

SERFF Tracking Number: UNNC-126287386 State: Arkansas
Filing Company: The Union Central Life Insurance Company State Tracking Number: 43562
Company Tracking Number: UFIO BOE, UMDE BOE
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: 2009 DOE Rider/Endorsement
Project Name/Number: 2009 DOE Rider/Endorsement/UFIO BOE, UMDE BOE

Filing at a Glance

Company: The Union Central Life Insurance Company

Product Name: 2009 DOE Rider/Endorsement SERFF Tr Num: UNNC-126287386 State: Arkansas

TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved-
Closed State Tr Num: 43562

Sub-TOI: H111.004 Other Co Tr Num: UFIO BOE, UMDE State Status: Approved-Closed
BOE

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Bobbie Cramer, Joanne Disposition Date: 09/25/2009

Friend, Jenny Andrus

Date Submitted: 09/23/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 DOE Rider/Endorsement

Status of Filing in Domicile: Pending

Project Number: UFIO BOE, UMDE BOE

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/25/2009

Explanation for Other Group Market Type:

State Status Changed: 09/25/2009

Deemer Date:

Created By: Jenny Andrus

Submitted By: Jenny Andrus

Corresponding Filing Tracking Number:

Filing Description:

Re: The Union Central Life Insurance Company

NAIC No. 0943-80837 FEIN No. 31-0472910

Submission Form Identification:

UFIO BOE – Future Increase Option Rider

UMDE BOE – Managerial Duties Endorsement

Designation of Form as Individual or Group Market: Individual

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General Description of Submission: Individual Disability Overhead Rider and Endorsement
Issue Ages: 18-60

Enclosed for your review and approval are the above-referenced endorsement and rider that will be used with our Disability Overhead policy, UC 4403 S, previously approved by your Department on 05/24/2006. These forms are being submitted for use with new issues only. No part of this filing contains any unusual or controversial items from normal company or industry standards. Unless otherwise notified, we reserve the right to modify the font, layout and typeset of these forms. Any changes will be in accordance with all applicable requirements of your state.

The Future Increase Option Rider, UFIO BOE replaces form UC 4310, previously approved by your Department on 04/27/1989. This rider provides the right to purchase additional coverage, on each policy anniversary up to and including age 55, with only financial evidence of insurability. Up to 50% of the base monthly benefit may be elected at one time. The total of all increases may never exceed the amount purchased under this rider. The gross premium is the same as that on file which is 10% of the gross premium of the base policy and 5% of any attached rider.

The Managerial Duties Endorsement, UMDE BOE, is a new form and doesn't replace any previously approved forms. It is similar to form UC EH 4401 MGR previously approved by your Department on 04/29/2005. This optional endorsement will be used to offer business owners in a blue/gray collar industry a higher occupational class than is otherwise warranted. We will be able to offer business owners who spend the vast majority of their time in administrative duties, a higher occupational class by insuring their managerial duties only, instead of factoring in the more risky manual duties inherent with their type of business. This allows business owners in this market the option of either a less expensive policy that covers, via the endorsement, their managerial duties only, or a more expensive policy that covers both the managerial and manual duties of their occupation.

Company and Contact

Filing Contact Information

Jenny Andrus, Contract Analyst jandrus@unioncentral.com
1876 Waycross Road 513-595-2984 [Phone] 52984 [Ext]
Cincinnati, OH 45240 513-595-2918 [FAX]

Filing Company Information

The Union Central Life Insurance Company CoCode: 80837 State of Domicile: Nebraska
5900 O Street Group Code: 943 Company Type:
PO Box 81889 Group Name: State ID Number:
Lincoln, NE 68510 FEIN Number: 31-0472910
(513) 595-2339 ext. [Phone]

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Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Central Life Insurance Company	\$40.00	09/23/2009	30752983

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/25/2009	09/25/2009

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Disposition

Disposition Date: 09/25/2009

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Future Increase Option Rider	Approved-Closed	Yes
Form	Managerial Duties Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: UFIO BOE, UMDE BOE

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/25/2009	UFIO BOE	Policy/Cont Future Increase ract/Fratern Option Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	UFIOBOEST D.pdf
Approved-Closed 09/25/2009	UMDE BOE	Policy/Cont Managerial Duties ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	UMDEBOEST D.pdf

The Union Central Life Insurance Company

FUTURE INCREASE OPTION RIDER

This rider gives *you* the qualified right to increase the maximum monthly benefit and the monthly substitute salary benefit, if included in *your* policy, based on financial insurability only.

