

SERFF Tracking Number: UTAC-126256416 State: Arkansas
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 43136
 Company Tracking Number: SL95-PCBI.V2
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Life - Policy Cost & Benefit Information
 Project Name/Number: Life - Policy Cost & Benefit Information/SL95-PCBI.V2

Filing at a Glance

Company: United Teacher Associates Insurance Company

Product Name: Life - Policy Cost & Benefit Information SERFF Tr Num: UTAC-126256416 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- Closed State Tr Num: 43136

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life Co Tr Num: SL95-PCBI.V2 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird
 Author: Mary Barrett Disposition Date: 08/07/2009
 Date Submitted: 08/05/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Life - Policy Cost & Benefit Information
 Project Number: SL95-PCBI.V2
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 08/07/2009

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 08/07/2009
 Created By: Mary Barrett
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Mary Barrett
 Filing Description:
 Re: United Teacher Associates Insurance Company
 NAIC # 63479 FEIN # 58-0869673

FORMS SUBMITTED	DESCRIPTION
SL95-PCBI.V2	Statement of Policy Cost And Benefit Information

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TO BE USED WITH PREVIOUSLY APPROVED FORM NUMBERS

SL-950101-UTA-AR Whole Life Policy
SL-950101-UTA-R01 Accidental Death Benefit Rider
SL-950102-UTA-R02 Accelerated Death Benefit Rider

Dear Sir or Madam,

In compliance with the newly amended Rule 17, (Life Insurance Disclosure) we are submitting the above reference form.

The Statement of Policy Cost And Benefit Information form was developed to be used with our approved Whole Life Policy, SL-950101-UTA-AR, and associated forms shown above.

If you should have any questions regarding this submission, please feel free to call me toll-free at 1-800-880-8824, extension 1553 or fax me at (513) 564-3435. My email address is mbarrett@gafri.com.

Sincerely,

Mary Barrett, FLMI, AIRC, ALHC, HIA
Compliance Analyst

Company and Contact

Filing Contact Information

Mary Barrett, Senior Compliance Analyst mbarrett@gafri.com
5508 Parkcrest Drive 800-880-8824 [Phone] 3303 [Ext]
P.O. Box 26580 512-451-0357 [FAX]
Austin, TX 78755-0580

Filing Company Information

United Teacher Associates Insurance Company CoCode: 63479 State of Domicile: Texas
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance Company
P.O. Box 26580 Group Name: State ID Number:
Austin, TX 78755-0580 FEIN Number: 58-0869673
(800) 880-8824 ext. [Phone]

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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20. for 1 Life Form Submission.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Teacher Associates Insurance Company	\$20.00	08/05/2009	29650292

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/07/2009	08/07/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Statement of Policy Cost And Benefit Information	Mary Barrett	08/06/2009	08/06/2009

SERFF Tracking Number: UTAC-126256416 State: Arkansas
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Disposition

Disposition Date: 08/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form (revised)	Statement of Policy Cost And Benefit Information		Yes
Form	Statement of Policy Cost And Benefit Information		Yes

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Amendment Letter

Submitted Date: 08/06/2009

Comments:

In error the original form submitted for review was not correct. We have attached the correct form.

I apologize for this oversight.

Thank you.

Mary Barrett

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
SL95-PCBI.V2	Other	Statement of Initial Policy Cost And Benefit Information					40.000	SL95-PCBI.V2.pdf

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Form Schedule

Lead Form Number: SL95-PCBI.V2

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SL95-PCBI.V2	Other	Statement of Policy Cost And Benefit Information	Initial		40.000	SL95-PCBI.V2.pdf

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Date Prepared: [August 1, 2009]

Agent's Name and Address:

Insurance Company:

UNITED TEACHER ASSOCIATES INSURANCE COMPANY
 P.O. Box 26580
 Austin, Texas 78755-0580
 Phone (512) 451-2224

Name of Policy: [Whole Life Insurance Policy]
Name of Rider (if selected): [Accidental Death Benefit Rider, Accelerated Death Benefit Rider]
Insured: [John Doe]
Amount of Insurance: [\$ 10,000]
Sex: [Male]
Issue Age: [35]
Rate Class: [Preferred]
Policy [and Rider Premium] Paying Period [Monthly, Quarterly, Semi-Annual, Annual]

Annual Premiums
 Whole Life Policy [\$381.60]
 [Accidental Death Benefit Rider] [\$11.00]
 [Accelerated Death Benefit Rider] [\$15.00]

