

SERFF Tracking Number: ICCI-126835740 State: Arkansas
Filing Company: Leaders Life Insurance Company State Tracking Number: 46918
Company Tracking Number: BBA 2000
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life BBA 2000
Project Name/Number: Group Term Life BBA 2000/Group Term Life BBA 2000

Filing at a Glance

Company: Leaders Life Insurance Company

Product Name: Group Term Life BBA 2000

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: ICCI-126835740

SERFF Status: Closed-Approved-Closed

Co Tr Num: BBA 2000

Author: Brenda Dawson

Date Submitted: 09/28/2010

State: Arkansas

State Tr Num: 46918

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/01/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Group Term Life BBA 2000

Project Number: Group Term Life BBA 2000

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/01/2010

Deemer Date:

Submitted By: Brenda Dawson

Filing Description:

We are hereby submitting the forms attached to the Form Schedule tab for filing in your state. These forms are new and are not intended to replace any forms previously approved in your state.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Leaders Life Insurance Company, an Oklahoma domiciled company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

Group Term Life Policy, BBA-2000, provides for term life coverage. This Policy will be issued to various employers in or outside of your state.

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Form 62.400 is the certificate of insurance evidencing coverage under the group policy.

Form LL-BBA-2000-APP is the health statement form to be completed by the employees.

Form LL-ER- APP-BBA 2000 is the group application.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions. These forms were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract or to the general print size.

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
 3925 East State Street, Suite 200 815-316-6714 [Phone]
 Rockford, IL 61108 815-986-2355 [FAX]

Filing Company Information

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

Leaders Life Insurance Company	CoCode: 74799	State of Domicile: Oklahoma
P. O. Box 35768	Group Code:	Company Type:
Tulsa, OK 74153	Group Name:	State ID Number:
(918) 254-0200 ext. [Phone]	FEIN Number: 73-1333608	

Filing Fees

Fee Required? Yes
 Fee Amount: \$350.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Leaders Life Insurance Company	\$350.00	09/28/2010	39961978

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/01/2010	10/01/2010

SERFF Tracking Number: *ICCI-126835740* *State:* *Arkansas*
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Disposition

Disposition Date: 10/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ICCI-126835740 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Authorization Letter		Yes
Form	Employer Group Term Life Policy		Yes
Form	Employer Group Term Life Certificate		Yes
Form	Accelerated Death Benefit Rider		Yes
Form	Accelerated Benefit Disclosure		Yes
Form	Group Insurance Health Statement - Short Form		Yes
Form	Employer Application		Yes
Form	Amendatory Endorsement		Yes

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Form Schedule

Lead Form Number: BBA 2000

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	BBA 2000	Policy/Cont	Employer Group ract/Fratern Term Life Policy al Certificate	Initial		0.000	Employer Group Term Life Leaders Policy.pdf
	62.400	Certificate	Employer Group Term Life Certificate	Initial		0.000	Group Term Life BBA Leaders Employee Certificate.pdf
	LL-BBA- ADBR- 2000	Certificate	Accelerated Death Amendmen Benefit Rider t, Insert Page, Endorseme nt or Rider	Initial		0.000	BBA Leaders Accelerated Death Rider LL-BBA- ADBR- 2000_.pdf
	LL-BBA- ABD-2000	Other	Accelerated Benefit Disclosure	Initial		0.000	BBA Leaders Accelerated Death disclosure.pdf
	LL-BBA- 2000-APP	Application/Group Insurance Enrollment	Health Statement - Form Short Form	Initial		0.000	Employee Health Statement LBB-2000- APP.pdf
	LL-ER APP BBA 2000	Application/ Employer Enrollment	Application Form	Initial		0.000	Group Term Employer Leaders App BBA 2000.pdf
	LL-BBA-AE AR	Certificate	Amendatory Amendmen Endorsement t, Insert	Initial			AR LL BBA- AE AR.pdf

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Page,
Endorseme
nt or Rider



Leaders *Life*

INSURANCE COMPANY

Home Office: **1350 S. Boulder, Suite 900 Tulsa, Oklahoma 74119**

Plan Administrator: **Bay Bridge Administrators, LLC P. O. Box 161690 Austin, Texas 78716**

GROUP TERM LIFE POLICY

This Policy is issued in consideration of the Application of the Policyholder and payment of the premiums as provided by the Policy. The first premium is due and payable on the Effective Date of the Policy and subsequent premiums are due and payable in accordance with the Premium Provisions so long as the Policy remains in force.

The Company agrees to provide the Benefits shown in the Policy Schedule in accordance with the provisions and conditions herein.

Coverage under the Policy is subject to the exclusions and all other terms and conditions of the Policy. The Policy will be governed by the laws of the state in which it is delivered and, to the extent applicable, the Employee Retirement Income Security Act of 1974 (ERISA) and any of its amendments.

IN WITNESS WHEREOF, Leaders Life Insurance Company has executed the Policy at our home office.

Secretary

Cynthia A. Taylor

President

Russell J. Cingell

**GROUP INSURANCE POLICY
NONPARTICIPATING**

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Guaranteed Issue Amount:

Employees who were participating in and insured by the [Employer’s or Association’s] plan prior to the Policyholder’s Effective Date shown on the Policy Schedule and are Actively at Work on such date: Lesser of four times annual Basic Earnings up to \$100,000.

Employees less than age 70 who are Participating in and first insured by the [Employer’s or Association’s] plan on or after the Policyholder’s effective date shown on the Policy Schedule: Lesser of four times annual Basic Earnings or \$100,000.

Spouses under age 70 who were participating in and insured by the [Employer’s or Association’s] plan prior to the Policyholder’s effective date shown on the Policy Schedule: 50% of primary insured coverage up to \$50,000.

Spouses under age 70 who are participating in and first insured by the [Employer’s or Association’s] plan on or after the Policyholders effective date shown on the Policy Schedule: 50% of the primary insured coverage up to \$50,000.

Retired Employees: Employees who were participating in and insured by the [Employer’s or Association’s] plan prior to the Policyholders effective date shown on the Policy Schedule on such date: All amounts are guaranteed issue. Employees that retire after the effective date will be guaranteed issue to \$7,000.

Minimum Participation Requirement: 40% of Eligible [Employees or Members]

Waiver Benefit:

Benefit applies: Yes
Age by which Disability must begin: 60
Age on which Benefit Terminates: 65

Other Benefits:

Extension for Lay-off or Leave: 90 days
Extension for Injury or Illness: 9 months

LIMITATIONS:

Suicide: No Life Insurance benefits will be payable under the Policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person’s coverage under the Policy became effective.

Reduction Schedule: Benefits will be reduced as follows:

If you are age:	The Amount of Life Insurance will reduce to:
70.....	.65%
75.....	.45%
80.....	.30%
85.....	.20%
90.....	.15%

If you are age 70 or older on the day You become insured under the Policy, the Amount of Life Insurance for which You can apply will be reduced (as shown above) in accordance with Your attained age. Thereafter, benefits will continue to reduce in accordance with the reductions shown above. If You are no longer in the employment of the Employer and not retired, any benefits that are being continued under the Continuation of Coverage provision will end on the date You attain age 70. Upon retirement, Your life insurance benefit will reduce to \$7,000 and thereafter will not be subject to the benefit reduction schedule shown above.

Note: The amount of Life Insurance outlined above, will be reduced by the Amount of Accelerated Death Benefits paid under the Accelerated Death Benefits Option. In the event of Your death, the life insurance benefit will equal the original Amount of Life Insurance multiplied by the life reduction percentage, reduced by any Amount of Accelerated Death Benefits paid under the Policy.

POLICY EFFECTIVE AND TERMINATION DATES

Policy Effective Date. The Policy takes effect at 12:01 a.m. at the address of the Policyholder on the Policyholder Effective Date indicated on the Policy Schedule.

Policy Termination by the Company. The Company may terminate the Policy on any premium due date on or after the Initial Rate Period through which premium rates have been guaranteed, as indicated on the Policy Schedule. The Company may not terminate the Policy prior to such period, except for non-payment of premium.

The Company will provide 31 days advance written notice of its intent to terminate by mail or personal delivery. Termination will take effect at 11:59 p.m. at the Policyholder's address on the date of termination.

