

SERFF Tracking Number: METF-126291104 State: Arkansas
Filing Company: Texas Life Insurance Company State Tracking Number: 43441
Company Tracking Number: USTR-09
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Waiver of Premium or Monthly Deduction for Union Strike Rider
Project Name/Number: /USTR-09

Filing at a Glance

Company: Texas Life Insurance Company

Product Name: Waiver of Premium or Monthly Deduction for Union Strike Rider SERFF Tr Num: METF-126291104 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved- Closed State Tr Num: 43441

Sub-TOI: L08.000 Life - Other

Co Tr Num: USTR-09

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Jan Spoede

Disposition Date: 09/09/2009

Date Submitted: 09/08/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number: USTR-09

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: We will file this soon in our state..

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/09/2009

Explanation for Other Group Market Type:

State Status Changed: 09/09/2009

Deemer Date:

Created By: Jan Spoede

Submitted By: Jan Spoede

Corresponding Filing Tracking Number:

Filing Description:

Filing Forms: Form: USTR-09, Waiver of Premium or Monthly Deduction for Union Rider

Form: 09M090-AR, Express Application

Form: 09M091-AR, Simplified Application

Form: 09M090AR-E, Electronic Application

The previously approved almost identical forms are:

Express Application, Form No. 04M003-AR/KY/PA

SERFF Tracking Number: METF-126291104 State: Arkansas
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Simplified Application, Form No. 04M005-AR/KY/PA
Electronic Application, Form No. 04M003AR/KY/PA-E

I am submitting the forms referenced above to your state for approval. The filing contains no unusual or controversial items from normal Company or industry standards.

Rider Form, Form: USTR-09

Rider form, Form: USTR-09, a Waiver of Premium or Monthly Deduction for Union Rider, agrees to waive either a premium amount or each monthly deduction which falls due on each Monthly Anniversary Date for up to six (6) months while an Insured is on a Qualifying Strike, as stated in the Rider. The benefit will apply to each separate Qualifying Strike. However, if a Qualifying Strike begins within two months of the end of a previous Qualifying Strike, the periods of the separate Qualifying Strikes shall be added together for purposes of applying the six month benefit limitation. This Rider does not have cash or loan value.

The rider will be used with all the forms that were filed under the policy form, PRFNG-NI-07. It was approved by your department on September 10, 2007. The SERFF tracking number is METF-125254107.

The new applications we are submitting for approval are almost identical to previously approved application forms 04M003-AR/KY/PA, 04M005-AR-KY/PA, and 04M003AR/KY/PA -E. They were approved by your department on August 19, 2005. The only difference in the new applications is the Union Strike option under Riders on the application forms.

An actuarial memorandum for the rider is attached under the Supporting Documents tab as part of the filing

Company and Contact

Filing Contact Information

Jan Spoede, Senior Associate, Product Development
jspoede@texaslife.com
P.O. Box 830
Waco, TX 76703
800-283-9233 [Phone] 6371 [Ext]
254-745-6389 [FAX]

Filing Company Information

Texas Life Insurance Company
P.O. Box 830
Waco, TX 76703
(800) 283-9233 ext. [Phone]

CoCode: 69396
Group Code:
Group Name:
FEIN Number: 74-0940890
State of Domicile: Texas
Company Type: Life
State ID Number:

SERFF Tracking Number: METF-126291104 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$80.00
Retaliatory? No
Fee Explanation: These forms are being filed separately from a policy form so they are \$20.00 each. There are four forms so the cost is \$80.00.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Texas Life Insurance Company	\$80.00	09/08/2009	30402335

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Correspondence Summary

Dispositions

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

SERFF Tracking Number: METF-126291104 State: Arkansas
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Project Name/Number: /USTR-09

Disposition

Disposition Date: 09/09/2009

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		No
Supporting Document	No Illustration Certification		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Certification of Bulletin 11-83		Yes
Supporting Document	Certification of Bulletin 19		Yes
Supporting Document	Certification for Regulation 34		Yes
Form	Waiver of Premium or Monthly Deduction for Union Strike Rider		Yes
Form	Express Application		Yes
Form	Simplified Application		Yes
Form	Electronic Application		Yes

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 Company Tracking Number: USTR-09
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
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Form Schedule

Lead Form Number: USTR-09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	USTR-09	Policy/Cont Waiver of Premium ract/Fratern or Monthly Deduction al for Union Strike Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56.500	USTR- 09_20090817 .pdf
	09M090- AR	Application/Express Application Enrollment Form	Initial		60.500	09M090- AR.pdf
	09M091- AR	Application/Simplified Application Enrollment Form	Initial		51.200	AR 09M091- AR.pdf
	09M090AR -E	Application/Electronic Application Enrollment Form	Initial		50.500	AR 09M090AR- E.pdf

