

SERFF Tracking Number: FRCS-126306526 State: Arkansas  
Filing Company: Household Life Insurance Company State Tracking Number: 43600  
Company Tracking Number: 5251  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: Term Life with Endowment HLI-8-207-0509  
Project Name/Number: Household/72/72

## Filing at a Glance

Company: Household Life Insurance Company

Product Name: Term Life with Endowment – SERFF Tr Num: FRCS-126306526 State: Arkansas  
HLI-8-207-0509

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved- State Tr Num: 43600  
Closed

Sub-TOI: L04I.500 Other

Co Tr Num: 5251

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jana Ellmaker, Kevin  
Wiggs

Disposition Date: 09/29/2009

Date Submitted: 09/25/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Household/72

Status of Filing in Domicile: Not Filed

Project Number: 72

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The above product  
is exempt from filing in the state of domicile,  
Michigan.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/29/2009

Explanation for Other Group Market Type:

State Status Changed: 09/29/2009

Deemer Date:

Created By: Jana Ellmaker

Submitted By: Jana Ellmaker

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Household Life Insurance Company ("HLIC") to file the enclosed forms for approval in your state. This is a new filing and does not replace any previously approved forms.

Our fee of \$50.00 has been sent by EFT on this same date.

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The Company offers their assurances that the information required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

This is a level benefit nonparticipating term life with endowment insurance policy, which provides a level death benefit and terminates at age 95. The Initial Level Premium Periods available are 20, 25 and 30 years. At the end of the Initial Level Premium Period, premiums increase annually to the policy anniversary until the insured reaches age 95. All premiums are guaranteed until expiry.

Endorsement forms HLI-9-217-0909 and HLI-9-218-0909 will be provided to the owner for attachment to the policy if Extended Term Insurance or Reduced-Paid Up Insurance Nonforfeiture Options are elected.

This policy conforms to industry standards and will develop cash values.

This form will be marketed without an illustration. The coverage is individually underwritten. The minimum face amount will be \$25,000. The issue age ranges for each Initial Level Premium Period as noted below:

Initial Level Premium Period	-	Issue Ages
20 Years	-	18-60
25 Years	-	18-55
30 Years	-	18-50

This product is currently anticipated to be offered to the general life insurance market both direct to consumer and through agent channels.

This policy will be used with the Company's previously filed and approved Life insurance applications and any future Life insurance applications approved in your state. In addition, the Company's filed and approved Accidental Death Benefit Rider, Waiver of Premium Rider, Dependent Child Benefit Rider, Secondary Insured Term Benefit Rider and any future approved riders or endorsements will be used with this policy. Please see the form chart below for a list of previously approved forms.

Previously Approved Form	-	Approval Date	-	SERFF Number
HLI-1-203-0409	-	5/28/2009	-	HHRN-126152709
HLI-9-ADB-0707	-	10/03/2007	-	FRCS-125288074/DOI # 36933
HLI-8-WOPB-0807	-	11/30/2007	-	FRCS-125357427/DOI# 37428
HLI-8R-199-1108	-	1/15/2009	-	HHRN-125913913
HLI-8R-200-1108	-	1/15/2009	-	HHRN-125913913

In the future, the Company may provide the opportunity for our customers to receive their policy documents solely

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electronically. If the Company decides to allow customers with this convenience option, the Company will comply with all applicable laws in obtaining customer consent.

Please note that HLIC may change the appearance and pagination but not the text of this form to comply with future changes in print systems. No font will be less than a 10-point font size. The color may change and/or weight of the paper on which the form is printed may change. No changes to the text other than correction of typographical errors will be made without re-filing.

The above product is exempt from filing in the state of domicile, Michigan.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

## Company and Contact

### Filing Contact Information

Jana Ellmaker, Senior Compliance Specialist jana.ellmaker@firstconsulting.com  
1020 Central 800-927-2730 [Phone] 2741 [Ext]  
Suite 201 816-391-2755 [FAX]  
Kansas City, MO 64105

### Filing Company Information

(This filing was made by a third party - FC01)

Household Life Insurance Company	CoCode: 93777	State of Domicile: Michigan
HSBC Insurance	Group Code: 352	Company Type:
200 Somerset Corporate Blvd.	Group Name: HSBC Group	State ID Number:
Ste. 100	FEIN Number: 38-2341728	
Bridgewater, NJ 08807		
(908) 203-2213 ext. [Phone]		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per policy x1 = 50.00.
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Household Life Insurance Company	\$50.00	09/25/2009	30857775

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/29/2009	09/29/2009

*SERFF Tracking Number:*      *FRCS-126306526*                      *State:*                      *Arkansas*  
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*Project Name/Number:*      *Household/72/72*

## **Disposition**

Disposition Date: 09/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<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>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Authorization		Yes
<b>Supporting Document</b>	Statement Of Variability		Yes
<b>Supporting Document</b>	Certification of compliance		Yes
<b>Form</b>	Individual Term Life Insurance with Endowment		Yes
<b>Form</b>	Individual Reduced Paid-Up Insurance Endorsement		Yes
<b>Form</b>	Individual Extended Term Endorsement		Yes

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## Form Schedule

### Lead Form Number: HLI-8-207(AR)-0509

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	HLI-8-207(AR)-0509	Policy/Contract	Individual Term Life Insurance with Endowment Certificate	Initial		50.000	HLI-8-207(AR)-0509 FINAL.pdf
	HLI-9-218-0909	Policy/Contract	Individual Reduced Paid-Up Insurance Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.000	HLI-9-218-0909 RPU Endorsement FINAL(distilled).pdf
	HLI-9-217-0909	Policy/Contract	Individual Extended Term Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		51.500	HLI-9-2170909 ET endorsement FINAL(distilled).pdf

**HOUSEHOLD LIFE INSURANCE COMPANY**

[Home Office: 500 Woodward Avenue, Suite 4000, Detroit, MI 48226-3425  
Administrative Office: 200 Somerset Corporate Blvd., Suite 100, Bridgewater, NJ 08807  
800-443-7187] [www.com]

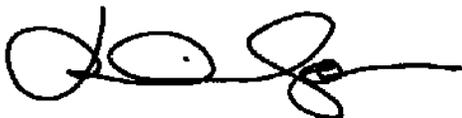
This is a Term Life Insurance policy with Endowment providing a death benefit if death occurs prior to the Expiry Date and this policy is in force. A Net Cash Value is payable on the Endowment Date, provided that the coverage is not continued as Extended Term Insurance or Reduced Paid-Up Life Insurance on the Endowment Date and the Insured is alive and this policy is in force. If the Insured dies on or before the Expiry Date while this policy is in force, Household Life Insurance Company will pay the Face Amount to the Beneficiary, subject to the provisions of this policy.