Policy Termination by the Policyholder. The Policyholder may terminate the Policy by mailing or delivering to the Company written notice at least 31 days in advance of the termination date. Termination will take effect at 11:59 p.m. at the Policyholder's address on the termination date specified in such notice.

Policy Termination by Both Parties. The Policy may be terminated at any time by the mutual written consent of the Policyholder and the Company.

Policy Termination for Non-Payment of Premium. If any premium is not paid by the end of the grace period specified in the Policy, the Policy will automatically terminate as of the date on which the unpaid premium was due.

EFFECTIVE AND TERMINATION DATES

Effective Date. The [Association, Employer's] coverage under the Policy takes effect at 12:01 a.m. at the address of the Policyholder on the Policyholder Effective Date indicated on the Schedule Page.

Coverage Termination by the Company. The Company may terminate the Policy on any premium due date on or after the Initial Rate Period through which premium rates have been guaranteed, as indicated on the Schedule Page. The Company may not terminate coverage prior to such period, except for non-payment of premium.

The Company will provide 31 days advance written notice of its intent to terminate by mail or personal delivery. Termination will take effect at 11:59 p.m. at the Policyholder's address on the date of termination.

Coverage Termination by the Policyholder. The Policyholder may terminate coverage under the Policy by mailing or delivering to the Company written notice at least 31 days in advance of the termination date. Termination will take effect at 11:59 p.m. at the Policyholder's address on the termination date specified in such notice.

Policy Termination by Both Parties. Coverage under the Policy may be terminated at any time by the mutual written consent of the Policyholder and the Company.

Policy Termination for Non-Payment of Premium. If any premium is not paid by the end of the grace period specified in the Participation Agreement, coverage under the Policy will automatically terminate as of the date on which the unpaid premium was due.

VOLUNTARY LIFE INSURANCE

Employee's Coverage Effective Date. An employee's Voluntary Life Insurance benefit that is less than or equal to the Guaranteed Issue Amount begins on the latest of the following:

1. the Policyholder Effective Date, if the employee is a member of an Eligible Class and applies for insurance prior to such date;
2. the first day of the month following the date the employee applies for insurance, if such date is within 31 days of his or her eligibility date;
3. the first day of the month following the date the Company approves the employee's Evidence of Insurability, if application is made more than 31 days after his or her eligibility date; or
4. as indicated on the Policy Schedule.

Any Voluntary Life Insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves the Evidence of Insurability.

If the employee is not Actively at Work due to an Injury or Sickness on the date his or her insurance would otherwise become effective, insurance will not be effective until the first full day following the day the employee returns to Active Work.

No Voluntary Life Insurance benefit will be effective until the required premium is paid.

Death Benefit. Upon receipt of due proof of death, the Company will pay the Voluntary Life Insurance benefit that was in force on the employee's life at the time of his or her death, in accordance with the terms of the Policy.

Changes in Amounts of Insurance. Any increase in the amount of an employee's Voluntary Life Insurance benefit will take effect on the latest of the following if approved by us:

1. the date of such increase, if the employee is Actively at Work on such date;
2. if the employee was not Actively at Work on the date the increase would otherwise become effective, the first full day following the day the employee returns to Active Work; or
3. as indicated on the Policy Schedule.

Voluntary Life Insurance benefits will be reduced due to age as indicated on the Policy Schedule. Any other decrease in the employee's Voluntary Life Insurance benefit will take effect on the date of the decrease. An employee's Voluntary Life Insurance will not be increased in excess of the Guaranteed Issue Amount unless he or she satisfies the Evidence of Insurability requirement for such excess amount. The employee will become covered for the excess amount on the later of first day of the month following the date the Company approves the Evidence of Insurability or as indicated on the Policy Schedule.

Employee's Coverage Termination Date. Subject to the section titled "Exceptions to When Coverage Ends," an employee's Voluntary Life Insurance ends on the earliest of the following:

1. the date the employee's employment terminates;
2. the date the Insured is no longer Actively at Work;
3. the premium due date, if premium for Voluntary Life Insurance remains unpaid at the end of the grace period;
4. the date the employee ceases to be a member of an Eligible Class;
5. the date the Policy terminates;
6. the date Voluntary Life Insurance for the Policyholder ends;
7. the date the Insured enters the military, naval or air force of any country or international organization on a full-time active duty basis. This does not apply in the case of scheduled drills or other training not exceeding one month in any calendar year; or
8. the date the Policyholder's coverage under the Policy ends.

FAMILY LIFE INSURANCE

Additional Definitions. In addition to the definitions provided in the section titled "Definitions", the following terms are defined as indicated:

"Health Care Facility" means general and specialized hospitals, including tuberculosis, psychiatric, long term care and other types of hospitals, and related facilities, such as skilled nursing facilities; intermediate care facilities; rehabilitation centers; alcohol and drug facilities; hospices; facilities for the terminally ill; and facilities for the developmentally disabled.

"Insured Child(ren)" means an Insured's unmarried child, including natural, step, foster, or legally adopted (including in-process adoptions) who resides with the Insured, or is dependent upon the Insured for the majority of support, and for whom application has been made and premium is paid. The child(ren) must meet the age requirements set forth in the Policy Schedule.

"Insured Spouse" means the Insured's lawful spouse by marriage or common law, not including a spouse who is legally separated from the Insured or Widowed by the Insured, for whom application is made and premium is paid.

Family Coverage Effective Date. An Insured may apply for Family Life Insurance Benefits for his or her spouse or child. Subject to the provision titled Good Health Requirement, such benefit that is less than or equal to the Guaranteed Issue Amount begins on the latest of the following:

1. the Effective Date, if the Insured applies for Family Life Insurance prior to such date;
2. the Insured's Effective Date if application for Family Life Insurance is made within 31 days of the Insured's eligibility date;
3. the first day of the month following the date the Company approves the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after the Insured's eligibility date;
4. the first day of the month following the date the Company approves the application for Family Life Insurance, if application is made within 31 days of the Insured acquiring a new spouse or child;
5. the first day of the month following the date the Company approves the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after acquiring a new spouse or child; or
6. as indicated on the Policy Schedule.

Any Family Life Insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves the required Evidence of Insurability.

No Family Life Insurance benefit will be effective until the required premium is paid.

If Family Life Insurance has been elected by the Insured for his or her children and such Insured subsequently acquires an additional child(ren), coverage will be immediately effective for such child(ren), subject to the provision titled Good Health Requirement.

Death Benefit. Upon receipt of due proof of death, the Company will pay the Family Life Insurance benefit that was in force on the Insured Spouse's or Insured Child's life at the time of his or her death, in accordance with the terms of the Policy.

Changes in Amounts of Insurance. Subject to the provision titled Good Health Requirement, any increase in Family Life Insurance benefits will take effect on the later of the date of such increase or as indicated on the Policy Schedule.

Family Life Insurance benefits will be reduced due to age as indicated on the Policy Schedule. Any other decrease in Family Life Insurance benefits will take effect on the date of the decrease.

Good Health Requirement. If the Insured's spouse or child is confined in a Health Care Facility on the date Family Life Insurance would otherwise become effective, such insurance will not be effective until the first day of the month following the day that confinement ends.

Dual Coverage Prohibitions:

1. Spouse. If a person is eligible for coverage under the Policy both as an Insured Spouse and as an Insured, such person may only be covered as an Insured.
2. Child. If each parent of an Insured Child is an Insured under the Policy, such child may only be covered by one parent. If the Insured who is covering the Insured Child loses his or her coverage under the Policy, the other Insured may elect to continue covering the Insured Child without Evidence of Insurability by applying to cover the Insured Child within 31 days of the loss of the other Insured's coverage.

Family Life Insurance Termination Date. Subject to the section titled "Exceptions to When Coverage Ends", an Insured Spouse's or Insured Child's Life Insurance ends on the earliest of the following:

1. the date the Insured's coverage under the Policy ends;
2. the date the Policyholder's coverage under the Policy terminates;
3. the date the Insured is no longer eligible for Family Life Insurance;
4. the date the Insured notifies the Company in writing to discontinue his or her Family Life Insurance;
5. the premium due date, if premium for Family Life Insurance remains unpaid at the end of the grace period;
6. the date Family Life Insurance is no longer provided by Policyholder;
7. the date the Insured Spouse or Insured Child ceases to qualify for coverage under the Policy
8. the date the Insured Spouse or Insured Child enters the military, naval or air force of any country or international organization on a full-time active duty basis. This does not apply in the case of scheduled drills or other training not exceeding one month in any calendar year; or
9. for Insured Spouse coverage only, the date the Insured Spouse attains age 70.