BENEFIT PROVISIONS

INCREASE IN MAXIMUM MONTHLY BENEFIT. *You* may apply for an increase in the maximum monthly benefit shown on the *schedule* on each policy anniversary up to and including the one when *you* are *age* 55.

An increase in the maximum monthly benefit will also increase the maximum overhead expense benefit. The amount of the increase in the maximum overhead expense benefit is computed by multiplying the amount of the increase in maximum monthly benefit by the applicable maximum benefit period for total disability.

An increase will apply only to a separate period of disability that begins after the *issue date* of the increase.

AMOUNT OF INCREASE. *You* may request an increase in the maximum monthly benefit in any amount subject to the following conditions:

- (1) The maximum annual increase allowed will be the lesser of:
 - (a) one-half the maximum monthly benefit originally issued as shown on the *schedule*; or
 - (b) the amount for which *you* qualify based on *your* covered overhead expenses at the time *you* apply for the increase and *our* published financial underwriting guidelines then in effect. If *you* are disabled when *you* apply for an increase, *your* covered overhead expense prior to the start of disability will be used in the calculation of the increase for which *you* qualify.
- (2) The total of all increases combined may not exceed the lesser of:
 - (a) the total maximum increase originally issued as shown on the *schedule* for this rider; or
 - (b) *our* published maximum issue and participation limit at the time of the increase.
- (3) The minimum increase allowed is \$300.

SUBSTITUTE SALARY EXPENSE INCREASE (Provided *your* policy includes this rider). Any time the maximum monthly benefit is increased, the monthly substitute salary benefit provided by the Substitute Salary Expense Rider may also be increased.

The maximum amount of increase in monthly substitute salary benefit allowed at any time is the lesser of:

- (1) one-half of the increase being made in the maximum monthly benefit; or
- (2) the amount for which *you* qualify based on *our* published financial underwriting guidelines then in effect.

An increase will apply only to a separate period of disability that begins after the *issue date* of the increase.

HOW TO APPLY FOR AN INCREASE. *You* must apply for an increase and submit a current business tax return and any other documentation deemed appropriate by *us* within the 31 days prior to or following the policy anniversary on which *you* want the increase to take effect.

PREMIUM FOR AN INCREASE. If *your* application for an increase is approved, *you* must pay the premium within 31 days of the date of approval for coverage to take effect. Future premiums must be paid when due. The premium rate for the increase will:

- (1) be based on *your* attained *age* as of the *issue date* of the increase; and
- (2) use the rate basis in effect on the *issue date* of the policy to which this rider is attached; and
- (3) be based on the occupation class shown on the *schedule* attached to this policy on the *issue date* of the increase.

Premiums will be waived for any increase while they are waived for the policy to which this rider is attached.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is:

- (1) part of the policy; and
- (2) based on the application for this rider and payment of its premium; and
- (3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Incontestability and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of the rider.

TERMINATION. This rider terminates and no further increases in benefits will be made under this rider at the earlier of the following:

- (1) *your age 55*; or
- (2) when the total of all increases elected equals the total maximum increase amount shown on the *schedule*; or
- (3) the date the policy terminates; or
- (4) the date *we* receive the *owner's* written request to terminate this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

A handwritten signature in black ink is written over the word "SPECIMEN" in a bold, sans-serif font. The signature is cursive and appears to be "J. M. [unclear]".

Secretary

A handwritten signature in black ink is written over the word "SPECIMEN" in a bold, sans-serif font. The signature is cursive and appears to be "S. [unclear]'s".