Signed for the Company at its Administrative Office on the date of issue.

Signed

Signed

[



**Patrick A. Cozza**  
Chief Executive Officer and President

**Anthony J. Del Piano**  
Secretary ]

**Level Benefit Term Life Insurance Policy With Endowment– Nonparticipating  
Premiums Payable During Life of Insured to the Expiry Date Shown Within  
Premiums are Guaranteed Throughout the Life of the Policy to Age 95  
Face Amount Payable at Death of Insured on or before the Expiry Date**

**RIGHT TO EXAMINE AND RETURN POLICY WITHIN [30] DAYS**

THE OWNER MAY, AT ANY TIME WITHIN [30] DAYS AFTER RECEIPT OF THIS POLICY, RETURN IT TO US OR TO THE AGENT THROUGH WHOM IT WAS PURCHASED FOR CANCELLATION. THE RETURN OF THE POLICY WILL VOID IT FROM THE BEGINNING AND ANY PREMIUMS PAID WILL BE REFUNDED.

**CONSUMER INFORMATION NOTICE**

To obtain information or to make further inquiries regarding this policy, You may call Our toll free number, [1-800-443-7187] or you may write to Us at Our Administrative Office address: Household Life Insurance Company [200 Somerset Corporate Blvd. Suite 100, Bridgewater, NJ 08807].

If You are not satisfied after contacting Us, You may contact the Arkansas Insurance Department at: [1200 West Third Street, Little Rock, AR 72201] or by calling them at their toll free number, [1-800-852-5494].

This Policy is a legal contract between the Owner of the Policy and Household Life Insurance Company.

## READ YOUR POLICY CAREFULLY

### GUIDE TO POLICY PROVISIONS

	Page		Page
Assignment of Policy	[5]	Owner's Rights	[6]
Beneficiary's Rights	[7]	Payment of Proceeds	[7]
Change of Beneficiary	[7]	Policy Data	[3]
Conversion Provisions	[10]	Policy Summary	[5]
Definitions	[4]	Premiums	[6]
Endowment	[7]	Refund of Premium at Death	[5]
Grace Period	[7]	Reinstatement of Lapsed Policy	[8]
Loan Provisions	[9]	Suicide Limitations	[5]
Misstatement of Age or Gender in the Application	[6]	Table of Guaranteed Premiums	[3A]
Nonforfeiture Provisions	[8]	Table of Guaranteed Values	[3B]



POLICY NO. [12345678]

TABLE OF GUARANTEED PREMIUMS

POLICY YEAR	ANNUAL LIFE PREMIUMS	[RIDER]	[RIDER]	[RIDER]	[TOTAL PREMIUM]
[1-20]	[\$293.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$293.00]
[21]	[\$1,746.00]				[\$1,746.00]
[22]	[\$1,944.00]				[\$1,944.00]
[23]	[\$2,136.00]				[\$2,136.00]
[24]	[\$2,328.00]				[\$2,328.00]
[25]	[\$2,553.00]				[\$2,553.00]
[26]	[\$2,826.00]				[\$2,826.00]
[27]	[\$3,159.00]				[\$3,159.00]
[28]	[\$3,546.00]				[\$3,546.00]
[29]	[\$3,969.00]				[\$3,969.00]
[30]	[\$4,410.00]				[\$4,410.00]
[31]	[\$4,869.00]				[\$4,869.00]
[32]	[\$5,334.00]				[\$5,334.00]
[33]	[\$5,820.00]				[\$5,820.00]
[34]	[\$6,333.00]				[\$6,333.00]
[35]	[\$6,909.00]				[\$6,909.00]
[36]	[\$7,581.00]				[\$7,581.00]
[37]	[\$8,397.00]				[\$8,397.00]
[38]	[\$9,351.00]				[\$9,351.00]
[39]	[\$10,356.00]				[\$10,356.00]
[40]	[\$11,436.00]				[\$11,436.00]
[41]	[\$12,612.00]				[\$12,612.00]
[42]	[\$13,938.00]				[\$13,938.00]
[43]	[\$15,480.00]				[\$15,480.00]
[44]	[\$17,271.00]				[\$17,271.00]
[45]	[\$19,278.00]				[\$19,278.00]
[46]	[\$21,516.00]				[\$21,516.00]
[47]	[\$23,949.00]				[\$23,949.00]
[48]	[\$26,526.00]				[\$26,526.00]
[49]	[\$29,340.00]				[\$29,340.00]
[50]	[\$32,469.00]				[\$32,469.00]
[51]	[\$35,949.00]				[\$35,949.00]
[52]	[\$39,777.00]				[\$39,777.00]
[53]	[\$43,914.00]				[\$43,914.00]
[54]	[\$48,312.00]				[\$48,312.00]
[55]	[\$52,926.00]				[\$52,926.00]
[56]	[\$57,522.00]				[\$57,522.00]
[57]	[\$62,046.00]				[\$62,046.00]
[58]	[\$66,786.00]				[\$66,786.00]
[59]	[\$71,784.00]				[\$71,784.00]
[60]	[\$77,049.00]				[\$77,049.00]

TABLE OF GUARANTEED VALUES

End of Policy Year	Policy Anniversary July 1,	Cash Value	Reduced Paid-Up	Extended Term Insurance	
				Years	Days
[1	2010	0	N/A	0 Years	0 Days
2	2011	0	N/A	0 Years	0 Days
3	2012	0	N/A	0 Years	0 Days
4	2013	0	N/A	0 Years	0 Days
5	2014	0	N/A	0 Years	0 Days
6	2015	0	N/A	0 Years	0 Days
7	2016	0	N/A	0 Years	0 Days
8	2017	0	N/A	0 Years	0 Days
9	2018	200	1,000	0 Years	347 Days
10	2019	401	1,900	1 Years	255 Days
11	2020	598	2,700	2 Years	120 Days
12	2021	805	3,400	2 Years	346 Days
13	2022	1,023	4,200	3 Years	180 Days
14	2023	1,253	4,900	3 Years	337 Days
15	2024	1,495	5,600	4 Years	87 Days
16	2025	1,751	6,300	4 Years	164 Days
17	2026	2,021	7,000	4 Years	215 Days
18	2027	2,307	7,600	4 Years	253 Days
19	2028	2,609	8,300	4 Years	285 Days
20	2029	2,930	9,000	4 Years	314 Days
21	2030	0	0	0 Years	0 Days]

Values for policy years not shown will be furnished upon request.