Family Conversion Right. In addition to the reasons stated in the section titled "CONVERSION," an Insured Spouse or Insured Child is also Entitled to Convert his or her Family Life Insurance if:

1. the Insured dies; or
2. the spouse or child ceases to qualify for coverage as an Insured Spouse or Insured Child.

The amount of converted Life Insurance to which such spouse or child will be entitled is limited to the amount of Life Insurance that is lost under the Policy.

EXCEPTIONS TO WHEN COVERAGE TERMINATES

The following provisions allow coverage to continue beyond the date it would otherwise terminate.

Extension for Lay-off or Leave of Absence. If an Insured is not Actively at Work due to Lay-off or Leave of Absence, the Policyholder may extend the Insured's benefits under the Policy, including Family Life Insurance, up to the maximum period indicated on the Policy Schedule. Such extension is subject to continued payment of the required premium and Policyholder established criteria that preclude individual selection.

Extension for Injury or Sickness. If an Insured is not Actively at Work due to Injury or Sickness, the Policyholder may extend the Insured's benefits under the Policy, including Family Life Insurance, up to the maximum period indicated on the Policy Schedule. Such extension is subject to continued payment of the required premium and Policyholder established criteria that preclude individual selection.

Extension for Total Disability with Waiver of Premium. If an Insured is not Actively at Work due to Total Disability, the Insured's benefits eligible for Waiver of Premium, as indicated on the Policy Schedule, may be extended by the Company without payment of the required premium, subject to the following:

1. Total Disability must have begun before the age indicated on the Policy Schedule and while covered under the Policy;
2. the Insured furnishes proof satisfactory to the Company that he or she has been Totally Disabled continuously from the date the Total Disability began;
3. such proof is furnished no later than one year after the date the Insured ceased being Actively at Work, unless the Insured demonstrates proof was provided as soon as reasonably possible; and
4. the Insured must surrender to the Company, without claim for more than a refund of premium paid, any policy issued to him or her pursuant to the Conversion Privilege provided by the Policy.

So long as an Insured furnishes proof that the Total Disability has continued uninterrupted, the Company will continue to extend such Insured's Life Insurance benefits from the date the Total Disability began until the earliest of the following:

1. the end of the maximum period indicated on the Policy Schedule;
2. the date the Insured is no longer Totally Disabled; or
3. the date the Insured receives, or would be eligible to receive if a claim was made, any retirement benefits, including Social Security or Railroad Retirement Act benefits.

To verify the existence and continuance of Total Disability, the Company has the right and opportunity, at its own expense, to have the Insured examined by a Physician chosen by the Company, as often as is reasonable. Failure to comply with this requirement will result in termination of Extension for Total Disability with Waiver of Premium.

Any premium paid for an Insured during a period for which he or she was entitled to Extension for Total Disability with Waiver of Premium will be refunded to the employee.

The Life Insurance benefit that is extended under this provision will be the benefit to which the Insured was entitled on the last day the Insured was Actively at Work. This benefit will not increase; however, it will decrease whenever the benefit applicable to the Insured's Eligible Class is reduced, or whenever any benefit reduction applies.

Termination of the Policyholder's coverage under the Policy will not end extension of Life Insurance benefits under this provision.

Should Total Disability end, thereby allowing the Insured to return to Active Work, the Insured may resume any coverage provided under the Policy for which the Insured qualifies, provided the Policyholder's coverage under the Policy has not terminated and the required premium is paid.

No Life Insurance benefit will be paid while coverage is extended under this provision without proof that the Insured continued to be Totally Disabled through the period of extension until the date of death.

As used in this provision, the following terms are defined as indicated:

“Total Disability/Totally Disabled” means:

1. the Insured is unable to perform the Primary and Essential Duties of any occupation for which the Insured is, or becomes, reasonably fitted by training, education, and experience; and
2. the Insured is not working in any capacity for pay or remuneration.

“Primary and Essential Duties” means those duties that are generally and regularly required in the performance of the occupation and that cannot be reasonably be changed, accommodated, or omitted.

Continuation of Coverage. If an Insured ceases to be employed by the Employer for any reason other than retirement, the Insured may elect to continue his or her Life Insurance benefits and the Life Insurance Benefits for his or her Spouse and/or any Dependents then covered under the Policy provided he or she has not attained age 70. The Insured must make such election within 31 days of termination of employment.

Continued coverage will be subject to all of the provisions and limitations of the Policy, including reductions/termination at an age or any other termination provision. However, in no event will coverage continue beyond age 70.

Coverage continued under this provision will end the earliest of the date:

1. ending the last period through which premiums have been paid, subject to the provision titled “*Premium for Continuation*”;
2. the Insured’s Life Insurance benefits would otherwise terminate as indicated in the Policy;
3. the Policyholder’s coverage under the Policy terminates; or
4. the Insured Person becomes eligible for any other group term life coverage through employment.

Premium for Continuation. The Insured is responsible for paying the entire premium for coverage continued under this section. Premiums for continued coverage will be billed directly to the Insured on a quarterly, semi-annual or annual basis or automatic monthly draft basis. Such premiums may exceed the group rate applicable to the amount of coverage being continued. After the first premium for coverage under this section has been paid, a grace period of 31 days will be granted to the Insured for payment of each subsequent premium due. During such grace period, coverage will continue in force.

Conversion After Extension. When the periods of extension or continued coverage described in this section ends, the Insured may convert his or her coverage to an individual insurance policy, provided the Insured is Entitled to Convert as described in the Conversion Privilege provision.

CONVERSION

Conversion Privilege. Any person covered under the Policy may convert his or her Life Insurance to an individual policy, provided such person is Entitled to Convert and, within 31 days after his or her Life Insurance ends:

1. applies in writing to the Company; and
2. pays the first premium.

Evidence of Insurability. No Evidence of Insurability will be required in order to convert to an individual policy under the Conversion Privilege.

Entitled to Convert. A person covered under the Policy is Entitled to Convert his or her Life Insurance only if such insurance ends because:

1. the Insured's employment terminates;
2. the Insured ceases to be a member of an Eligible Class as described in the Eligible Class(es) section of the Policy Schedule;
3. the Policyholder's coverage under the Policy terminates, provided the person has been covered under the Policy for at least five consecutive years immediately preceding such termination;
4. the Policy is amended to terminate the Eligible Class to which the Insured belongs, provided the person seeking to convert has been covered under the Policy for at least five consecutive years immediately preceding such termination.

Amount of Converted Life Insurance. If a person's Life Insurance ends because the Insured's employment terminates or the Insured is no longer a member of an Eligible Class, the amount of converted Life Insurance to which he or she will be entitled will not be more than the amount of Life Insurance that is lost under the Policy.

If a person's Life Insurance ends because the Policy is changed to terminate the Eligible Class to which the Insured belongs, or if the Policyholder's coverage under the Policy terminates, the amount of converted Life Insurance he or she will be entitled to convert will be the lesser of: (a) the amount of Life Insurance in force under the Policy at the time insurance ends, less any amount for which such person becomes eligible under this or any other group life policy during the 31-day conversion period; or (b) \$10,000.

Type of Policy. The individual policy will be the Company's current offering and will be on a form customarily issued by the Company. However, such policy may not be term insurance (except that the person may choose a single premium, one year term policy). No disability or other supplemental benefits will be provided under the individual policy. The individual policy will go into effect at the end of the 31-day period after Life Insurance ends.

If the individual policy contains a provision that restricts the time within which benefits would be payable as a result of suicide, or restricts the time within which coverage under the policy can be contested, such time periods will be deemed to have begun at the time the Insured was first covered under the Policy.

The premium will be based on the Company's rates for the individual policy form, the benefit amount, age and the class of risk to which the person belongs at the time insurance ends. To continue insurance under the individual policy, the premium must continue to be paid as required under the terms of the individual policy.

