

SERFF Tracking Number: LCNC-126090928 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 42242
Company Tracking Number: LR861(4-09)
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: Experienced COI Rider
Project Name/Number: Experienced COI Rider/LR861(4-09)

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Experienced COI Rider

SERFF Tr Num: LCNC-126090928 State: Arkansas

TOI: L06I Individual Life - Variable

SERFF Status: Closed-Approved-
Closed State Tr Num: 42242

Sub-TOI: L06I.002 Single Life - Flexible
Premium

Co Tr Num: LR861(4-09) State Status: Approved-Closed

Filing Type: Form

Author: Renee Gardner

Reviewer(s): Linda Bird

Date Submitted: 04/29/2009

Disposition Date: 05/11/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Experienced COI Rider

Status of Filing in Domicile: Pending

Project Number: LR861(4-09)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/11/2009

Explanation for Other Group Market Type:

State Status Changed: 05/11/2009

Deemer Date:

Created By: Renee Gardner

Submitted By: Renee Gardner

Corresponding Filing Tracking Number:

Filing Description:

Add specific LetterThe Lincoln National Life Insurance Company

NAIC #65676

FEIN #35-0472300

Re: New Submission

Forms: LR861(4-09), Experienced COI Rider

LN940RS(4-09), Rider Specifications

SERFF Tracking Number: LCNC-126090928 State: Arkansas
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We submit the captioned forms for your review and approval. These forms are new and are intended to comply with the laws and regulations of your state. These forms have been filed in our domiciliary state of Indiana. These forms are submitted in final printed form and are subject only to minor modifications in paper stock, ink, and adaptation to computer printing.

The forms are an optional rider for use with our private placement variable life insurance policy, and a specifications page to reflect the rider specifications of this and any other riders issued with the policy. The private placement variable life insurance policy (LN940 05-06) is issued only in the company-owned and bank-owned life insurance markets (COLI & BOLI). LN940 05-06 was filed and approved in your jurisdiction on April 25, 2006, SERFF Tracking No. USPH-6NJRCV624.

LR861(4-09), Experienced COI Rider

The Experienced COI Rider is a new form being submitted for approval. It is an elective benefit that provides that the Net Amount at Risk portion of Death Benefits paid pursuant to this Policy or any other Policy in the Case shall be deducted from the Account Values of the in force Policies of such Case, up to a Stop-Loss Amount limit. Cost of Insurance charges under the base Policy is waived, and a Stop-Loss Charge is added to the Monthly Deduction under the rider.

LN940RS(4-09), Rider Specifications

Form LN940RS(4-09) will be used to show the Rider Specifications for this rider and other riders used with LN940 05-06. Currently, rider specifications for LN940 05-06 are provided on Form LN940RS(3-09), approved by the Department on February 4, 2009, SERFF tracking number LCNC-125985880, State File No. 41415.

Upon approval, Form LN940RS(4-09) will replace rider specifications LN940RS(3-09) and will be used whenever the Rider Form LR861(4-09), or any other approved rider, is issued with policy form LN940 05-06. The only difference between LN940RS(3-09) and LN940RS(4-09) is the addition of this rider's specifications.

The enclosed forms are exempt from any Flesch readability requirements as they are securities subject to SEC regulation.

Bracketed language indicates variable language. No change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your state. In addition, no change in variability will be made which in any way expands the scope of the item being changed. A Statement of Variability is provided that describes the variable fields, the range of variability, and the explanation for the need for variability.

Thank you for your time and consideration.

Sincerely,

SERFF Tracking Number: LCNC-126090928 State: Arkansas
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 Product Name: Experienced COI Rider
 Project Name/Number: Experienced COI Rider/LR861(4-09)

Renee Gardner
 Product Compliance Analyst
 Phone: 860.466.2067
 Toll-free: 800.238.6252 ext. 62067
 Email: Renee.Gardner@lfg.com
 Enclosures

Company and Contact

Filing Contact Information

Renee Gardner, Contract Analyst renee.gardner@lfg.com
 350 Church street 860-466-2067 [Phone] 2067 [Ext]
 hartford, CT 06103 860-466-1348 [FAX]