We base Cash, Reduced Paid-Up, and Extended Term Values on the 2001 Commissioners Standard Ordinary Ultimate, Sex Distinct, Smoker Distinct, Age Last Birthday Mortality Tables. We base all Policy Values on interest of 5.0% and curtate functions. Cash Values are greater than or equal to those calculated by the Standard Nonforfeiture Value or Actuarial Guideline XLV. Further detail is available upon written request to Our Administrative Office.

We have filed a detailed statement of Our method of computation with the insurance division or department of the state in which this policy is approved. All Policy Values are equal to or exceed the minimum values required by law.

END OF POLICY DATA

## DEFINITIONS

In this Policy:

**“We”, “Us” and “Our”** refer to Household Life Insurance Company.

**“You” and “Your”** means the Owner of this policy.

**Age** means the Insured’s Age on his or her last birthday.

The **Beneficiary** means the person to receive the proceeds in the event of the Insured’s death.

**Cash Value** means the value shown in the Table of Guaranteed Values.

**Deferment Interest Rate** is the annual interest rate as required by law that We will pay for loan or surrender proceeds that are delayed for thirty (30) days or more.

**Endowment** means the Net Cash Value that is payable if the Insured is living, on the Endowment Date.

**Endowment Date** is the date on which the Net Cash Value is payable and is shown on the Policy Data page.

**Expiry Date** is the date this policy ends as shown on the Policy Data page.

**Grace Period** means the 31 day period beyond the premium due date during which the policy is continued in force. During the Grace Period We will accept payment of premium due without an interest charge and without requiring evidence of insurability.

**Indebtedness** means all unpaid Policy Loans due and accrued Loan Interest.

**Lapse** means termination of the policy due to non-payment of premiums.

**Loan Interest Rate** is the rate of interest We charge on Policy Loans as shown on the Policy Data page.

**Material Misrepresentation** means, except as otherwise provided by applicable law, any false statements, representations or warranties knowingly provided, or caused to be provided, or the concealment of a fact, by any person involved in the procurement of any coverage provided under this policy for the purpose of, or having the effect of, inducing Us to accept a risk, rate a policy, or assume a hazard We would otherwise not have accepted or assumed.

**Net Cash Value** is calculated by taking the Cash Value shown on the Policy Data page and subtracting any Policy Loans, Loan Interest due or premium that may be outstanding.

The **Owner** is the Insured unless otherwise specified in the application.

**Reinstate** means to restore coverage after the policy has Lapsed.

**Reinstatement Interest Rate** is the interest rate which You must pay on past due premiums paid to Us as part of Your request to Reinstate this policy. The Reinstatement Interest Rate is shown on the Policy Data page.

A **Rider** is an attachment to the policy which provides additional benefits.

## POLICY SUMMARY

This policy is a level benefit term policy with level premiums paid to the end of the Initial Level Premium Period specified in the Policy Data page with annually increasing premiums thereafter. At the end of the Initial Level Premium Period, we will automatically pay the Endowment under this policy on the Endowment Date, if the Insured is still living and the policy is in force, provided that the coverage is not continued as Extended Term Insurance or Reduced Paid-Up Life Insurance on the Endowment Date. The Endowment paid will be net of any outstanding Policy Loans, policy loan interest due and unpaid, and any premiums outstanding. Additional benefits, if any, are provided by Rider.

This is a brief description. The insurance is fully described in the various provisions of the policy.

## GENERAL PROVISIONS

**Policy Date** – Is the effective date of the policy provided premiums are paid and collected. The Policy Date will also be used to determine the premium due dates, policy anniversaries and policy years.

**Proof of Death** – Any proceeds payable because of the death of the Insured will be paid when We receive satisfactory proof of the Insured's death. Such proof must be submitted to Us at Our Administrative Office. Appropriate forms will be made available to the Beneficiary upon request. All payments by Us are payable at Our Administrative Office.

**Refund of Premium at Death** – In addition to the proceeds of the policy, the Beneficiary will receive any premiums paid past the end of the policy month in which the death occurs less any Indebtedness against the policy.

**Protection of Proceeds** – To the extent permitted by law, no payment of proceeds or interest will be subject to the claims of any creditors of the Beneficiary or to any legal process against the Beneficiary.

**Assignment of the Policy** – We are not responsible for the adequacy of any assignment. However, when an assignment is filed with Us and recorded by Us at Our Administrative Office, the Owner's rights and those of any revocable Beneficiary will be subject to it. Any assignment must be in writing and received by Us at Our Administrative Office. An assignment shall be effective as of the date it was received by Us, subject to any actions taken by Us prior to receipt of such assignment.

**Contestability Period of the Policy** – The validity of this policy shall not be contested, except for non-payment of premiums, after it has been in force during the lifetime of the Insured for a period of two years from the Policy Date, except as otherwise provided in the Reinstatement provision, and except for fraud in the procurement of the policy when permitted by law in the state where the policy is delivered or issued for delivery. Claims made for benefits that are within the Contestability Period will be subject to an investigation. Beneficiaries and or Your estate may be required to cooperate with Us in the investigation. This policy may be rescinded or the death benefit denied by Us if the investigation reveals a misrepresentation of material facts in Your application. We can contest based only on Material Misrepresentations made in the policy application or application for Reinstatement.

**Suicide Limitations** – If the Insured commits suicide, while sane or insane, within two years after the Policy Date, Our liability is limited to the return of all premiums paid less any Indebtedness against the policy.

**Misstatement of Age or Gender in the Application** – If the Insured's Age or Gender has been misstated, We will pay the death proceeds that the premiums paid would have purchased had the Insured's Age and Gender been correctly stated, provided this amount does not exceed the coverage amount on the Date of Issue.

**The Contract Consists of the Policy, the Application and any Riders** - We have issued this policy in consideration of the application and payment of premiums. A copy of the application is attached and is a part of this policy. The policy with the application, and any attached Riders make the entire contract. All statements made by or for the Insured will be considered representations and not warranties. We will not use any statement in defense of a claim unless it is made in the application and a copy of the application is attached to this policy when issued.

**Who Is Authorized to Make Changes in the Policy** – Only Our President or a Vice President together with Our Secretary or Assistant Secretary have the authority to bind Us or to make any change in this policy and then only in writing. We will not be bound by any promise or representation made by or to any other persons.

**Owner Rights** – Before the Insured's death, only the Owner will be entitled to the rights granted by this policy. If the Owner is an individual and dies before the Insured, the rights of the Owner belong to the executor or administrator of the Owner unless otherwise provided in this policy. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is exercised.