Death During the Conversion Period. If the person dies during the 31-day period during which he or she is eligible to convert, the Company will pay, as a death benefit under the Policy, the maximum amount such person was otherwise eligible to convert. If the person dies during the 31-day conversion period and has already converted, the death benefit payable under the Policy will be reduced by the amount of Life Insurance actually converted, unless the individual policy is surrendered to the Company. In such case, any premium paid for the individual policy will be refunded.

Notice of Conversion Right. Notice of the right to convert to an individual policy will be presented to the Insured or delivered to the Insured's last known address within 15 days from the date a person's Life Insurance coverage ends. If notice is not given within this 15-day period, the 31-day conversion period will be extended by 15 days after the date notice is given. However, in no event will the initial 31-day period of time be extended beyond 60 days from the date Life Insurance ends.

Restoration of Membership in Eligible Class. If an Insured has converted coverage under the Policy and subsequently regains membership in an Eligible Class, coverage will not be provided under the Policy until such Insured surrenders the individual policy to the Company, subject to the provision titled "Reinstatement of a Previous Insured."

PREMIUMS

Premium Rates. The Policy's premium is the sum of the premiums due for each Insured. The first premium payment is due on the Policyholder's Effective Date. Subsequent premiums are due as indicated on the Schedule Page.

Changes in Premium Rates. Premium rates may be changed by the Company on the earlier of the following:

1. On or after the date indicated on the Policy Schedule through which premium rates have been guaranteed. After such a change in premium, no additional change will be made for an additional 12 months, or longer if agreed to in writing by the Company, except as otherwise provided in this section;
2. the date the terms of Eligibility or benefits under the Policyholder's coverage under the Policy are amended or modified;
3. the date the Policyholder's coverage under the Policy is modified to provide coverage for a subsidiary, division, or affiliate of the Policyholder;
4. the date there is a change in the risk factors bearing on the risks covered under the Policy;
5. the date there is a change in, or addition to, Federal or State law which directly affects the Company's benefit obligation; or
6. the date the Company discovers a misrepresentation of the information provided by the Policyholder upon which the Company relied to establish the premium rates.

The Company will give prior written notice of any change in premium rates to the Policyholder. Such notice will be given no sooner than the number of days indicated on the Policy Schedule before the effective date of the increase unless the Policyholder and the Company agree otherwise.

Premiums for additional benefits or increased insurance becoming effective during a month in which the Policyholder's coverage under the Policy is in force will be charged from the first day of the month in which the change becomes effective.

Premiums for insurance terminating during a month in which the Policyholder's coverage under the Policy is in force will cease at the end of the month in which the insurance coverage terminates. Nothing in this provision will extend insurance beyond the date it would have otherwise ended.

Grace Period. A grace period will be granted to the Policyholder for payment of each premium due after the first premium. During which grace period, coverage under the Policy will continue in force, but the Policyholder will remain liable to the Company for any unpaid premium. The grace period is indicated on the Policy Schedule, but such period will never be less than 31 days.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after a loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish such proof within the time required, will not reduce or deny any

benefits if the proof is given as soon as reasonably possible. However, in no event, other than legal incapacity, will proof be given more than one year after the date of loss.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured will be made to the Insured's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except the Insured's loss of life, will be made to (or on behalf of, if applicable) the Insured. If an Insured dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Entire Contract; Changes. The Policy and Application attached make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured will be considered representations and not warranties.

No change in the Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

Incontestability. The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except for non-payment of premium.

The validity of a Policyholder's coverage under the Policy will not be contested after such coverage has been in force for two years from the Policyholder's Effective Date, except for non-payment of premium.

After a person has been covered under the Policy for two years, no statement made by such person will be used to contest a claim under the Policy. The Company can only contest coverage if the misstatement is made in a written instrument signed by such person and a copy is given to the Policyholder, the signor or the signor's beneficiary.

Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) named by the Insured, as shown in the Schedule Page. The Insured Spouse's and Insured Child's beneficiary is the Insured.

A legally competent Insured over the age of majority may change his or her beneficiary designation at any time, unless an irrevocable designation has been made. The change may be executed, without the consent of the designated beneficiary(ies), by providing the Company, or, if agreed upon in advance by the Company, the Policyholder, with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date

of execution of the written request, but without prejudice to the Company on account of any payment that is made prior to receipt of the request.

If there is no designated beneficiary, or if no designated beneficiary is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: The Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If the Insured is not living on the date of the Insured Spouse's or Insured Child's death, the beneficiary is the Insured's estate.

Reinstatement of a Previous Insured. A member of an Eligible Class who was previously an Insured may apply for any benefits for which the member is eligible. Such member's benefits will begin on the first day of the month following the date the Company approves the member's application for such benefits, as well as Evidence of Insurability.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the Insured whose loss is the basis of claim under the Policy as often as it may reasonably require during the pendency of the claim, and to make an autopsy in case of death where it is not forbidden by law. If the Insured is Totally Disabled, we may not examine the Insured more than once a year after he or she has been Totally Disabled.

Legal Actions. No action at law or in equity will be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action will be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Conformity with State Statutes. Any provision of the Policy that, as of its Effective Date, is in conflict with the statutes of the state in which the Policy is delivered is hereby amended to conform to the minimum requirements of such statutes.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. A purely clerical error, that arises from other than a failure to perform administrative duties hereunder, whether by the Policyholder or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect; nor will it extend insurance of such person if that insurance would otherwise have ended or been reduced as provided by the Policy. Clerical error may be, by illustration but not limitation, errors in transcription or computation, but is not, by illustration but not limitation, a failure to advise Insureds of procedural requirements.

Assignment. The Policy is non-assignable. An Insured may not assign his or her rights, privileges and benefits under the Policy.

Misstatement of Facts. If the material facts, including age of the Insured, were not accurate in the Application or any application for coverage under the Policy:

1. a fair adjustment of premium will be made; and
2. the true facts, including true age, will decide whether, and in what amount, insurance is in force under the Policy.

Facility of Payment. If an individual appears to the Company to be equitably entitled to compensation because he or she has incurred expenses on behalf of an Insured or for burial or funeral expenses, the Company may deduct from the amount payable under the Policy to be paid to such individual the expenses incurred, but not more than \$500. Such payment will not exceed the amount due under the Policy.

Settlement Options. The Insured may elect to have all or any part of his or her insurance for loss of life paid to his or her beneficiary in installments or in any other way that may be agreed to by the Company. The Insured must give notice in writing to elect a settlement option. The Insured will have the right to change the election at any time. The terms of payment will be in accordance with those offered by the Company for the insurance at the time election is made.

After the Insured's death, the beneficiary:

1. may make such an election, if the Insured had not done so; and
2. may name a person(s) to receive any amount that would otherwise go to the beneficiary's estate; and
3. will have the right to change the person(s) named in accordance with 2. above.

Agency. For the purposes of the Policy, the Policyholder acts on its own behalf or as the agent of the Insured. Under no circumstances will the Policyholder be deemed the agent of the Company without written authorization.

Certificates. The Company will issue to the Policyholder, for delivery to each Insured, a certificate containing the principal terms of the Policy.

DEFINITIONS

Accident means a sudden, unexpected and unintended incident that occurs while coverage is in force with respect to the person whose Injury is the basis of the claim and that results in Injury or loss covered by this Policy.

Active Work/Actively At Work means expending time and energy in the performance of regular duties for the Policyholder at the usual place of employment, or at a location to which the Policyholder requires the Insured to travel and for which the Insured is receiving Basic Earnings for such duties. An Insured will be considered Actively At Work on each regularly scheduled non-work day if he or she was Actively At Work on the immediately preceding scheduled work day.

Basic Earnings means the Insured Person's basic rate of pay. It does not include overtime, bonus or any other form of additional compensation, unless otherwise indicated on the Policy Schedule.

Evidence of Insurability means a written statement, application, or medical evidence of good health that, in the sole judgment of the Company, qualifies the person for coverage under the Policy. The Company may require the person to pay the cost of providing this information.

Guaranteed Issue Amount means the highest amount of insurance that will be issued to a person without Evidence of Insurability. This amount is indicated on the Policy Schedule.

Injury means a bodily injury caused by an accident occurring while the Policyholder's coverage under the Policy is in force with respect to the person whose injury is the basis of claim and resulting directly and independently of all other causes in a covered loss.