TEXASLIFE INSURANCE COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

Waiver of Premium or Monthly Deduction for Union Strike Rider

Section — 1 Benefit

We agree to waive either a premium amount or each monthly deduction which falls due on each Monthly Anniversary Date for up to six (6) months while the Employee named in the application is on a Qualifying Strike, as stated in this Rider. The benefit will apply to each separate Qualifying Strike. However, if a Qualifying Strike begins within two months of the end of a previous Qualifying Strike, the periods of the separate Qualifying Strikes shall be added together for purposes of applying the six month benefit limitation. This Rider does not have cash or loan value.

Section — 2 Benefit Amount

If the Contract is flexible premium life insurance, the amount We will waive each month is: (i) an amount equal to the Minimum Premium Due On Issue Date; or (ii) the monthly deduction. On any Monthly Anniversary Date, We will waive the amount stated in (i) above unless: (1) the date is after the period of time the Contract would remain in force by the continuous monthly payment of the Minimum Premium Due On Issue Date (shown on page 3 of the Contract) assuming We always charged the guaranteed maximum cost of insurance rates and credited only the guaranteed minimum interest rate; and (2) the monthly deduction is greater than the Cash Value.

If the Contract is whole life insurance, the amount We will waive is the monthly premium due.

Section — 3 Qualifying Strike

A Qualifying Strike is a Strike that:

- (a) began while the Rider was in force;
- (b) began at least 6 months after the effective date of this Rider, or the Effective Date of any reinstatement of this Rider;
- (c) began before the Contract Anniversary on which the Employee named in the application is age 71;
- (d) has continued for at least 30 consecutive days;
- (e) involves a Union of which the Employee named in the application is a dues paying member and the employer for which he or she is employed on the date on which the Strike began; and
- (f) You have given Us written notice of within 3 months of the date the Strike began.

"Strike" means a lawful primary strike authorized as provided by the union's constitution and bylaws.

Section — 4 Notice and Proof of Qualifying Strike

You must give Us satisfactory proof that the Employee named in the application is on a Qualifying Strike before We will waive any premium or monthly deduction. We may from time to time also require additional proof satisfactory to Us that the Qualifying Strike continues.

Section — 5 Cost of Rider

The cost for this rider is \$[0.75] per month.

Section — 6 Termination

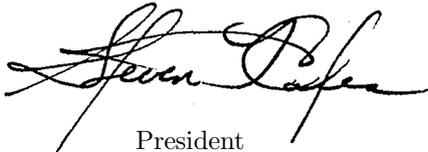
This rider will terminate on:

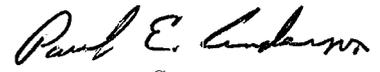
- (a) the date this Contract terminates;
- (b) the Monthly Anniversary Date on or after the date We receive Your Written Request to cancel this rider;
- (c) by Written Request upon the death of the Employee named in the application;
- (d) the Contract Anniversary Date on which the Employee named in the application is age 71, except if he or she is then on a Qualifying Strike; in such case, this rider will terminate on the earlier of: (i) the date the Qualifying Strike ends or (ii) the waiver of the sixth monthly premium or deduction during the Qualifying Strike.

Section — 7 Effective Date

The effective date of this rider is the Issue Date of this Contract unless a different effective date is shown here.

Effective Date _____


President


Secretary

TEXASLIFE INSURANCE COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

LIFE INSURANCE APPLICATION

FOR HOME OFFICE USE ONLY

Plan Name: [PureLife]

Policy Number: _____

1st Deduction Date: _____ Employer: _____

Proposed Insured(s)		Sex	Social Sec No.	BirthDate	Age ¹	Face Amt ²	Premium
Employee Name	Hire Date						
Last:	First:	MI:	M/F				
Spouse Name	Spouse's Occupation						
Last:	First:	MI:	M/F				
Children							
		M/F					
		M/F					
		M/F					
		M/F					

Total premium: \$

Home Address	Add Riders	Employee	Spouse	Child
Street/P.O. Box:	Accidental Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ³
City:	Waiver Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ³
State:	Child Term \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Zip:	Union Strike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal E-mail Address:	Add Rider Premium to amounts above			
Phone — Day: ()	Evening: ()			

Payroll is per: Week Bi-Week Semi-Month Month Skip _____

Beneficiary for: (Employee is beneficiary of spouse/child unless stated below). If contingent desired, state below.