**Change of Ownership** - While the Insured is living and this policy is in force, You may name a new Owner by giving Us notice of the change in writing. The change will take effect on the date the request is signed. However, it will not affect any action taken by Us before the request is received and recorded by Us at Our Administrative Office.

**Premiums** – To keep this policy in force each premium must be paid in advance of the due date. All premiums must be paid at Our Administrative Office. We will issue a receipt upon request. The first premium is due as of the Policy Date. Subsequent premiums are payable while the Insured is living and within the Grace Period, but not beyond the end of the Expiry Date.

Unless the policy is continued as provided for in the section entitled "Nonforfeiture Provisions", if any premium remains unpaid after the Grace Period, this policy will Lapse and be void. If a part of the premium ceases to be payable under the provisions of a Rider, the premium will be reduced accordingly. The mode of premium payment may be changed on any policy anniversary date to any other mode shown in the Policy Data page.

The annual premium for each year after the Initial Level Premium Period is shown in the Policy Data page. After the Initial Level Premium Period, premiums will increase as shown in the Table of Guaranteed Premiums. The annual premium for any elected Rider is also shown in the Policy Data page. When a premium for a Rider is no longer payable, the total policy premium shown on the Policy Data page will be reduced by the amount of such Rider premium. [The semi-annual, quarterly and monthly premiums for each policy year will be determined on the same basis used to determine the initial semi-annual, quarterly and monthly premiums.]

**Premium Refund** – We will refund to the Owner any unearned part of a premium paid that covers a period beyond the effective date of cancellation. The effective date of cancellation is the date the request satisfactory to Us is received at Our Administrative Office.

**Grace Period for Paying Premiums** – We will allow a period of 31 days after the premium due date for payment of each premium after the first. During this Grace Period no interest will be charged on the premium due. If You do not pay the premium due by the end of the 31 day Grace Period, Your policy will Lapse, except as provided in the Nonforfeiture Options provision. If the Insured dies during the Grace Period before the premium is paid, the premium required to provide insurance from the premium due date to the date of the Insured’s death will be deducted from the proceeds payable under this policy.

**No Dividends Are Payable** – This policy does not participate in Our profits or surplus.

**Payment of Claims** – If required by law, We will pay interest on the proceeds payable upon death of the Insured at a rate equal to or greater than the amount required.

**Payment of Proceeds** - Proceeds payable upon the death of the Insured are equal to the Face Amount in force on the date of death plus any benefits provided by any attached policy Riders, less any premium, Policy Loans and Loan Interest that are due and unpaid on the date of death.

We will pay the proceeds in the following order of priority:

1. Assignees (if an assignment has been filed and recorded with Us at Our Administrative Office);
2. Beneficiaries based on the designation in force at death;
3. Owner of the policy, if living, or
4. The estate of the Insured.

If a Beneficiary dies within 15 days after the Insured, but before the proceeds are paid, We pay the proceeds as though the Beneficiary had died before the Insured.

The proceeds of this policy will be paid free from creditor’s claims to the extent permissible by law.

**Endowment** - We will pay the Net Cash Value to the Owner on the Endowment Date if the Insured is living and the policy is in force on that date, provided coverage is not continued under the Nonforfeiture Provisions. This policy will have no Cash Value after the Endowment Date.

## **BENEFICIARY**

Any proceeds payable because of the death of the Insured will be paid to the Beneficiary, unless an assignment is filed and recorded with Us. The Beneficiary shall be as designated in the application for this policy, unless changed as provided in this policy. If the Beneficiary is a partnership, any proceeds will be paid to the partnership as it existed at the time of the Insured’s death.

**If the Beneficiary Dies** – If there is no named Beneficiary living on the date of the Insured’s death, the proceeds of this policy will be paid to the Owner of the policy, if living, or to the estate of the Insured.

## **CHANGE OF BENEFICIARY**

The Owner may change the Beneficiary by filing a satisfactory [written] notice with Us. A change of Beneficiary will not be effective until recorded by Us at Our Administrative Office. When recorded, even if the Insured is not then living, the change will take effect on the date the notice was signed, except that any proceeds paid before We record a change of Beneficiary will not be subject to the change. A Beneficiary designated irrevocable may not be changed without the written consent of that Beneficiary.

## REINSTATEMENT OF LAPSED POLICY

If this policy Lapses, it may be Reinstated subject to the following conditions:

1. The request for Reinstatement must be made in writing within [3] years of the date of Lapse and before the Expiry Date of the policy.
2. The Insured must continue to be insurable by Our then current underwriting standards. A copy of the Reinstatement form will be provided upon [written] request to Us at Our Administrative Office.
3. All overdue premiums must be paid with interest compounded annually at the Reinstatement Interest Rate shown in the Policy Data page.
4. The current premium due at the time of Reinstatement must be paid.
5. Payment of any Indebtedness with interest (as defined in the Loan Provision) at the policy Loan Interest Rate shown in the Policy Data page must be paid.
6. Reinstatement will take effect when the Reinstatement request is approved by Us at Our Administrative Office so long as the Insured is still living.
7. The policy must not have been surrendered for its Net Cash Value. Once the policy has been surrendered, it cannot be Reinstated.
8. Upon Reinstatement, a new two year Contestability Period will begin from the date of Reinstatement.

We may not contest the Reinstated policy for material misstatements in the Reinstatement request after the Reinstated policy has been in force during the lifetime of the Insured for two years from the date of Reinstatement.

## NONFORFEITURE PROVISIONS

**Nonforfeiture Options** - A Nonforfeiture Option may be elected by written request prior to the Endowment Date. Such request must be received at Our Administrative Office no later than 60 days after a premium is due but not paid and before the Insured's death. The Cash Values for this policy are shown on the Policy Data page and assume that premiums have been paid to the end of the policy year. If premiums are paid for part of the year, values will be interpolated. Any value not shown will be furnished upon request. The following options apply if this policy has a positive Net Cash Value:

1. **Extended Term Insurance** – This policy may be continued from the due date of the unpaid premium amount as nonparticipating Extended Term Insurance. The amount of coverage will be the Face Amount shown on the Policy Data page. We will calculate the length of the coverage period of the Extended Term Insurance by applying the Net Cash Value of this policy as a net single premium for the Extended Term Insurance based upon the Insured's attained Age.
2. **Reduced Paid-Up Insurance:** This policy may be continued as Reduced Paid-Up Insurance from the due date of the unpaid premium amount as nonparticipating Individual Whole Life Insurance. The Face Amount of the Reduced Paid-Up policy must be at least [\$5,000]. The amount of insurance is determined by applying the policy's Net Cash Value, as a net single premium based upon the Insured's attained Age. If the Net Cash Value is not sufficient to purchase Reduced Paid-Up Insurance, We reserve the right to pay the Net Cash Value to You, and terminate this policy.