Insured means a person who is a member of an Eligible Class, as defined on the Policy Schedule, for whom any required premium has been paid, coverage has been elected, any required Evidence of Insurability is approved by the Company, and for whom coverage is in force. Persons belonging to more than one Eligible Class will only be covered under the Policy for one Eligible Class.

Physician means a licensed practitioner of the healing arts acting within the scope of his or her license, who is not: (a) the Insured Person; (b) a relative of the Insured Person or a relative of any member of the Insured's family; or (c) residing with the Insured Person.

Sickness means a diagnosed illness, disease or pregnancy.



Leaders *Life*

INSURANCE COMPANY

Home Office: 1350 S. Boulder, Suite 900 Tulsa, Oklahoma 74119

Plan Administrator: Bay Bridge Administrators, LLC P. O. Box 161690 Austin, Texas 78716

CERTIFICATE OF INSURANCE GROUP TERM LIFE

This Certificate of Insurance is evidence of the Insured's insurance under the Policy issued to the Policyholder indicated on the Policy Schedule. The Policy has been issued to the Policyholder for the benefit of the Policyholder. Everything contained in this Certificate of Insurance is subject to the provisions, definitions and exceptions in the Policy. The Policy is on file with the Policyholder and may be examined at any reasonable time. Only an executive officer of the Company can authorize a change in the Policy.

We will refer to Leaders Life Insurance Company as "the Company", "We", "Us" or "Our".

This Certificate replaces all Certificates and Certificate Riders, if any, previously issued to the Insured under the Policy.

The President and Secretary of Leaders Life Insurance Company witness this Certificate:

Secretary

Cynthia A. Taylor

President

Russell J. Cingill

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Guaranteed Issue Amount:

Employees who were participating in and insured by the [Employer's or Association's] plan prior to the Policyholder's Effective Date shown on the Policy Schedule and are Actively at Work on such date: Lesser of four times annual Basic Earnings up to \$100,000.

Employees less than age 70 who are Participating in and first insured by the [Employer's or Association's] plan on or after the Policyholders effective date shown on the Policy Schedule: Lesser of four times annual Basic Earnings or \$100,000.

Spouses under age 70 who were participating in and insured by the [Employer's or Association's] plan prior to the Policyholder's effective date shown on the Policy Schedule: 50% of primary insured coverage up to \$50,000.

Spouses under age 70 who are participating in and first insured by the [Employer's or Association's] plan on or after the Policyholder's effective date shown on the Policy Schedule: 50% of the primary insured coverage up to \$50,000.

Retired Employees: Employees who were participating in and insured by the [Employer's or Association's] plan prior to the Policyholder's effective date shown on the Policy Schedule on such date. All amounts are guaranteed issue. Employees that retire after the effective date will be guaranteed issue to \$7,000.

Minimum Participation Requirement: 40% of Eligible [Employees or Members]

Waiver Benefit:

Benefit applies: Yes
Age by which Disability must begin: 60
Age on which Benefit Terminates: 65

Other Benefits:

Extension for Lay-off or Leave: 90 days
Extension for Injury or Illness: 9 months

LIMITATIONS:

Suicide: No Life Insurance benefits will be payable under the Policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the Policy became effective.

Reduction Schedule: Benefits will be reduced as follows:

If you are age:	The Amount of Life Insurance will reduce to:
70.....	65%
75.....	45%
80.....	30%
85.....	20%
90.....	15%

If you are age 70 or older on the day You become insured under the Policy, the Amount of Life Insurance for which You can apply will be reduced (as shown above) in accordance with Your attained age. Thereafter, benefits will continue to reduce in accordance with the reductions shown above. If You are no longer in the employment of the Employer and not retired, any benefits that are being continued under the Continuation of Coverage provision will end on the date You attain age 70. Upon retirement, Your life insurance benefit will reduce to \$7,000 and thereafter will not be subject to the benefit reduction schedule shown above.

Note: The amount of Life Insurance outlined above, will be reduced by the Amount of Accelerated Death Benefits paid under the Accelerated Death Benefits Option. In the event of Your death, the life insurance benefit will equal the original amount of Life Insurance multiplied by the life reduction percentage, reduced by any amount of Accelerated Death Benefits paid under the Policy.

POLICY EFFECTIVE AND TERMINATION DATES

Policy Effective Date. The Policy takes effect at 12:01 a.m. at the address of the Policyholder on the Policyholder Effective Date indicated on the Policy Schedule.

Policy Termination by the Company. The Company may terminate the Policy on any premium due date on or after the Initial Rate Period through which premium rates have been guaranteed, as indicated on the Policy Schedule. The Company may not terminate the Policy prior to such period, except for non-payment of premium.

The Company will provide 31 days advance written notice of its intent to terminate by mail or personal delivery. Termination will take effect at 11:59 p.m. at the Policyholder's address on the date of termination.

Policy Termination by the Policyholder. The Policyholder may terminate the Policy by mailing or delivering to the Company written notice at least 31 days in advance of the termination date. Termination will take effect at 11:59 p.m. at the Policyholder's address on the termination date specified in such notice.

Policy Termination by Both Parties. The Policy may be terminated at any time by the mutual written consent of the Policyholder and the Company.

Policy Termination for Non-Payment of Premium. If any premium is not paid by the end of the grace period specified in the Policy, the Policy will automatically terminate as of the date on which the unpaid premium was due.

POLICYHOLDER EFFECTIVE AND TERMINATION DATES

Policyholder Effective Date. The Policyholder's coverage under the Policy takes effect at 12:01 a.m. at the address of the Policyholder on the Policyholder's Effective Date indicated on the Policy Schedule.

Coverage Termination by the Company. The Company may terminate the Policyholder's coverage on any premium due date on or after the Initial Rate Period through which premium rates have been guaranteed, as indicated on the Policy Schedule. The Company may not terminate coverage prior to such period, except for non-payment of premium.

The Company will provide 31 days advance written notice of its intent to terminate by mail or personal delivery. Termination will take effect at 11:59 p.m. at the Policyholder's address on the date of termination.

Coverage Termination by the Policyholder. The Policyholder may terminate coverage under the Policy by mailing or delivering to the Company written notice at least 31 days in advance of the termination date. Termination will take effect at 11:59 p.m. at the Policyholder's address on the termination date specified in such notice.

Policy Termination by Both Parties. Coverage under the Policy may be terminated at any time by the mutual written consent of the Policyholder and the Company.

Policy Termination for Non-Payment of Premium. If any premium is not paid by the end of the grace period specified in the Policy Schedule, coverage under the Policy will automatically terminate as of the date on which the unpaid premium was due.

VOLUNTARY LIFE INSURANCE

Employee's Coverage Effective Date. An employee's Voluntary Life Insurance benefit that is less than or equal to the Guaranteed Issue Amount begins on the latest of the following:

1. the Policyholder's Effective Date, if the employee is a member of an Eligible Class and applies for insurance prior to such date;
2. the first day of the month following the date the employee applies for insurance, if such date is within 31 days of his or her eligibility date;
3. the first day of the month following the date the Company approves the employee's Evidence of Insurability, if application is made more than 31 days after his or her eligibility date; or
4. as indicated on the Policy Schedule.

Any Voluntary Life Insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves the Evidence of Insurability.

If the employee is not Actively at Work due to an Injury or Sickness on the date his or her insurance would otherwise become effective, insurance will not be effective until the first full day following the day the employee returns to Active Work.

No Voluntary Life Insurance benefit will be effective until the required premium is paid.

Death Benefit. Upon receipt of due proof of death, the Company will pay the Voluntary Life Insurance benefit that was in force on the employee's life at the time of his or her death, in accordance with the terms of the Policy.

Changes in Amounts of Insurance. Any increase in the amount of an employee's Voluntary Life Insurance benefit will take effect on the latest of the following if approved by us:

1. the date of such increase, if the employee is Actively at Work on such date;
2. if the employee was not Actively at Work on the date the increase would otherwise become effective, the first full day following the day the employee returns to Active Work; or
3. as indicated on the Policy Schedule.