Employee: _____ Relationship: _____
 Spouse: _____ Relationship: _____
 Children: _____ Relationship: _____

1. Will proposed coverage replace or change any existing insurance or annuity policy? Yes No If "Yes", identify and complete replacement form. Company: _____ Policy No: _____

2. During the last six months, has the proposed insured:	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
a. Been actively at work on a full time basis, performing usual duties? If not, furnish details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
b. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days? If so, furnish details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
c. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse? If so, furnish details below.	<input type="checkbox"/>					

QUES NO.	NAME	DETAILS TO QUESTION

Any person who knowingly and with intent to defraud any insurance company or other person files an application 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.

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

X _____ X _____
 Employee (and policyowner) Signature Spouse Signature if to be insured

X _____
 Enroller/Agent Signature Print Enroller/Agent Name Agt No. Date City State

(1) Age as of Issue Date. (2) or Face Amount purchased by premium shown, if less. (3) If issue age 17 or higher.

TEXASLIFE INSURANCE COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

LIFE INSURANCE APPLICATION

FOR HOME OFFICE USE ONLY

Plan Name: [PureLife]

Policy Number: _____

1st Deduction Date: _____ Employer: _____

Proposed Insured(s)		Sex	Social Sec No.	BirthDate	Age ¹	Face Amt ²	Premium
Employee Name	Hire Date						
Last:	First:	MI:	M/F				
Spouse Name	Spouse's Occupation						
Last:	First:	MI:	M/F				
Children							
		M/F					
		M/F					
		M/F					
		M/F					

Total premium: \$

Home Address	Add Riders	Employee	Spouse	Child
Street/P.O. Box:	Accidental Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ³
City:	Waiver Premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ³
State:	Child Term \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Zip:	Union Strike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal E-mail Address:	Add Rider Premium to amounts above			
Phone — Day: ()	Evening: ()			

Payroll is per: Week Bi-Week Semi-Month Month Skip _____

Beneficiary for: (Employee is beneficiary of spouse/child unless stated below). If contingent desired, state below.

Employee: _____ Relationship: _____

Spouse: _____ Relationship: _____

Children: _____ Relationship: _____

1. Will proposed coverage replace or change any existing insurance or annuity policy? Yes No If "Yes", identify and complete replacement form. Company: _____ Policy No: _____

2. During the last six months, has the proposed insured:	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
a. Been actively at work on a full time basis, performing usual duties? If not, furnish details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
b. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days? If so, furnish details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
c. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse? If so, furnish details below.	<input type="checkbox"/>					

QUES NO.	NAME	DETAILS TO QUESTION

Any person who knowingly and with intent to defraud any insurance company or other person files an application 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.

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

X _____ X _____
 Employee (and policyowner) Signature Spouse Signature if to be insured

X _____
 Enroller/Agent Signature Print Enroller/Agent Name Agt No. Date City State

(1) Age as of Issue Date. (2) or Face Amount purchased by premium shown, if less. (3) If issue age 17 or higher.

TEXASLIFE INSURANCE COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

LIFE INSURANCE APPLICATION

FOR HOME OFFICE USE ONLY

Plan Name: [PureLife]

Policy Number: _____

1st Deduction Date: _____ Employer: _____

Proposed Insured(s)	M/F	Social Sec No.	Age	Birth Date/State	Ht/Wgt	Face Amt ⁽¹⁾	Premium
Employee Name							
Hire Date:	M/F			/	/		
Spouse Name							
Occupation:	M/F			/	/		
Children							
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		
	M/F			/	/		

Total premium \$

Home Address (Street/P.O. Box):			Add Riders			Employee	Spouse	Child
City:	State:	Zip:	Accidental Death	<input type="checkbox"/>				
Day Phone: ()	Evening Phone: ()		Waiver Premium	<input type="checkbox"/>				
Personal E-mail Address:			Child Term \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
			Union Strike	<input type="checkbox"/>				

Payroll is per: Week Bi-Week Semi-Month Month Skip _____ Add Rider Prem above

Beneficiary for: (Employee is beneficiary of spouse/child unless stated below)

Employee: _____ Relationship to Employee: _____

Spouse: _____ Relationship to Spouse: _____

Children: _____ Relationship to Children: _____

1. Will proposed coverage replace or change any existing insurance or annuity policy? Yes No If "Yes", identify and complete replacement form. Company: _____ Policy No: _____