- 3. Surrender For Cash** - The Owner may surrender this policy for its Net Cash Value. It may be surrendered only as of the date to which the premiums were paid. A surrender within 30 days after a policy anniversary will be for an amount not less than the value on the anniversary, provided no Policy Loan has been made subsequent to the policy anniversary. Payment of any Net Cash Value may be deferred not more than six months after Your [written] request is received at Our Administrative Office.

If We exercise the right to postpone payment of the Net Cash Value, We will pay the annual Deferment Interest Rate as required by applicable law. We will pay the interest from the date of surrender to the date We make the payment, if We postpone the payment more than thirty (30) days.

Once a policy has been surrendered for its Net Cash Value, it will terminate and cannot be Reinstated.

Any Rider attached to the policy will terminate when a Nonforfeiture Option is elected or goes into effect and any charges or fees associated with the Rider will cease.

**Automatic Option** - If the policy Lapses with a positive Net Cash Value and no option has been elected in writing, at the end of the Grace Period the Extended Term Insurance option will apply automatically.

**Basis of Calculations** - Calculations are based on the mortality tables and rates of interest shown on the Policy Data page. Death is assumed to occur at the end of the policy year. Cash Values are greater than or equal to those calculated by the Standard Nonforfeiture Value or Actuarial Guideline XLV. Riders are ignored when determining nonforfeiture values under this policy. Values are in no case less than the minimum required by statute where this policy is delivered. A detailed statement of the method of computing values has been filed with the insurance supervisory official of this jurisdiction.

## LOAN PROVISIONS

**Policy Loan** - While this policy has Net Cash Value, the Owner may obtain a Policy Loan from Us if:

1. We receive a [written] request from the Owner, or assignee if You have recorded an assignment with Us at Our Administrative Office;
2. No premium is due beyond its Grace Period; and
3. The policy is assigned to Us as sole security for the loan. If the Insured dies, We will deduct the outstanding loan and Loan Interest due from the death benefit before We pay the death benefit to the Beneficiary; and
4. Any policy loan amount is not less than Our minimum loan amount of [\$1,000.00].

**Loan Value** - This policy has a Loan Value in an amount which, added to the interest would accrue until the date to which premiums have been paid, equals the Cash Value as of that date. The amount that can be borrowed may not exceed the Loan Value minus any existing Indebtedness.

**Loan Interest** - Interest on a loan will accrue daily, at the Loan Interest Rate shown in the Policy Data page, and will become part of the Indebtedness as it accrues. Interest is payable on the first premium due date in each policy year. If You do not pay the interest when it is due, We will add the amount of interest to the loan. We will charge interest on this amount at the same interest rate being charged on the loan.

**Repayment of a Loan** - A loan may be repaid at any time while the Insured is living and the policy is in effect. Any outstanding Indebtedness, on the date of the Insured's death, will be deducted from the policy proceeds.

**Deferment** - We may delay making a loan for up to six (6) months from the date the loan is requested. We will pay the annual Deferment Interest Rate as required by applicable law from the date of loan request to the date of payment, if payment is delayed for thirty (30) days or more.

### **CONVERSION PROVISIONS** **Changing to Another Plan of Insurance**

The Conversion Period is shown on the Policy Data page. If this policy is in force during the Conversion Period, it may be converted to a plan of nonparticipating Whole Life insurance offered by Us at the date of conversion. The request for conversion must be made in writing. The following rules will apply:

1. The Face Amount of the new policy may not be less than Our published minimum for the plan selected nor greater than the Face Amount of this policy. At least one plan will be available for conversion of the Face Amount of this policy.
2. Conversion will not be allowed if We are waiving premiums for this policy under any Rider.
3. The Policy Date of the new policy will be the date of conversion.
4. The premium for the new policy will be at Our published rate for the plan selected at the time of conversion. We will use the Insured's Age on the date of conversion to determine this rate. The new policy will be issued at the class of risk of this policy or the closest comparable class if that class is not available.
5. Evidence of insurability is not required.

The Contestability Period and Suicide Limitations period for the new policy will not begin anew, but will be based on the dates specified in this policy. Any benefits or Riders in force under this policy on the date of exchange and available for use with the new policy will be included in the new policy and will be subject to Our then current rules and rates. Any Rider not in force under this policy may be included in the new policy only with Our consent.

### **SETTLEMENT OPTION**

**Lump Sum** – We will pay the proceeds in one lump sum to the Beneficiary.

## TERMINATION

**Termination** - This policy will terminate on the earliest of:

1. The death of the Insured;
2. The date this policy is surrendered or converted;
3. Thirty one (31) days after We mail notice to the Owner or assignee of record at their last known address that the total Indebtedness, including unpaid Loan Interest, against the policy equals or exceeds the Loan Value, unless payment is made during the 31 day notification period to reduce the total Indebtedness plus Loan Interest to the policy Cash Value;
4. The date We receive Your [written] request to cancel the policy;
5. at 12:01 am standard time, immediately following the last day of the Grace Period; except as provided in the Nonforfeiture Provisions;
6. The Expiry Date, unless continued as Reduced Paid-Up Insurance; or
7. The Expiry Date of Extended Term Insurance.

**HOUSEHOLD LIFE INSURANCE COMPANY**

[Home Office: 500 Woodward Avenue, Suite 4000, Detroit, MI 48226-3425  
Administrative Office: 200 Somerset Corporate Blvd., Suite 100, Bridgewater, NJ 08807  
800-443-7187]

**Level Benefit Term Life Insurance Policy With Endowment– Nonparticipating  
Premiums Payable During Life of Insured to the Expiry Date Shown Within  
Premiums Guaranteed Throughout the Life of the Policy to Age 95  
Face Amount Payable at Death of Insured to Expiry Date**

**HOUSEHOLD LIFE INSURANCE COMPANY**

[Home Office: 500 Woodward Avenue, Suite 4000, Detroit, Michigan 48226-3425  
Administrative Office: 200 Somerset Corporate Blvd., Suite 100, Bridgewater, New Jersey 08807  
800-443-7187]

**REDUCED PAID-UP LIFE INSURANCE  
ENDORSEMENT**

This Endorsement forms a part of the policy to which it is attached. The effective date of this Endorsement is [January 1, 2010].