Voluntary Life Insurance benefits will be reduced due to age as indicated on the Policy Schedule. Any other decrease in the employee's Voluntary Life Insurance benefit will take effect on the date of the decrease. An employee's Voluntary Life Insurance will not be increased in excess of the Guaranteed Issue Amount unless he or she satisfies the Evidence of Insurability requirement for such excess amount. The employee will become covered for the excess amount on the later of first day of the month following the date the Company approves the Evidence of Insurability or as indicated on the Policy Schedule.

Employee's Coverage Termination Date. Subject to the section titled "Exceptions to When Coverage Ends", an employee's Voluntary Life Insurance ends on the earliest of the following:

1. the date the employee's employment terminates;
2. the date the Insured is no longer Actively at Work;
3. the premium due date, if premium for Voluntary Life Insurance remains unpaid at the end of the grace period;
4. the date the employee ceases to be a member of an Eligible Class;
5. the date the Policy terminates;
6. the date Voluntary Life Insurance for the Policyholder ends;
7. the date the Insured enters the military, naval or air force of any country or international organization on a full-time active duty basis. This does not apply in the case of scheduled drills or other training not exceeding one month in any calendar year; or
8. the date the Policyholder's coverage under the Policy ends.

FAMILY LIFE INSURANCE

Additional Definitions. In addition to the definitions provided in the section titled "Definitions", the following terms are defined as indicated:

"Health Care Facility" means general and specialized hospitals, including tuberculosis, psychiatric, long term care and other types of hospitals, and related facilities, such as skilled nursing facilities; intermediate care facilities; rehabilitation centers; alcohol and drug facilities; hospices; facilities for the terminally ill; and facilities for the developmentally disabled.

"Insured Child(ren)" means an Insured's unmarried child, including natural, step, foster, or legally adopted (including in-process adoptions) who resides with the Insured, or is dependent upon the Insured for the majority of support, and for whom application has been made and premium is paid. The child(ren) must meet the age requirements set forth in the Policy Schedule.

"Insured Spouse" means the Insured's lawful spouse by marriage or common law, not including a spouse who is legally separated from the Insured or Widowed by the Insured, for whom application is made and premium is paid.

Family Coverage Effective Date. An Insured may apply for Family Life Insurance Benefits for his or her spouse or child. Subject to the provision titled Good Health Requirement, such benefit that is less than or equal to the Guaranteed Issue Amount begins on the latest of the following:

1. the Policyholder's Effective Date, if the Insured applies for Family Life Insurance prior to such date;
2. the Insured's Effective Date if application for Family Life Insurance is made within 31 days of the Insured's eligibility date;
3. the first day of the month following the date the Company approves the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after the Insured's eligibility date;
4. the first day of the month following the date the Company approves the application for Family Life Insurance, if application is made within 31 days of the Insured acquiring a new spouse or child;
5. the first day of the month following the date the Company approves the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after acquiring a new spouse or child; or
6. as indicated on the Policy Schedule.

Any Family Life Insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves the required Evidence of Insurability.

No Family Life Insurance benefit will be effective until the required premium is paid.

If Family Life Insurance has been elected by the Insured for his or her children and such Insured subsequently acquires an additional child(ren), coverage will be immediately effective for such child(ren), subject to the provision titled Good Health Requirement.

Death Benefit. Upon receipt of due proof of death, the Company will pay the Family Life Insurance benefit that was in force on the Insured Spouse's or Insured Child's life at the time of his or her death, in accordance with the terms of the Policy.

Changes in Amounts of Insurance. Subject to the provision titled Good Health Requirement, any increase in Family Life Insurance benefits will take effect on the later of the date of such increase or as indicated on the Policy Schedule.

Family Life Insurance benefits will be reduced due to age as indicated on the Policy Schedule. Any other decrease in Family Life Insurance benefits will take effect on the date of the decrease.

Good Health Requirement. If the Insured's spouse or child is confined in a Health Care Facility on the date Family Life Insurance would otherwise become effective, such insurance will not be effective until the first day of the month following the day that confinement ends.

Dual Coverage Prohibitions:

1. Spouse. If a person is eligible for coverage under the Policy both as an Insured Spouse and as an Insured, such person may only be covered as an Insured.
2. Child. If each parent of an Insured Child is an Insured under the Policy, such child may only be covered by one parent. If the Insured who is covering the Insured Child loses his or her coverage under the Policy, the other Insured may elect to continue covering the Insured Child without Evidence of Insurability by applying to cover the Insured Child within 31 days of the loss of the other Insured's coverage.

Family Life Insurance Termination Date. Subject to the section titled "Exceptions to When Coverage Ends," an Insured Spouse's or Insured Child's Life Insurance ends on the earliest of the following:

1. the date the Insured's coverage under the Policy ends;
2. the date the Policyholder's coverage under the Policy terminates;
3. the date the Insured is no longer eligible for Family Life Insurance;
4. the date the Insured notifies the Company in writing to discontinue his or her Family Life Insurance;
5. the premium due date, if premium for Family Life Insurance remains unpaid at the end of the grace period;
6. the date Family Life Insurance is no longer provided by the Policyholder;
7. the date the Insured Spouse or Insured Child ceases to qualify for coverage under the Policy
8. the date the Insured Spouse or Insured Child enters the military, naval or air force of any country or international organization on a full-time active duty basis. This does not apply in the case of scheduled drills or other training not exceeding one month in any calendar year; or
9. for Insured Spouse coverage only, the date the Insured Spouse attains age 70.

Family Conversion Right. In addition to the reasons stated in the section titled "CONVERSION," an Insured Spouse or Insured Child is also Entitled to Convert his or her Family Life Insurance if:

1. the Insured dies; or
2. the spouse or child ceases to qualify for coverage as an Insured Spouse or Insured Child.

The amount of converted Life Insurance to which such spouse or child will be entitled is limited to the amount of Life Insurance that is lost under the Policy.

EXCEPTIONS TO WHEN COVERAGE TERMINATES

The following provisions allow coverage to continue beyond the date it would otherwise terminate.

Extension for Lay-off or Leave of Absence. If an Insured is not Actively at Work due to Lay-off or Leave of Absence, the Policyholder may extend the Insured's benefits under the Policy, including Family Life Insurance, up to the maximum period indicated on the Policy Schedule. Such extension is subject to continued payment of the required premium and Policyholder established criteria that preclude individual selection.

Extension for Injury or Sickness. If an Insured is not Actively at Work due to Injury or Sickness, the Policyholder may extend the Insured's benefits under the Policy, including Family Life Insurance, up to the maximum period indicated on the Policy Schedule. Such extension is subject to continued payment of the required premium and Policyholder established criteria that preclude individual selection.

Extension for Total Disability with Waiver of Premium. If an Insured is not Actively at Work due to Total Disability, the Insured's benefits eligible for Waiver of Premium, as indicated on the Policy Schedule, may be extended by the Company without payment of the required premium, subject to the following:

1. Total Disability must have begun before the age indicated on the Policy Schedule and while covered under the Policy;
2. the Insured furnishes proof satisfactory to the Company that he or she has been Totally Disabled continuously from the date the Total Disability began;
3. such proof is furnished no later than one year after the date the Insured ceased being Actively at Work, unless the Insured demonstrates proof was provided as soon as reasonably possible; and
4. the Insured must surrender to the Company, without claim for more than a refund of premium paid, any policy issued to him or her pursuant to the Conversion Privilege provided by the Policy.

So long as an Insured furnishes proof that the Total Disability has continued uninterrupted, the Company will continue to extend such Insured's Life Insurance benefits from the date the Total Disability began until the earliest of the following:

1. the end of the maximum period indicated on the Policy Schedule;
2. the date the Insured is no longer Totally Disabled; or
3. the date the Insured receives, or would be eligible to receive if a claim was made, any retirement benefits, including Social Security or Railroad Retirement Act benefits.

To verify the existence and continuance of Total Disability, the Company has the right and opportunity, at its own expense, to have the Insured examined by a Physician chosen by the Company, as often as is reasonable. Failure to comply with this requirement will result in termination of Extension for Total Disability with Waiver of Premium.

Any premium paid for an Insured during a period for which he or she was entitled to Extension for Total Disability with Waiver of Premium will be refunded to the employee.

The Life Insurance benefit that is extended under this provision will be the benefit to which the Insured was entitled on the last day the Insured was Actively at Work. This benefit will not increase; however, it will decrease whenever the benefit applicable to the Insured's Eligible Class is reduced, or whenever any benefit reduction applies.

