumor, diabetes, high blood pressure or paralysis; epilepsy or any nervous or mental disorder? If yes, circle disorder and explain below.</p> <p>2. Have you had or been told you had: Any disease or disorder of the back, joints, limbs; or rheumatism or arthritis? If Yes, circle disorder and explain below.</p> <p>3. Have you had or been told by a member of the medical profession that you had: a. An immune deficiency disorder? b. AIDS or the AIDS related complex (ARC) or c) test results indicating exposure to the AIDS virus?</p> <p>4. Do you know of any impairment, disease or disorder now existing in your health or physical condition?</p> <p>5. Have you consulted a physician or other practitioner for any illness or injury during the past five years?</p> <p>6. Have you any prescribed medication within the last 2 years? If yes, list prescription, dosage and dates below.</p> <p>7. If the answer to any question is Yes, give details. Include the name, address, and telephone number of any attending physician or other practitioner. _____</p> <p>8. Give complete name, address, and telephone number of primary care physician. _____</p> <p>9. Beneficiary _____</p>	YES	NO	

SISPAPP ULTRA

**NOTICE TO APPLICANT FOR INSURANCE**

Thank you for considering Great Fidelity Life Insurance Company as your insurance carrier.

One of the prime objectives of our Company is to provide insurance at the lowest possible cost. The underwriting process (evaluation of risks) is necessary not only to assure this low cost, but also to assure that each policyholder contributes his fair share of the cost. In considering your application, information from various sources must, therefore, be considered. These include the results of your physical examination, if required, and any reports we may receive from doctors and hospitals who have attended you.

As part of our normal underwriting procedure, an investigative consumer report may be prepared where information is obtained through personal interviews with your neighbors, friends or others, with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request to the Underwriting Department of CENTURY LIFE ASSURANCE COMPANY at its ADMINISTRATIVE OFFICES, P.O. BOX 9510, WICHITA, KANSAS 67277, within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation, if one is made.

The Company may make a brief report of the information you provide to us to the Medical Information Bureau, a nonprofit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange a disclosure of any information it may have in your file. (The Bureau will disclose medical information only to your attending physician.) If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

Without further consent from you, we may also release information in our file to other insurance companies to which you apply for life or health insurance or to which a claim for benefits may be submitted.

The purpose of the Bureau is to protect its members and their policyholders from bearing the expense created by those who would conceal facts relevant to their insurability. Information furnished by the Bureau may alert the insurer to the possible need for further investigation, but under Bureau rules cannot be used as the basis for evaluating risks. The Bureau is not a repository of medical reports from hospitals and physicians and information in the Bureau file does not reveal whether applications for insurance are accepted, rated or declined.

SISPAPP ULTRA(2-08)

I hereby declare that to the best of my knowledge and belief the foregoing answers are full, true and correct. I further understand and agree that this application is offered subject to final acceptance or rejection by the Company and shall form a part of any policy of insurance issued as a result of this application. I further understand that any policy issued shall not take effect unless and until the full first premium has been paid and the policy delivered while I am in sound health and free of injury.

I hereby authorize any physician; medical practitioner; hospital; clinic or other medical or medically related facility, insurance company the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to Great Fidelity Life Insurance Company any such information about me with reference to me, my health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment. I have received notification describing the Medical Information Bureau.

To facilitate rapid submission of such information, I authorize all the above sources; except the Medical Information Bureau; to give such records or knowledge to any agency employed by CENTURY LIFE ASSURANCE COMPANY to collect and transmit such information.

A photocopy of this authorization shall be as valid as the original.

Signed at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(city) (state)

**X** \_\_\_\_\_  
Signature of Proposed Insured)

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony and may be subject to fine and/or imprisonment.

If Applicant is other than proposed insured, give full name and address of said Applicant and state relationship to proposed insured.

\_\_\_\_\_  
(Name) (Address) (Relationship)

(If above remains unanswered, the proposed insured shall be presumed to be the sole owner of any policy issued pursuant to this application.)

\_\_\_\_\_  
(Signature of Applicant - other than proposed insured)

Do not assign this policy.  If issued, I hereby assign this Policy and its proceeds to \_\_\_\_\_, (Creditor), as their interests may appear. I understand that this is limited insurance and may not pay off my loan.

**X** \_\_\_\_\_  
(Signature of Owner) Date

**SEND TO:  
CENTURY LIFE ASSURANCE COMPANY  
P.O. Box 9510, Wichita, Kansas 67277**

**CONDITIONAL RECEIPT AND TEMPORARY INSURANCE AGREEMENT**

\$ \_\_\_\_\_ has been received from \_\_\_\_\_ as payment for the life and disability insurance applied for on this date. Temporary life insurance is provided under the same conditions as the policy, subject to the limits and conditions below. If no coverage is issued as a result of this application, a full refund of all premiums paid will be made.

- 1. No disability insurance is provided by this conditional receipt.
- 2. Temporary life insurance is limited to \$50,000 or the amount applied for, if less.
- 3. No temporary life insurance is provided by this conditional receipt if the applicant has answered "Yes" to questions 1-4 above.
- 4. No temporary life insurance is provided by this conditional receipt: 1) if the applicant dies by suicide while sane or insane; or 2) if there is fraud or misrepresentation in the answers in the application that is material to the underwriter's acceptance of the risk.
- 5. Temporary life insurance provided by this conditional receipt stops when the company: 1) approves your application; 2) declines your application; or 3) offers to issue you insurance other than applied for in this application.

No one may waive or change any of the terms of this receipt.

\_\_\_\_\_ Date **X** \_\_\_\_\_ Company representative

SERFF Tracking Number: AUWL-126143109

State: Arkansas

Filing Company: Century Life Assurance Company

State Tracking Number: 42327

Company Tracking Number: GSPLT(09)

TOI: L04G Group Life - Term

Sub-TOI: L04G.003 Single Life - Single Premium

Product Name: GSPLT(09) CLA

Project Name/Number: GSPLT(09)/GSPLT(09)

## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR Compliance.pdf

AR Flesch.pdf

AR variability.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Application

**Comments:**

Application attached under Form Schedule tab.

## CERTIFICATION

Arkansas Code 23-79

Rule and Regulation 49 - Life and Disability Insurance Guaranty Fund Notices

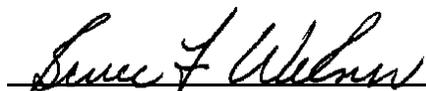
Rule and Regulation 19 – Unfair Sex Discrimination in the Sale of Insurance

Rule and Regulation 34 – Universal Life Insurance.

Bulletin 11-88 - Arkansas Act 197 of 1987

THIS IS TO CERTIFY that the attached forms are in compliance with the relevant provisions  
Arkansas Codes and Statutes listed above that specifically provide for universal life insurance.

(Signed by an officer of the company)



\_\_\_\_\_  
Bruce F. Welner

President

Century Life Assurance Company

May 7, 2009

## CERTIFICATION

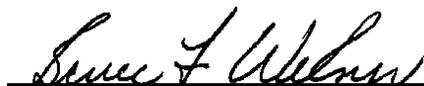
THIS IS TO CERTIFY THAT THE ATTACHED FORMS:

**FORM NUMBER**

GSPLT(09)-MP  
GDPLT(09)  
SISP-APP

have achieved Flesch Reading Ease Scores in excess of 40 as stated above and comply with the requirements of Ark. Stat. 23-80-201 through 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act

(Signed by an officer of the company)



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Bruce F. Welner  
President

May 7, 2009

## **STATEMENT OF VARIABILITY**

The only variables in this policy form are the variables that are consistent with the details for the insured and policyowner.