The policy to which this Endorsement is attached is continued as Reduced Paid-Up nonparticipating Individual Whole Life Insurance. The Face Amount of the Reduced Paid-Up Insurance is [\$5,000].

**EFFECT ON POLICY.** Electing this Nonforfeiture Option will change your policy as follows:

- 1) The death benefit proceeds will equal the Face amount of the Reduced Paid-Up Insurance stated above minus any Indebtedness since the effective date of this Endorsement.
- 2) Any rider attached to the policy will terminate, and any charges or fees associated with the riders will cease.
- 3) We will not accept any additional premiums.
- 4) The policy will continue to the date of the insured's death, the date the policy is surrendered, the date the policy loan exceeds the Cash Value, or to the maturity date. The maturity date is the policy anniversary on or after the Insured reaches age [121]. If the Insured is alive on the maturity date, We will pay the Reduced Paid-Up Face Amount less any Indebtedness to the Owner. Our payment will terminate this policy.
- 5) While the policy is in force as Reduced Paid-Up Whole Life Insurance, it may be surrendered for its Net Cash Value.

In Witness Whereof, Household Life Insurance Company has caused this Endorsement to be executed in accordance with the effective date above.

[



**PATRICK A. COZZA**  
Chief Executive Officer & President



**ANTHONY J DEL PIANO**  
Secretary

]

## HOUSEHOLD LIFE INSURANCE COMPANY

[Home Office: 500 Woodward Avenue, Suite 4000, Detroit, Michigan 48226-3425  
Administrative Office: 200 Somerset Corporate Blvd., Suite 100, Bridgewater, New Jersey 08807  
800-443-7187]

### EXTENDED TERM LIFE INSURANCE ENDORSEMENT

This Endorsement forms a part of the policy to which it is attached. The effective date of this Endorsement is [January 1, 2010].

The policy to which this Endorsement is attached is continued as nonparticipating Extended Term Life Insurance. The amount of coverage will be the Face Amount shown on the Policy Data Page.

**EFFECT ON POLICY.** This Nonforfeiture Option will change your policy as follows:

- 1) The death benefit proceeds will equal the Face Amount shown on the Policy Data page.
- 2) Any rider attached to the policy will terminate, and any charges or fees associated with the riders will cease.
- 3) We will not accept any additional premiums.
- 4) You may not take additional Policy Loans.

**EXPIRY DATE:** This coverage will expire on [January 1, 2015]

All other provisions of the policy remain unchanged.

In Witness Whereof, Household Life Insurance Company has caused this Endorsement to be executed in accordance with the effective date above.

[



**PATRICK A. COZZA**  
Chief Executive Officer & President



**ANTHONY J DEL PIANO**  
Secretary

]

SERFF Tracking Number: FRCS-126306526 State: Arkansas  
Filing Company: Household Life Insurance Company State Tracking Number: 43600  
Company Tracking Number: 5251  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: Term Life with Endowment HLI-8-207-0509  
Project Name/Number: Household/72/72

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR RDB.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> <b>Attachment:</b> AR NH UT HLI-1-203-0409 Previously approved Application.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Authorization <b>Comments:</b> <b>Attachment:</b> Auth 2009 (distilled).pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement Of Variability <b>Comments:</b> <b>Attachments:</b> ET Endorsement SOV 217(distilled).pdf RPU Endorsement SOV 218(distilled).pdf AR Term Life EOv.pdf		

	Item Status:	Status Date:
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*SERFF Tracking Number:* FRCS-126306526      *State:* Arkansas  
*Filing Company:* Household Life Insurance Company      *State Tracking Number:* 43600  
*Company Tracking Number:* 5251  
*TOI:* L04I Individual Life - Term      *Sub-TOI:* L04I.500 Other  
*Product Name:* Term Life with Endowment HLI-8-207-0509  
*Project Name/Number:* Household/72/72  
**Satisfied - Item:** Certification of compliance  
**Comments:**  
**Attachment:**  
AR COC.pdf

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Household Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
HLI-8-207(AR)-0509	50
HLI-9-218-0909	*
HLI-9-217-0909	51.5

*\* When combined with the policy it achieves a combined readability score of 50.*

*Michael Palace*

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Michael Palace, ASA, MAAA  
Assistant Vice President / Product Design and Pricing

September 17, 2009

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Date

**HOUSEHOLD LIFE INSURANCE COMPANY**

[Home Office: 500 Woodward Avenue, Suite 4000, Detroit, MI 48226-3425  
Administrative Office: 200 Somerset Corporate Blvd., Suite 100, Bridgewater, NJ 08807  
Toll Free 800-443-7187 www.\_\_\_\_\_]

**APPLICATION FOR INDIVIDUAL [TERM LIFE/TERM LIFE WITH ENDOWMENT/WHOLE LIFE] INSURANCE**

**Your Information**

Proposed Insured:

Doe John M M 11/2/74 WA/USA  
Last Name First Name MI Gender Date of Birth [State or Province/Country of Birth]

6'1" 180  
Height (feet inches) Weight (lbs) Social Security Number

Any Street, Any City, WA 12344  
Current Address (Street, City, State & Zip Code)

(555) 123-1567 John.Doe@comcast.net 123 WA  
[Home Phone Number] [Optional] Email Address [Driver's License Number & State of Issue]

Financial Analyst \$ 70,000.00  
[Occupation] [Annual Income of Proposed Insured \$]

[Are you a US Citizen or permanent US Resident who holds a valid current Green Card?  Yes  No]

[Owner (if different from Proposed Insured):

\_\_\_\_\_  
Last Name First Name MI Date of Birth [State or Province/Country of Birth]

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Address (Street, City, State & Zip Code, Country)

\_\_\_\_\_  
Home Phone Number Email Address

Relationship to Proposed Insured: \_\_\_\_\_]

**Beneficiary**

Jane Doe M Spouse  
[Primary Beneficiary First Name Last Name MI Relationship %]

\_\_\_\_\_  
[Current Address(Street, City, State & Zip Code) Social Security Number]

\_\_\_\_\_  
[Contingent Beneficiary First Name Last Name MI Relationship %]

\_\_\_\_\_  
[Current Address(Street, City, State & Zip Code) Social Security Number]

**Plan Applied For:**

[Term Life:  Ten Years]       Fifteen Years]       Twenty Years]       Thirty Years]  
[Term Life with Endowment:       Twenty Years]       Twenty-Five Years]       Thirty Years]  
[Whole Life:  ]  
[Automatic Premium Loan  Yes  No]

**[Additional Coverage Applied For:**

Return of Premium Benefit Rider       Secondary Insured Term Benefit Rider  
 Accidental Death Benefit Rider       Dependent Child Benefit Rider  
 Waiver of Premium Benefit Rider       Accelerated Death Benefit Rider]

**Coverage Amount:** \$ [                      ]

**Payment Frequency:**

Annual       Semi-Annual       Quarterly       Monthly]

**Payment Method:**

Charge my credit card:     Visa     MasterCard     Discover     American Express

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Debit my [checking/savings] account: Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
ABA Number \_\_\_\_\_

(first 9 numbers in the lower left-hand corner of your check)

**Replacement:**

[Do you own an existing life insurance policy or annuity contract insuring the proposed insured's life?