Termination of the Policyholder's coverage under the Policy will not end extension of Life Insurance benefits under this provision.

Should Total Disability end, thereby allowing the Insured to return to Active Work, the Insured may resume any coverage provided under the Policy for which the Insured qualifies, provided the Policyholder's coverage under the Policy has not terminated and the required premium is paid.

No Life Insurance benefit will be paid while coverage is extended under this provision without proof that the Insured continued to be Totally Disabled through the period of extension until the date of death.

As used in this provision, the following terms are defined as indicated:

“Total Disability/Totally Disabled” means:

1. the Insured is unable to perform the Primary and Essential Duties of any occupation for which the Insured is, or becomes, reasonably fitted by training, education, and experience; and
2. the Insured is not working in any capacity for pay or remuneration.

“Primary and Essential Duties” means those duties that are generally and regularly required in the performance of the occupation and that cannot be reasonably be changed, accommodated, or omitted.

Continuation of Coverage. If an Insured ceases to be employed by Policyholder for any reason other than retirement, the Insured may elect to continue his or her Life Insurance benefits and the Life Insurance Benefits for his or her Spouse and/or any Dependents then covered under the Policy provided he or she has not attained age 70. The Insured must make such election within 31 days of termination of employment.

Continued coverage will be subject to all of the provisions and limitations of the Policy, including reductions/termination at an age or any other termination provision. However, in no event will coverage continue beyond age 70.

Coverage continued under this provision will end the earliest of the date:

1. ending the last period through which premiums have been paid, subject to the provision titled “*Premium for Continuation*”;
2. the Insured’s Life Insurance benefits would otherwise terminate as indicated in the Policy;
3. the Policyholder’s coverage under the Policy terminates; or
4. the Insured Person becomes eligible for any other group term life coverage through employment.

Premium for Continuation. The Insured is responsible for paying the entire premium for coverage continued under this section. Premiums for continued coverage will be billed directly to the Insured on a quarterly, semi-annual or annual basis or monthly bank draft basis. Such premiums may exceed the group rate applicable to the amount of coverage being continued. After the first premium for coverage under this section has been paid, a grace period of 31 days will be granted to the Insured for payment of each subsequent premium due. During such grace period, coverage will continue in force.

Conversion After Extension. When the periods of extension or continued coverage described in this section ends, the Insured may convert his or her coverage to an individual insurance policy, provided the Insured is Entitled to Convert as described in the Conversion Privilege provision.

CONVERSION

Conversion Privilege. Any person covered under the Policy may convert his or her Life Insurance to an individual policy, provided such person is Entitled to Convert and, within 31 days after his or her Life Insurance ends:

1. applies in writing to the Company; and
2. pays the first premium.

Evidence of Insurability. No Evidence of Insurability will be required in order to convert to an individual policy under the Conversion Privilege.

Entitled to Convert. A person covered under the Policy is Entitled to Convert his or her Life Insurance only if such insurance ends because:

1. the Insured's employment terminates;
2. the Insured ceases to be a member of an Eligible Class as described in the Eligible Class(es) section of the Policy Schedule;
3. the Policyholder's coverage under the Policy terminates, provided the person has been covered under the Policy for at least five consecutive years immediately preceding such termination;
4. the Policy is amended to terminate the Eligible Class to which the Insured belongs, provided the person seeking to convert has been covered under the Policy for at least five consecutive years immediately preceding such termination.

Amount of Converted Life Insurance. If a person's Life Insurance ends because the Insured's employment terminates or the Insured is no longer a member of an Eligible Class, the amount of converted Life Insurance to which he or she will be entitled will not be more than the amount of Life Insurance that is lost under the Policy.

If a person's Life Insurance ends because the Policy is changed to terminate the Eligible Class to which the Insured belongs, or if the Policyholder's coverage under the Policy terminates, the amount of converted Life Insurance he or she will be entitled to convert will be the lesser of: (a) the amount of Life Insurance in force under the Policy at the time insurance ends, less any amount for which such person becomes eligible under this or any other group life policy during the 31-day conversion period; or (b) \$10,000.

Type of Policy. The individual policy will be the Company's current offering and will be on a form customarily issued by the Company. However, such policy may not be term insurance (except that the person may choose a single premium, one year term policy). No disability or other supplemental benefits will be provided under the individual policy. The individual policy will go into effect at the end of the 31-day period after Life Insurance ends.

If the individual policy contains a provision that restricts the time within which benefits would be payable as a result of suicide, or restricts the time within which coverage under the policy can be contested, such time periods will be deemed to have begun at the time the Insured was first covered under the Policy.

The premium will be based on the Company's rates for the individual policy form, the benefit amount, age and the class of risk to which the person belongs at the time insurance ends. To continue insurance under the individual policy, the premium must continue to be paid as required under the terms of the individual policy.

Death During the Conversion Period. If the person dies during the 31-day period during which he or she is eligible to convert, the Company will pay, as a death benefit under the Policy, the maximum amount such person was otherwise eligible to convert. If the person dies during the 31-day conversion period and has already converted, the death benefit payable under the Policy will be reduced by the amount of Life Insurance actually converted, unless the individual policy is surrendered to the Company. In such case, any premium paid for the individual policy will be refunded.

Notice of Conversion Right. Notice of the right to convert to an individual policy will be presented to the Insured or delivered to the Insured's last known address within 15 days from the date a person's Life Insurance coverage ends. If notice is not given within this 15-day period, the 31-day conversion period will be extended by 15 days after the date notice is given. However, in no event will the initial 31-day period of time be extended beyond 60 days from the date Life Insurance ends.

Restoration of Membership in Eligible Class. If an Insured has converted coverage under the Policy and subsequently regains membership in an Eligible Class, coverage will not be provided under the Policy until such Insured surrenders the individual policy to the Company, subject to the provision titled "Reinstatement of a Previous Insured."

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after a loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days of the after the date of loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish such proof within the time required, will not reduce or deny any benefits if the proof is given as soon as reasonably possible. However, in no event, other than legal incapacity, will proof be given more than one year after the date of loss.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured will be made to the Insured's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except the Insured's loss of life, will be made to (or on behalf of, if applicable) the Insured. If an Insured dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Incontestability. The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except for non-payment of premium.

The validity of a Policyholder's coverage under the Policy will not be contested after such coverage has been in force for two years from the Policyholder's Effective Date, except for non-payment of premium.

After a person has been covered under the Policy for two years, no statement made by such person will be used to contest a claim under the Policy. The Company can only contest coverage if the misstatement is made in a written instrument signed by such person and a copy is given to the Policyholder, the signor or the signor's beneficiary.

Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) named by the Insured, as shown in the Policyholder's records. The Insured Spouse's and Insured Child's beneficiary is the Insured.

A legally competent Insured over the age of majority may change his or her beneficiary designation at any time, unless an irrevocable designation has been made. The change may be executed, without the consent of the designated beneficiary(ies), by providing the Company, or, if agreed upon in advance by the Company, the Policyholder, with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment that is made prior to receipt of the request.

If there is no designated beneficiary, or if no designated beneficiary is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: The Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If the Insured is not living on the date of the Insured Spouse's or Insured Child's death, the beneficiary is the Insured's estate.

Reinstatement of a Previous Insured. A member of an Eligible Class who was previously an Insured may apply for any benefits for which the member is eligible. Such member's benefits will begin on the first day of the month following the date the Company approves the member's application for such benefits, as well as Evidence of Insurability.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the Insured whose loss is the basis of claim under the Policy as often as it may reasonably require during the pendency of the claim, and to make an autopsy in case of death where it is not forbidden by law. If the Insured is Totally Disabled, we may not examine the Insured more than once a year after he or she has been Totally Disabled.

Legal Actions. No action at law or in equity will be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action will be brought after the expiration of three years after the time written proof of loss is required to be furnished.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. A purely clerical error, that arises from other than a failure to perform administrative duties hereunder, whether by the Policyholder or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect; nor will it extend insurance of such person if that insurance would otherwise have ended or been reduced as provided by the Policy. Clerical error may be, by illustration but not limitation, errors in transcription or computation, but is not, by illustration but not limitation, a failure to advise Insureds of procedural requirements.