	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
2. Within the past 12 months, has any proposed insured smoked a cigarette or used tobacco in any form?	<input type="checkbox"/>					
3. Within the past five years, has any proposed insured:						
a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation?	<input type="checkbox"/>					
b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study?	<input type="checkbox"/>					
c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?	<input type="checkbox"/>					
d. Been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?	<input type="checkbox"/>					
4. Within the past ten years, has any proposed insured had or been treated for:						
a. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?	<input type="checkbox"/>					
b. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?	<input type="checkbox"/>					
c. Cancer, tumor, diabetes, or disorder of the blood?	<input type="checkbox"/>					
d. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?	<input type="checkbox"/>					
5. Is any proposed insured taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in No. 7 — Details.	<input type="checkbox"/>					

(1) or the Face Amount purchased by the premium shown, if less. (2) If Issue Age 17 or higher.

Proposed Insured(s)

NAME	STATUS	SEX	SOCIAL SECURITY No.	BIRTH DATE	AGE	BENEFICIARY/RELATIONSHIP
Jane Doe	EMP	F	999-99-3600	09-29-1969	35	Johnny / Child
John Spouse Doe, Sr.	SPS	M	999-99-3601	09-29-1970	34	Jane Doe / John Spouse Doe's Wife
Johnny Doe Jr.	DEP	M	159-75-3456	11-24-1998	6	Jane Doe / Parent

Employee Information (applicant and policy owner):

NAME: Jane Doe SOCIAL SECURITY No: 999-99-3600
 ADDRESS: 123 Main Street, Smalltown, AR 13579
 PERSONAL EMAIL ADDRESS: DAYTIME PHONE: 987-654-3210 Ext. EVENING PHONE: 123-456-7890 Ext.
 EMPLOYER: Online App Test Company HIRE DATE: 3-24-1999 PAYROLL FREQUENCY: Monthly

Spouse's Occupation: Technology

Coverages and Premium

PLAN NAME: PureLife POLICY FORM: PRFNG-NI-07

NAME	COVERAGES					PREMIUM					TOTAL
	FACE AMT	ADB AMT	WAIVER BENEFIT	CHILD TERM AMT	UNION STRIKE RIDER	BASE PLAN	ADB	WAIVER	CHILD TERM	UNION STRIKE RIDER	
Jane Doe	100000	100000	Yes	0	Yes	42.50	8.00	4.25	0.00	0.85	55.60
John Spouse Doe, Sr.	50000	50000	Yes	10000	Yes	20.50	4.00	2.05	5.00	0.41	31.96
Johnny Doe Jr.	25000	0	No	0	Yes	6.50	0.00	0.00	0.00	0.13	6.63
Total Planned Premium											94.19

QUESTION NO.

REPLACEMENT

(1) Will proposed coverage replace or change any existing insurance or annuity policy? No

EMPLOYEE SPOUSE CHILDREN

(2a) During the last six months, has the proposed insured been actively at work on a full time basis, performing usual duties? Yes Yes N/A

(2b) During the last six months, has the proposed insured been absent from work due to illness or medical treatment for a period of more than five consecutive working days? No No N/A

(2c) During the last six months, has the proposed insured been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse?
Jane Doe - Test, Treatment, or Care in a Hospital :: Surgery :: Other Yes, Spouse has seen a dr Yes No No

ADDITIONAL QUESTIONS FOR		EMPLOYEE
(3a)	<p>Within the past five years, has any proposed insured consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation? <i>Jane Doe - Jane Doe saw Dr. Brown for severe abdominal pain. He sent her for further testing.</i></p>	Yes
(3b)	<p>Within the past five years, has any proposed insured had an X-ray, EKG, lab test, blood test, or any other medical test or study? <i>Jane Doe - Jane Doe's lab work and a sonogram revealed an ectopic pregnancy. She was admitted to the hospital and scheduled for surgery the next morning.</i></p>	Yes
(3c)	<p>Within the past five years, has any proposed insured used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?</p>	No
(3d)	<p>Within the past five years, has any proposed insured been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?</p>	No
(4a)	<p>Within the past ten years, has any proposed insured had or been treated for heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?</p>	No
(4b)	<p>Within the past ten years, has any proposed insured had or been treated for alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?</p>	No
(4c)	<p>Within the past ten years, has any proposed insured had or been treated for cancer, tumor, diabetes, or disorder of the blood?</p>	No
(4d)	<p>Within the past ten years, has any proposed insured had or been treated for asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?</p>	No
(5)	<p>Is any proposed insured taking any prescribed medication at regular intervals?</p>	No
(6)	<p>Within the past 12 months, has any proposed insured smoked a cigarette or used tobacco in any form?</p>	No

QUESTION No.