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
 350 Church Street - MPM1 Group Code: 20 Company Type: Life
 Hartford, CT 06103-1106 Group Name: State ID Number:
 (860) 466-2899 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
 Fee Amount: \$70.00
 Retaliatory? Yes
 Fee Explanation: Retaliatory fee \$35.00 per form
 2 forms @ 35.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$70.00	04/29/2009	27512158

SERFF Tracking Number: LCNC-126090928 State: Arkansas
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Product Name: Experienced COI Rider
Project Name/Number: Experienced COI Rider/LR861(4-09)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/11/2009	05/11/2009

SERFF Tracking Number: LCNC-126090928 State: Arkansas
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Disposition

Disposition Date: 05/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LCNC-126090928 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Certification		Yes
Supporting Document	Statement of Variability		Yes
Form	Experienced COI Rider		Yes
Form	Rider Specifications		Yes

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Form Schedule

Lead Form Number: LR861(4-09)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LR861(4-09)	Policy/Cont Experienced COI ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	LR861(4-09).pdf
	LN940RS(4-09)	Schedule Rider Specifications Pages	Revised	Replaced Form #: LN940RS(3-09) Previous Filing #: LCNC-125985880	0.000	LN940RS(4-09).pdf

EXPERIENCED COI RIDER

This Rider is made part of the Policy to which it is attached. Except as stated in this Rider, it is subject to all the terms and conditions of the Policy. This Rider is effective as of the Policy Date shown in the Rider Specifications.

Effect of Rider

While this Rider is in effect, it provides that:

1. The Net Amount at Risk ("NAR") portion of Death Benefits paid (and any interest paid on such portion of proceeds) pursuant to this Policy or any other Policy of this Case shall be deducted from the Account Values of the in force Policies of such Case, up to a Stop-Loss Amount limit;
2. Cost of Insurance charges under the Policy are waived; and
3. A Stop-Loss Charge is added to the Monthly Deduction.

Case

A Case is all life insurance policies issued by the Company having the same Owner, Monthly Anniversary Day, Case Anniversary and Case Number shown on the Policy and Rider Specifications.

The Case Anniversary is the Monthly Anniversary Day shown on the Rider Specifications, upon which the Stop-Loss Amount is redetermined. Each Case Year begins on a Case Anniversary.

Cost of Insurance Rates

The Cost of Insurance charges described in the Policy shall be waived while this Rider is in effect.

Experienced Cost of Insurance Amount

The Experienced Cost of Insurance Amount ("ECOI") is a charge we assess on each Monthly Deduction Day. We will determine an ECOI charge on each Monthly Anniversary Day for the Case. The ECOI charge equals the NAR portion of all Death Benefits paid (and any interest paid on such NAR portion of proceeds) for the Case since the preceding Monthly Anniversary Day, subject to the annual Stop-Loss Amount limit determined for that Case Year.

The ECOI is deducted pro rata from the Total Account Value of all Policies of the Case in force on such Monthly Anniversary Day, as part of the Monthly Deduction for such Policies. The ECOI deduction for a Policy is the total ECOI times (a) divided by (b), where (a) is the Stop-Loss Percentage times the NAR for the Policy on the Monthly Anniversary Day, multiplied by the Guaranteed Maximum COI rate for such Policy on the Monthly Anniversary Day, and (b) is the sum of the amounts (a) for all in force Policies on the Monthly Anniversary Day.

Net Amount at Risk

The Net Amount at Risk ("NAR") for a Policy on the applicable Monthly Anniversary Day is (a) minus (b), where (a) is the Death Benefit at the beginning of the Policy Month, and (b) is the Total Account Value at the beginning of the Policy Month. The NAR for a Case is the total of all NAR for the Policies of the Case in force on the applicable Monthly Anniversary Day.

Stop-Loss Amount

The Stop-Loss Amount is the maximum ECOI that may be deducted from the Total Account Value of all Policies of the Case for a given Case Year. The Stop-Loss Amount for a given Case Year is determined on each Case Anniversary at the start of such Case Year. It is the Stop-Loss Percentage times the NAR for each Policy of the Case on such Case Anniversary, multiplied by the applicable Guaranteed Maximum COI rates for each such Policy of the Case. The Stop-Loss Percentage is shown in the Rider Specifications.