President

The Union Central Life Insurance Company

MANAGERIAL DUTIES ENDORSEMENT

GLOSSARY OF TERMS

The definition of **MANAGERIAL DUTIES** and **MANUAL DUTIES** are added to the **GLOSSARY OF TERMS** (Part I) section of *your* policy as follows:

MANAGERIAL DUTIES. Means *your* sedentary, administrative type activities.

MANUAL DUTIES. Means *your* physical activity including, but not limited to: bending, carrying, climbing, crawling, crouching, kneeling, lifting, pulling, pushing, stooping and driving a vehicle.

BENEFIT PROVISIONS

(1) The **DEFINITION OF TOTAL DISABILITY** shown on the *schedule* is removed and replaced with the following:

Total Disability or Totally Disabled means that due to a *sickness* or *injury*, in and of itself, *you* are not able to perform the *managerial duties* of *your* occupation. *Your* occupation means *your* occupation or occupations at the time disability began.

Additionally, in order for *us* to consider *you* *totally disabled*, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in the opinion of that *physician*, continued medical treatment will not improve *your* condition, *we* will waive this requirement.

(2) Items (1) and (2) in the definition of **PARTIAL DISABILITY**, in the **BENEFIT PROVISIONS** (Part II) section of *your* policy, are removed and replaced with the following:

- (1) *you* are able to do one or more but not all of the *managerial duties* of *your* occupation; or
- (2) *you* can perform all of *your managerial duties* for only 50% or less of the time normally required.

(3) The second paragraph of the **RECOVERY BENEFIT**, in the **BENEFIT PROVISIONS** (Part II) section of *your* policy, is removed and replaced with the following:

For the first two months of partial disability, the second condition in the Partial Disability Benefit provision is changed to: "*you* can perform all of *your managerial duties* for only 80% or less of the time normally required."

EXCEPTIONS/LIMITATIONS

The **EXCEPTIONS/LIMITATIONS** (Part III) section of *your* policy is amended to include the following:

MANUALLY UNABLE. Benefits are not payable for *sickness* or *injury* in which *you* can perform the *managerial duties* of *your* occupation, but cannot perform the *manual duties* of *your* occupation.

In all other respects, this policy remains unchanged. This endorsement is part of the policy to which it is attached.

THE UNION CENTRAL LIFE INSURANCE COMPANY

A stylized, cursive handwritten signature in black ink, appearing to read 'J. J. [unclear]'. The signature is written over the word 'SPECIMEN'.

Secretary

A stylized, cursive handwritten signature in black ink, appearing to read 'Steen J. [unclear]'. The signature is written over the word 'SPECIMEN'.

President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/25/2009
Comments: Flesch Certification and Compliance Certifications are attached.		
Attachments: AR reg 19.pdf AR reg 49.pdf UNIV READ CERT.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	09/25/2009
Bypass Reason: Not applicable, we are only filing a rider and endorsement.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	09/25/2009
Bypass Reason: Not Applicable		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	09/25/2009
Bypass Reason: Not applicable, we are only filing a rider and endorsement.		
Comments:		

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Rule and Regulation 19 and that The Union Central Life Insurance Company meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.



John M. Lucas

Second Vice President, Associate General Counsel and Asst. Secretary

September 23, 2009

Date

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CERTIFICATION
Arkansas

We hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that The Union Central Life Insurance Company is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that Acacia Life Insurance Company is in compliance.



John M. Lucas
Second Vice President, Associate General Counsel and Asst. Secretary

September 23, 2009
Date

Reg. Section 6 DI: Method of Disclosure of Required Information

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

Reg. Section 6 Life: Valuation

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

READABILITY CERTIFICATION

I, John M. Lucas, an officer of The Union Central Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Description</u>	<u>Readability Score</u>
UFIO BOE	Future Increase Option Rider	50*
UMDE BOE	Managerial Duties Endorsement	50**

*Flesched with the policy (UC 4403 S). Titles and defined terms removed from rider

**Titles and defined terms removed from the endorsement.



John M. Lucas
Vice President, General Counsel and Assistant Secretary

September 23, 2009