Yes     No

Do you plan to discontinue, replace, change or modify any existing life insurance as a result of this application?  
(if yes, additional forms may be required, depending upon state requirements)

Yes     No]

**Underwriting Information:**

1) In the past 12 months, have you used tobacco or nicotine in any form?

Yes     No

2) In the past 10 years, have you been advised to have treatment for, or have you been treated for, or consulted a physician or other practitioner for any of the following?

- Heart or coronary artery disease or disorder
- Stroke, transient ischemic attack (TIA), aneurysm, or other blood vessel disease or disorder
- Peripheral vascular disease
- Cancer (other than basal cell carcinoma)
- Diabetes
- Hepatitis B or C
- Cirrhosis
- Pancreas disease or disorder
- Emphysema (COLD or COPD) or chronic lung or pulmonary disease
- Alcohol or drug use
- Hemophilia
- Multiple sclerosis or Amyotrophic Lateral Sclerosis (ALS)
- Alzheimer's disease, dementia or other neurological disorder
- Kidney disease or disorder (excluding kidney stones)

Yes     No

- 3) Are you currently hospitalized, or in the past 5 years, have you been admitted to a hospital or other medical facility for any of the following?
- Chest pain
  - High blood pressure
  - Asthma
  - Depression
  - Manic-depression or bipolar disorder
  - Other mental or nervous system disorder
  - Connective tissue disease
  - Paralysis
  - Seizure
  - Anemia
  - Liver disease or disorder
- Yes     No
- 4) In the past 2 years, have you had your driver's license revoked, suspended or been convicted of reckless driving, driving without a valid license or for driving while under the influence of alcohol or drugs (DWI, DUI)? Or have you had more than 2 moving violations in the past 12 months? [Or have you ever been convicted of a felony?]
- Yes     No
- 5) In the past 12 months, have you, on more than one occasion, engaged in, or do you plan in the next 12 months to engage in, risky activities, extreme sports, or flying a plane other than as a commercial airline pilot? Or are you currently engaged in a hazardous occupation that exposes you to the risk of loss of life?
- Yes     No
- 6) Have you been diagnosed as having AIDS, AIDS Related Complex (ARC), or any other disorder of your immune system or have you had a positive HIV test?
- Yes     No
- 7) Are you currently a patient in a hospital (other than for childbirth), or resident in a nursing home, assisted living facility or other long-term care facility? Or are you currently receiving in-home care by a healthcare professional? Or are you currently receiving disability income benefits or have you submitted a claim for disability income benefits within the past 5 years? Or have you been advised to have or are you awaiting results of non-routine medical tests or procedures?
- Yes     No
- 8) In the past year, have you experienced unexplained weight loss?
- Yes     No

**[Fraud Warning: 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.**

**Notice to residents of Arkansas, Kentucky and Ohio:** Any person who knowingly and with intent to defraud any insurance company or other person files a request for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Notice to residents of New Jersey:** Any person who includes any false or misleading information on a request for an insurance policy is subject to criminal and civil penalties.

**Notice to residents of Louisiana, New Mexico and West Virginia:** 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.

**Notice to residents of Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial for insurance benefits.

**Notice to residents of Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to residents of Oklahoma: 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.

**Notice to residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

**[MIB, Inc. (MIB) Pre-Notice:**

Information regarding your insurability will be treated as confidential. Household Life Insurance Company, or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866 692-6901 (TTY 866 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Household Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com)].

**Authorization & Signing:**

I, the Proposed Insured, hereby authorize any health plan, licensed physician, medical practitioner, health care professional, hospital, clinic, laboratory, pharmacy, pharmacist, pharmacy benefit provider, medical facility, VA facility, the MIB, Inc. (MIB), any other health care provider, employer, insurance company, union welfare fund, public or private agency, consumer reporting agency, worker's compensation carrier, Motor Vehicle Agency, and any other person or organization that has provided payment, treatment or services to me or on my behalf (My Providers) to give any and all information relating to my health (except psycho-therapy notes) and my insurance policies and claims to Household Life Insurance Company and any and all affiliates and subsidiaries, their agents, employees, representatives and any persons providing services to Household Life Insurance Company (the "Company").

I hereby acknowledge that the information released will be used and disclosed so the Company may:  
1) underwrite my insurance application, make eligibility, risk rating, policy issuance, and enrollment determinations;  
2) obtain reinsurance;  
3) administer claims and determine or fulfill any coverage obligations and provide any applicable benefits;  
4) administer coverage; and /or  
5) conduct other legally permissible activities relating to any coverage I have or have applied for with the Company.

I understand all or part of the information collected may be disclosed to MIB and any reinsurance companies with which the Company does business, and any other insurance company with which the insured may have insurance. Information may also be disclosed to persons performing business or legal functions for the Company. The Company may also disclose information to prevent fraud or misrepresentations or when required by subpoena or by court or governmental order.

I understand that if I refuse to sign this authorization, Household Life Insurance Company will not be able to process my application. I understand that I may revoke this authorization by notifying Household Life Insurance Company in writing of my desire to revoke it. However, I understand that if I revoke this authorization, it will not have any effect on actions already taken by Household Life Insurance Company in reliance on this authorization and may result in application denial or a claim being denied. I understand that a copy of this authorization will be included in my policy(ies).

I understand that the information described herein and disclosed to Household Life Insurance Company is protected by certain federal and/or state privacy regulations. Once Household Life Insurance Company discloses this information, as allowed in this Authorization, the information may no longer be subject to such privacy regulations. I understand, however, that Household Life Insurance Company requires the entities listed above with whom it shares this information to enter into confidentiality agreements prohibiting the disclosure of this information except as allowed herein.