If on any Monthly Anniversary Day other than the Case Anniversary, a Policy of the Case is terminated for any reason other than death of the insured or if a Policy is added to the Case, the Stop-Loss Amount will be adjusted by the Stop-Loss Percentage times the NAR for each Policy of the Case added to or removed from the Case on such Monthly Anniversary Day.

Stop-Loss Charge

The Stop-Loss Charge is the monthly charge to the Case for this Rider. A monthly Stop-Loss Charge is determined on each Case Anniversary. The monthly Stop-Loss Charge is equal to the Stop-Loss Amount for that Case Year, multiplied by the Stop-Loss Charge Rate shown in the Rider Specifications.

If on any Monthly Anniversary Day other than the Case Anniversary, a Policy of the Case is terminated for any reason other than death of the insured or if a Policy is added to the Case, the Stop-Loss Charge will be adjusted to the redetermined Stop-Loss Amount for that Case Year, multiplied by the Stop-Loss Charge Rate shown in the Rider Specifications.

The monthly Stop-Loss Charge is deducted pro rata from the Total Account Value of all Policies of the Case in force on such Monthly Anniversary Day as part of the Monthly Deduction, unless the Owner and the Company agree otherwise In Writing. The monthly Stop-Loss Charge for a Policy is the total Stop-Loss Charge times (a) divided by (b), where (a) is the Stop-Loss Percentage times the NAR for the Policy on the Monthly Anniversary Day, multiplied by the Guaranteed Maximum COI rate for such Policy on the Monthly Anniversary Day, and (b) is the sum of the amounts (a) for all in force Policies on the Monthly Anniversary Day.

Adjustment for Delayed Claims

If Death Benefits are not paid during the Policy Month incurred, the ECOI, Stop-Loss Amount, and Stop-Loss Charge shall be adjusted such that all charges and benefits for each Policy are determined as if such Death Benefits were paid during the Policy Month incurred.

GENERAL

Termination

Subject to the Adjustment for Delayed Claims provision, this Rider and all rights provided under it terminate automatically upon the earlier of:

1. The date the Policy terminates for any reason; or
2. The third Monthly Anniversary Day after the Case Anniversary when the number of Policies remaining in the Case is less than the Minimum Number of Lives Required as shown on the Rider Specifications, unless on such Monthly Anniversary Day the number of Policies in the Case is at least the Minimum Number of Lives Required; or
3. The Case Anniversary when the Rider is terminated pursuant to the Owner's notice to the Company In Writing.

Reinstatement

If this Policy is reinstated, this Rider shall also be reinstated.

The Lincoln National Life Insurance Company


Dennis Glass, President

Rider Specifications

FORM LR853(3-09), LOAD AMORTIZATION RIDER

LOAD PERCENTAGE AMORTIZED	[3.0%]
AMORTIZED PAYMENT DURATION	[120 MONTHS]
AMORTIZATION FACTOR, INITIAL	[90.188171]
DEFERRAL PERIOD	[3 YEARS]
LAR DISCOUNT RATE, INITIAL	[6.0%]
LAR GROWTH RATE	[4.0%]
LAR GROWTH RATE MODE	[Annual]
LOAD AMORTIZATION RIDER CHARGE	[0.001%]

FORM LR861(4-09), EXPERIENCED COI RIDER

CASE NUMBER:	[723]
CASE ANNIVERSARY	[September 1]
STOP-LOSS PERCENTAGE:	[100%]
STOP-LOSS CHARGE RATE:	[5.00%]
MINIMUM NUMBER OF LIVES REQUIRED:	[500]

[FORM LR493, CHANGE OF INSURED EMPLOYEE BENEFIT RIDER]

[FORM LR522, OPTIONAL METHODS OF SETTLEMENT RIDER]

[FORM LR526, TERM INSURANCE RIDER]

[FORM LR529, ENHANCED SURRENDER VALUE (ESV) RIDER]