EMPLOYEE

(7) What is the height, weight, and birth state of each proposed insured?
Jane Doe - Height: 5' 4" Weight: 127 lbs Birth State: OK

(8) Personal physician for each proposed insured:
Jane Doe - Dr. B.Brown, Smalltown, OK

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 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Waiver of Premium or Monthly Deduction for Union Strike Rider
 Project Name/Number: /USTR-09

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
USTR-09 Read_Cert.pdf		
09M090 Read_Cert.pdf		
09M091 Read_Cert.pdf		
ICC09-09M090-E Read_Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Applications are part of this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: No Illustration Certification		
Comments:		
Attachment:		
No Illus Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification of Bulletin 11-83		
Comments:		
Attachment:		
AR Cert of Bull 11-83.pdf		

	Item Status:	Status Date:

SERFF Tracking Number: METF-126291104 State: Arkansas
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Waiver of Premium or Monthly Deduction for Union Strike Rider
Project Name/Number: /USTR-09
Satisfied - Item: Certification of Bulletin 19

Comments:

Attachment:

AR Cert of Bull 19.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Certification for Regulation 34

Comments:

Attachment:

AR ACTU Cert of Compl.pdf



**CERTIFICATION OF READABILITY
FORM: USTR-09**

This is to certify that Texas Life Insurance Company Form: USTR-09 has achieved a Flesch Reading Ease Score of 56.50.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a large, looping "M" and "K".

Officer Signature

Michael R. Khoury, JD
Director
Product Development, Claims and Records

Date: 19 August 2009



**CERTIFICATION OF READABILITY
FORM: 09M090**

This is to certify that Texas Life Insurance Company Form: 09M090 has achieved a Flesch Reading Ease Score of 60.50.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a horizontal line underneath the name.

Officer Signature

Michael R. Khoury, JD
Director
Product Development, Claims and Records

Date: 19 August 2009



**CERTIFICATION OF READABILITY
FORM: 09M091**

This is to certify that Texas Life Insurance Company Form: 09M091 has achieved a Flesch Reading Ease Score of 51.20.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a horizontal line underneath the name.

Officer Signature

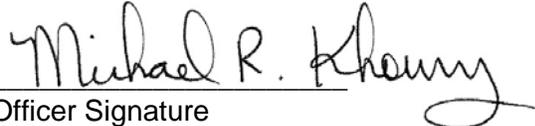
Michael R. Khoury, JD
Director
Product Development, Claims and Records

Date: 19 August 2009



**CERTIFICATION OF READABILITY
FORM ICC09-09M090-E**

This is to certify that Texas Life Insurance Company Form ICC09-09M090-E has achieved a Flesch Reading Ease Score of 50.50.


Officer Signature

Michael R. Khoury, JD
Director
Product Development, Claims and Records

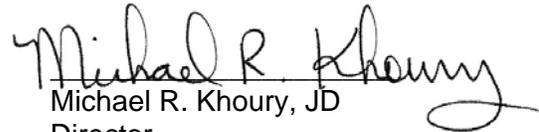
Date: 19 August 2009

TEXASLIFE INSURANCE COMPANY

Notification of policy form to be marketed without illustrations

Form: USTR-09

Texas Life Insurance Company herein is providing notification that it intends to market the above referenced form without the use of an illustration.



Michael R. Khoury, JD
Director
Product Development, Claims, &
Records

Date: 13 August 2009



CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 11-83, and does further certify that form USTR-09 does comply with the guidelines of such Bulletin.

A handwritten signature in black ink that reads "Michael Khoury". The signature is written in a cursive style and is positioned above a horizontal line.

Michael Khoury, JD
Director
Product Development, Claims and Records

Date: 2 September 2009



CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, Waco, Texas, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 19, Unfair Sex Discrimination in the Sale of Insurance, and does comply with the guidelines of such Bulletin.

A handwritten signature in black ink that reads "Michael Khoury". The signature is written over a horizontal line.

Michael Khoury, JD

Director

Product Development, Claims and Records

Date: 2 September 2009

TEXASLIFE

INSURANCE COMPANY

CERTIFICATION OF COMPLIANCE

This is to certify that the actuarial demonstration for policy form USTR-09 is in compliance with Regulation 34 for the state of Arkansas (Valuation and Nonforfeiture), and that when calculating reserves under the minimum reserve method in Regulation 34, in no case shall the reserves be less than the actual cash surrender values provided for under the policy contract.



Joseph Barclay Cole, FSA, MAAA
Actuary

Date: 9/8/09