**I understand that the coverage shall take effect as of the policy issue date only if the proposed insured is an insurable risk on the date of this application and Household Life Insurance Company receives payment of the first scheduled premium.**

By signing your name and date below, you agree: (1) that you have read and fully understand all of the questions, answers and statements given in this application; (2) that the statements and answers on this application are full, complete and true to the best of your knowledge; (3) you intend to form a legally binding contract; (4) this authorization is valid for [two and one-half years] from the date shown below; and (5) a printout of the terms stated above will constitute a "writing" under any applicable law or regulation.

---

Proposed Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_  
[ \_\_\_\_\_ ]  
Owner's Signature (if different from Proposed Insured) \_\_\_\_\_ Date \_\_\_\_\_ ]

[Company Representative Replacement Questionnaire: To the best of your knowledge, does the applicant own an existing life insurance policy insuring the proposed insured's life?  
 Yes     No

Company Representative Replacement Questionnaire: To the best of your knowledge, will this insurance that is applied for replace or change an existing life insurance or annuity?  
 Yes     No

(if yes, please complete additional forms as required)

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Authorized Company Representative Signature \_\_\_\_\_ Date \_\_\_\_\_ ]

September 17, 2009

To: The Insurance Commissioner

**Authorization**

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Household Life Insurance Company

*Michael Palare*

By: \_\_\_\_\_

Title: Assistant Vice President of Product Design and Pricing

# STATEMENT OF VARIABILITY

## HOUSEHOLD LIFE INSURANCE COMPANY

Statement of Variable Material  
Variability is denoted by bracketing

Form: HLI-9-217-0909

- The Company home office and administrative office address may be subject to change.
- The Company toll free telephone number may be subject to change.
- The effective date of endorsement is subject to change.
- The expiry date will be the expiration date of the insured's coverage.
- Signatures of officers are subject to change should these officers leave and/or new officers elected.
- Titles of company officers are subject to change should they change positions.

# STATEMENT OF VARIABILITY

## HOUSEHOLD LIFE INSURANCE COMPANY

Statement of Variable Material  
Variability is denoted by bracketing

Form: HLI-9-218-0909

- The Company home office and administrative office address may be subject to change.
- The Company toll free telephone number may be subject to change.
- The effective date of endorsement is subject to change.
- The Face Amount of the Reduced Paid-Up coverage is subject to change.
- The maturity age of the insured is subject to change..
- Signatures of officers are subject to change should these officers leave and/or new officers elected.
- Titles of company officers are subject to change should they change positions.

# STATEMENT OF VARIABILITY

## HOUSEHOLD LIFE INSURANCE COMPANY

Statement of Variable Material  
Variability is denoted by bracketing

Form: HLI-8-207(AR)-0509

### Cover Page

- Company home office and administrative office address and phone number, as shown at top and bottom of page, may be subject to change.
- The web address may appear or not appear. It will only change if there is a change to the company's domain.
- Signatures of officers are subject to change should these officers leave and/or new officers elected.
- The titles will be subject to change if the individuals signing the policies for the company change.
- The right to examine and return policy is subject to change, but will never be less than what is required by state law.
- Arkansas Department of Insurance address and phone number are bracketed to allow for change if the address or phone number change.

### Table of Contents

Page numbering may be subject to change.

### Page 3

- John Doe information is included in the form and is subject to change as applicable.
- Riders may be included as optional coverage if selected by the policyholder.
- Benefit Amount will be included if applicable Rider is selected and the benefit amount of each Rider will be included.
- Available Premium Modes are Annual, Semi-Annual, Quarterly or Monthly all premium modes will appear. The mode selected will show in the Premium Mode Selected section.
- Annual Reinstatement Interest Rate will never exceed the maximum allowed by law.
- Annual Loan Interest Rate will never exceed the maximum allowed by law.
- Application Date will be included or omitted depending on plan design.
- Initial Level Premium period will either be 20, 25 or 30 years as applicable. Additional level premium periods may be added in the future depending upon plan design.
- Class of Risk will display the rate class applicable to the Insured. This will be based on the underwriting rules and rate classification in force at the time of Policy Issue.
- Conversion Period will be to the end of either the 20, 25, or 30 year Initial Level Premium Period or Age [70], whichever comes first. In the future, depending upon plan design, the age of the Policyholder is subject to change.

### Page 3A

- The Policy Number is subject to change.
- Riders may be included as optional coverage to be selected by a policyholder. When selected the applicable premium amount will be included under the coverage data section and included in the Total Premium.
- Total Premium may either be the total Annual Life Premium and or the total Annual Life Premium Including Riders.
- Table of Guaranteed Premiums are subject to change.

### Page 3B

- Table of Guaranteed Values is subject to change.

- If the policy Face Amount falls below our minimum amount according to the Reduced Paid-Up provision, the corresponding Reduced Paid-Up column within the Table of Guaranteed Values will appear as “\$0” or “not applicable”.

#### **Page 6**

- The following text will appear or not appear depending on the modal factor: [The semi-annual, quarterly and monthly premiums for each policy year will be determined on the same basis used to determine the initial semi-annual, quarterly and monthly premiums.]

#### **Page 8**

- The amount of time required to request Reinstatement will conform to State Law.
- A copy of the Reinstatement form will be provided by either [written or verbal] request.
  - The Owner may request a Reinstatement form by written request; or
  - The Owner may request a Reinstatement form by written or recorded verbal request.
- The minimum Face Amount of the Reduced Paid-Up policy will be [\$5,000]. This amount may change depending upon plan design.

#### **Page 9**

- The Owner may surrender the policy by [written or verbal] request.
  - The Owner may surrender the policy by a written request; or
  - The Owner may surrender the policy by written or recorded verbal request.
- The Owner may request a Loan by a [written or verbal] request.
  - The Owner may request a Loan by a written request; or
  - The Owner may request a Loan by a written or recorded verbal request.
- The minimum policy loan amount may be subject to change; however, it will not be less than our minimum requirement of [\$1,000.00].

#### **Page 11**

- The policy may be terminated by the Owner via [written or verbal] request.
  - The Owner may terminate the policy by a written request; or
  - The Owner may terminate the policy by written or recorded verbal request.

#### **Page 12**

- Company home office and administrative office address and phone number may be subject to change.
- The web address may appear or not appear. It will only change if there is a change to the company's domain.

All page numbering may be subject to change.

**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Household Life Insurance Company

**Form Title(s):** Individual Term Life Insurance with Endowment  
Individual Reduced Paid-Up Insurance Endorsement  
Individual Extended Term Endorsement

**Form Number(s):** HLI-8-207(AR)-0509  
HLI-9-218-0909  
HLI-9-217-0909

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

*Michael Palace*

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Michael Palace, ASA, MAAA  
Assistant Vice President / Product Design and Pricing

September 17, 2009

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Date