FORM LR692, ALTERNATE SURRENDER VALUE RIDER

RIDER DATE	[September 1, 2009]
INITIAL RIDER CREDITING RATE	
BR AGG BOND INDEX	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)
JPM MORT-BACKED SEC INDEX	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)
FIDELITY VIP INV. GRADE BOND	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)
AFIS US GOVT AAA RATED	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)
LVIP MM FUND - STANDARD CLASS	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)
FTVIPT FRANKLIN US GOV. FUND - CLASS 1	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)
TARGET UNIT VALUE FLOOR RATE	[0.165158]% (equivalent to a compounded annual rate of [2.0]%)
RIDER ADJUSTMENT RATE	[2.0%]

FORM LR790, ADJUSTABLE BENEFIT ENHANCEMENT RIDER

MINIMUM ADJUSTMENT FACTOR:	[0.75%]
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FORM LR791, ALTERNATIVE POLICY LOAN RIDER

ALTERNATIVE POLICY LOAN FACTOR:	[65.00%]
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 Product Name: Experienced COI Rider
 Project Name/Number: Experienced COI Rider/LR861(4-09)

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: The enclosed forms are exempt from any Flesch readability requirements as they are securities subject to SEC regulation.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not required for this type of filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Certification		
Comments: Attached.		
Attachment: AR Comp.Cert.pdf		

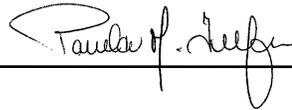
	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments: See attached Statement of Variability for both the Rider and the Rider Specifications.		
Attachments: SOV-LR861(4-09).pdf SOV-LN940RS_4-09_.pdf		

**CERTIFICATION OF COMPLIANCE WITH THE
GUIDELINES SET FORTH IN ARKANSAS RULE & REGULATION 19**

Form(s): LR861(4-09) & LN940RS(4-09)

I hereby certify that the guidelines of Rule & Regulation 19 have been reviewed and that the above-captioned form(s) is/are in compliance with such guidelines.

The Lincoln National Life Insurance Company

A handwritten signature in black ink, appearing to read "Pamela M. Telfer", is written over a solid horizontal line.

By:

Pamela M. Telfer
Assistant Vice President

Date: April 28, 2009

STATEMENT OF VARIABILITY

Form LR861(4-09)
Experienced COI Rider

April 1, 2009

The Lincoln National Life Insurance Company


President

Explanation: The signature of an officer of the company will appear here. In the event the officer or the title of the officer signing the rider form changes, any new title appearing under the officer's signature will be the correct title of the officer of the company signing above.

STATEMENT OF VARIABILITY

Form LN940RS(4-09) Private Placement Variable Universal Life Policy's Rider Specifications

April 1, 2009

This statement shows the particular sections and provisions in the above noted form that contains bracketed items to indicate variability. The variable items are bracketed and followed by a text box with the corresponding range of variability and an explanation for each. No change in variability will be made which in any way expands the scope of the item being changed.

Variable items listed herein may be changed by the Company for new contracts only. The use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Factors that affect LNL's determination of current pricing include reserving guidelines, required capital guidelines, internal capital guidelines, internal profit targets, the cost of benefit hedging, expectations of policyholder lapse behavior and mortality, and commission rates.

Rider Specifications

FORM LR861(4-09), EXPERIENCED COI RIDER

CASE ANNIVERSARY	[September 1,]
CASE NUMBER:	[723]
STOP-LOSS PERCENTAGE:	[100%]
STOP-LOSS CHARGE RATE:	[5.00]%
MINIMUM NUMBER OF LIVES REQUIRED:	[500]

Variable Range: This entire section will be printed on the Rider Specifications if the Experienced COI Rider is elected by the policyholder, and will not be printed on the Rider Specifications if the Experienced COI Rider is not elected by the policyholder.

Explanation: This section provides the various rider specifications called for by LR861(4-09). It needs to be provided whenever the LR861(4-09) rider is elected and part of the entire policy. It would be meaningless and misleading to print this if the LR861(4-09) rider was not elected and was not part of the entire policy.

CASE ANNIVERSARY	[September 1,]
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Variable Range = Infinite

Explanation: The Case Anniversary is the monthly anniversary Day shown on the Rider Specifications, upon which the Stop-Loss Amount is redetermined. Each Case Year begins on a Case Anniversary. It can be any day within the calendar month, in any given calendar year. However is usually the 1st day of the month.