Policy Year	Policy Death Benefit	Policy Year End Cash Value*	[Optional Accidental Death Benefit	[Optional Accidental Death Benefit Rider Cash Value**]	[Optional Accelerated Death Benefit Rider] Cash Value**]
1	[\$10,000]		Benefit	[\$10,000]	
2	[\$10,000]		Benefit	[\$10,000]	
3	[\$10,000]	[25.20]	Benefit	[\$10,000]	
4	[\$10,000]	[108.80]	Benefit	[\$10,000]	
5	[\$10,000]	[196.00]	Benefit	[\$10,000]	
10	[\$10,000]	[689.70]	Benefit	[\$10,000]	
15	[\$10,000]	[1,289.50]	Benefit	[\$10,000]	
20	[\$10,000]	[2,004.50]	Benefit	[\$10,000]	
Age 60	[\$10,000]	[2,824.60]	Benefit	[\$10,000]	
Age 65	[\$10,000]	[3,733.80]	Benefit	[\$10,000]	

The policy loan interest rate is [7.40%] per annum payable in advance.

10 YEAR SURRENDER COST COMPARISON INDEX.....	[11.62]
20 YEAR SURRENDER COST COMPARISON INDEX.....	[11.07]
10 YEAR NET PAYMENT COST COMPARISON INDEX.....	[16.84]
20 YEAR NET PAYMENT COST COMPARISON INDEX.....	[16.84]

An explanation of the intended use of these indexes is provided in the Life Insurance Buyer's Guide.

* Blank space indicates zero year end cash value.
 ** No cash value applicable to this rider.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: FLESCH.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable to submission.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable to submission.		
Comments:		

CERTIFICATION OF FLESCH READING EASE TEST

RE: UNITED TEACHER ASSOCIATES INSURANCE COMPANY

This is to certify that the form listed below is in compliance with the readability requirements of the Flesch Reading ease test.

The Flesch test was applied to this form in its entirety, except that titles, major headings and sub-headings and tables were excluded.

The Flesch reading ease test score is:

FORM NUMBER

SL95-PCBI.V2

FLESCH SCORE

40

United Teacher Associates Insurance Company

By: Billy Hill Jr.
Billy Hill, Jr., President

Date: August 5, 2009

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Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/05/2009	Form	Statement of Policy Cost And Benefit Information	08/06/2009	SL95-PCBI.V2.pdf (Superseded)

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Date Prepared: [August 1, 2009]

Agent's Name and Address:

Insurance Company:
UNITED TEACHER ASSOCIATES INSURANCE COMPANY

P.O. Box 26580
 Austin, Texas 78755-0580
 Phone (512) 451-2224

Name of Policy: [Whole Life Insurance Policy]
Name of Rider (if selected): [Accidental Death Benefit Rider, Accidental Death Benefit Rider]
Insured: [John Doe]
Amount of Insurance: [\$ 10,000]
Sex: [Male]
Issue Age: [35]
Rate Class: [Preferred]
Policy [and Rider Premium] Paying Period [Monthly, Quarterly, Semi-Annual, Annual]

Policy Year	Annual Premium	Optional Accidental Death Benefit Rider Premium	Optional Accidental Death Benefit Rider Year End Cash Value*	Optional Rider Death Benefit	Optional Rider Death Year End Cash Value*	Policy Death Benefit	Policy Year End Cash Value**
1	[\$ 168.40]	[\$ 11.00]		[\$10,000]		[\$10,000]	
2	[168.40]	[11.00]		[\$10,000]		[\$10,000]	
3	[168.40]	[11.00]		[\$10,000]		[\$10,000]	[25.20]
4	[168.40]	[11.00]		[\$10,000]		[\$10,000]	[108.80]
5	[168.40]	[11.00]		[\$10,000]		[\$10,000]	[196.00]
10	[168.40]	[11.00]		[\$10,000]		[\$10,000]	[689.70]
15	[168.40]	[11.00]		[\$10,000]		[\$10,000]	[1,289.50]
20	[168.40]	[11.00]		[\$10,000]		[\$10,000]	[2,004.50]
Age 60	[168.40]	[11.00]		[\$10,000]		[\$10,000]	[2,824.60]
Age 65	[168.40]	[11.00]		[\$10,000]		[\$10,000]	[3,733.80]

The policy loan interest rate is [7.40%] per annum payable in advance.

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