CASE NUMBER:

[723]

Variable Range = Infinite

Explanation: The Case Number is John Doe specific to the Owner of the Policy. Like the Policy Number, it is assigned specifically to all the Policies issued under a particular Case of Policies and may be comprised of numerical or alpha characters or a combination of both.

STOP-LOSS PERCENTAGE:

[100%]

Variable Range = 50% - 100%

Explanation: The Stop-Loss Percentage is selected by the Case Owner (Policy Owner). The Company intends to offer a Stop-Loss Percentage as low as 50% and as high as 100%.

STOP-LOSS CHARGE RATE:

[5.00%]

Variable Range = 0.01% - 65.00%

Explanation: The Stop-Loss Charge Rate will be determined by the Company based upon actuarial judgment and underwriting factors relevant to the Private Placement Variable Universal Life Case. The predominant factors are the Stop-Loss Percentage, current interest rates, number of lives, amount of coverage applied for, gender and age of lives, underwriting risk characteristics of the insured lives such as occupation and tobacco use, the Minimum Number of Lives permitted to keep the ECOI Rider in force, and commission rates.

MINIMUM NUMBER OF LIVES REQUIRED:

[500]

Variable Range = 50 to 1,000

Explanation: The minimum number of lives is the minimum number of in force life insurance policies in the Case necessary to continue the ECOI rider in force on each policy anniversary. Because the mortality experience of a small number of lives is less predictable than the experience of a large number of lives, the ECOI rider may only be in force if there are a sufficient number of lives in the Case.

-----Previously Filed Rider Forms Previously Shown on Form LN940RS(3-09)-----

LR853(3-09) – LOAD AMORTIZATION RIDER

LOAD PERCENTAGE AMORTIZED	[3.0%]
AMORTIZED PAYMENT DURATION	[120 MONTHS]
AMORTIZATION FACTOR, INITIAL	[90.188171]
DEFERRAL PERIOD	[3 YEARS]
LAR DISCOUNT RATE, INITIAL	[6.0%]
LAR GROWTH RATE	[4.0%]
LAR GROWTH RATE MODE	[Annual]
LOAD AMORTIZATION RIDER CHARGE	[0.001%]

[FORM LR493, CHANGE OF INSURED EMPLOYEE BENEFIT RIDER]

[FORM LR522, OPTIONAL METHODS OF SETTLEMENT RIDER]

[FORM LR526, TERM INSURANCE RIDER]

[FORM LR529, ENHANCED SURRENDER VALUE (ESV) RIDER]

FORM LR692, ALTERNATE SURRENDER VALUE RIDER

RIDER DATE	[January 1, 2007]
INITIAL RIDER CREDITING RATE	
BR AGG BOND INDEX	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)
JPM MORT-BACKED SEC INDEX	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)
FIDELITY VIP INV. GRADE BOND	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)

AFIS US GOVT AAA RATED	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)
LVIP MM FUND - STANDARD CLASS	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)
FTVIPT FRANKLIN US GOV. FUND - CLASS 1	[0.013368]% (equivalent to a compounded annual rate of [5.0]%)
TARGET UNIT VALUE FLOOR RATE	[0.165158]% (equivalent to a compounded annual rate of [2.0]%)
RIDER ADJUSTMENT RATE	[2.0]%

FORM LR790, ADJUSTABLE BENEFIT ENHANCEMENT RIDER

MINIMUM ADJUSTMENT FACTOR: [0.75%]

FORM LR791, ALTERNATIVE POLICY LOAN RIDER

ALTERNATIVE POLICY LOAN FACTOR: [65.00%]

Variable Range: Each rider section will be printed on the Rider Specifications if the applicable rider is available pursuant to state law and is elected by the policyholder, and will not be printed on the Rider Specifications if the applicable rider is unavailable or not elected by the policyholder.

Explanation: This section provides the various rider specifications called for by each applicable rider. It needs to be provided whenever the applicable rider is elected and part of the entire policy. It would be meaningless and misleading to make reference to any rider was not elected and was not part of the entire policy. Variability as to specific rates and factors that apply to each of the previously filed riders is only as documented in the form filing of such applicable rider form.