Assignment. The Policy is non-assignable. An Insured may not assign his or her rights, privileges and benefits under the Policy.

Misstatement of Facts. If the material facts, including age of the Insured, were not accurate in the Application or any application for coverage under the Policy:

1. a fair adjustment of premium will be made; and
2. the true facts, including true age, will decide whether, and in what amount, insurance is in force under the Policy.

Facility of Payment. If an individual appears to the Company to be equitably entitled to compensation because he or she has incurred expenses on behalf of an Insured or for burial or funeral expenses, the Company may deduct from the amount payable under the Policy to be paid to such individual the expenses incurred, but not more than \$500. Such payment will not exceed the amount due under the Policy.

Settlement Options. The Insured may elect to have all or any part of his or her insurance for loss of life paid to his or her beneficiary in installments or in any other way that may be agreed to by the Company. The Insured must give notice in writing to elect a settlement option. The Insured will have the right to change the election at any time. The terms of payment will be in accordance with those offered by the Company for the insurance at the time election is made.

After the Insured's death, the beneficiary:

1. may make such an election, if the Insured had not done so; and
2. may name a person(s) to receive any amount that would otherwise go to the beneficiary's estate; and
3. will have the right to change the person(s) named in accordance with 2. above.

DEFINITIONS

Accident means a sudden, unexpected and unintended incident that occurs while coverage is in force with respect to the person whose Injury is the basis of the claim and that results in Injury or loss covered by this Policy.

Active Work/Actively At Work means expending time and energy in the performance of regular duties for the Policyholder at the usual place of employment, or at a location to which the Policyholder requires the Insured to travel and for which the Insured is receiving Basic Earnings for such duties. An Insured will be considered Actively At Work on each regularly scheduled non-work day if he or she was Actively At Work on the immediately preceding scheduled work day.

Basic Earnings means the Insured Person's basic rate of pay. It does not include overtime, bonus or any other form of additional compensation, unless otherwise indicated on the Policy Schedule.

Evidence of Insurability means a written statement, application, or medical evidence of good health that, in the sole judgment of the Company, qualifies the person for coverage under the Policy. The Company may require the person to pay the cost of providing this information.

Guaranteed Issue Amount means the highest amount of insurance that will be issued to a person without Evidence of Insurability. This amount is indicated on the Policy Schedule.

Injury means a bodily injury caused by an accident occurring while the Policyholder's coverage under the Policy is in force with respect to the person whose injury is the basis of claim and resulting directly and independently of all other causes in a covered loss.

Insured means a person who is a member of an Eligible Class, as defined on the Policy Schedule, for whom any required premium has been paid; coverage has been elected, any required Evidence of

Insurability is approved by the Company, and for whom coverage is in force. Persons belonging to more than one Eligible Class will only be covered under the Policy for one Eligible Class.

Physician means a licensed practitioner of the healing arts acting within the scope of his or her license, who is not: (a) the Insured Person; (b) a relative to the Insured or a relative of any member of the Insured's family; or (c) residing with the Insured Person.

Sickness means a diagnosed illness, disease or pregnancy.



LeadersLife

INSURANCE COMPANY

ACCELERATED DEATH BENEFIT RIDER

This rider amends the Policy or Certificate of Insurance to which it is attached, and takes effect on the Participating Employer's Effective Date. THE COST OF THIS BENEFIT IS INCLUDED IN THE COST OF THE POLICY.

The following provision is hereby added to the Policy or Certificate of Insurance to which this rider is attached:

Death benefits will be reduced if an acceleration-of-life-insurance benefit is paid.

The acceleration-of-life-insurance benefits offered under this rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration-of-life-insurance benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under federal law.

Receipt of acceleration-of-life-insurance benefits may affect your, your spouse or your family's eligibility for public assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplemental social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

ACCELERATED DEATH BENEFIT: This benefit is payable to an Insured if, due to a medically determinable condition suffered by the Insured, death is expected to result within 9 months.

In order for this benefit to be paid, we:

1. must receive a written request from the Insured. If the Insured is unable to sign a written request due to his physical condition, a written request from the primary beneficiary will be acceptable;
2. must receive a written report signed by the licensed attending physician which certifies that the Insured, due to a medically determinable condition, has a life expectancy of 9 months or less;
3. must receive from any assignee or irrevocable beneficiary his acknowledgement and agreement to payment of this benefit;
4. may, at our option, confirm the diagnosis with an additional medical opinion if our medical director does not concur with the attending physician. Such opinion will be obtained at our expense. If after reexamination the diagnoses still conflict, the request to accelerate life insurance benefits under the Policy will be denied.

The Accelerated Death Benefit will be an amount equal to 50% of the death benefit applicable to the Insured under the Policy on the date of the physician's certification of such diagnosis, not to exceed \$50,000. The benefit payable will be rounded, if necessary, to the nearest multiple of \$1,000. This benefit will be paid in one lump sum and is payable only one time for each Insured. If the Insured recovers from the medically determinable condition after receiving the Accelerated Death benefit, we will not ask for a refund. However, should the Insured return to active work, the amount of life insurance to which he or she is entitled will be reduced by the amount previously paid.

If an Insured elects to receive this benefit, it is understood:

1. the death benefit ultimately payable for the Insured will be reduced by an amount equal to the Accelerated Death Benefit paid to the Insured;
2. the amount of this Accelerated Death Benefit plus the corresponding death benefit will not exceed the amount that would have been paid as the death benefit in the absence of this Accelerated Death Benefit;
3. the portion of the death benefit remaining after payment of the Accelerated Death Benefit will be payable upon the death of the Insured; and
4. the Accelerated Death Benefit and the balance of the death benefit of the Policy will constitute full settlement of the face amount of the Policy.

Coverage for any Insured under this provision will terminate on the first of the following:

1. the date coverage under the Policy terminates;
2. the date of payment of an Accelerated Death Benefit to the Insured; or
3. the end of the period for which the required premium has been paid.

Dependent Eligibility for Accelerated Death Benefit – An Insured Spouse or Insured Child is eligible for an Accelerated Death Benefit, subject to all other terms and conditions of this rider.

Nothing contained in this Amendatory Rider will alter or amend the terms of the Policy or Certificate of Insurance except as expressly stated herein. All the terms of the Policy that are not in conflict with the terms of this Rider will be applicable. This rider terminates at the same time as the Policy or Certificate of Insurance to which it is attached.

Signed for Leaders Life Insurance Company:

Secretary



President





LeadersLife

INSURANCE COMPANY

1350 S. Boulder, Suite 900 Tulsa, Oklahoma 74119

Plan Administrator: Bay Bridge Administrators, LLC, P.O. Box 161690 Austin, Texas 78716

ACCELERATED BENEFIT DISCLOSURE

LeadersLife Insurance Company,(the Company), is in receipt of the below-named Insured Person's written request for the Accelerated Benefit available under the group life policy issued to the insured. **The acceleration of life insurance benefits offered under the rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care.**

If the acceleration of life insurance benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration of life insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration of life insurance benefits excludable from income under federal law.

Receipt of acceleration of life insurance benefits may affect your, your spouse or your family's eligibility for public assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplemental social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

The Accelerated Benefit is payable to an Insured Person if the Insured Person is expected to die within 9 months.

The **Insured Person** agrees to provide the following to the Company:

1. A written request to receive the benefit. If the Insured is unable to sign a written request due to his physical condition, a written request from the primary beneficiary will be acceptable;
2. A written report signed by the licensed attending physician which certifies that the Insured, due to a medically determinable condition, has a life expectancy of 9 months or less; and
3. An acknowledgement and agreement to payment of the benefit from any assignee or irrevocable beneficiary.

The **Insured Person** understands the following:

- THE ACCELERATED DEATH BENEFIT WILL BE AN AMOUNT EQUAL TO 50% OF THE DEATH BENEFIT APPLICABLE TO THE INSURED PERSON UNDER THE GROUP POLICY ON THE DATE OF THE PHYSICIAN'S CERTIFICATION, NOT TO EXCEED \$50,000. THE BENEFIT WILL BE PAID IN ONE LUMP SUM AND IS PAYABLE ONLY ONE TIME FOR EACH INSURED.
- THE ACCELERTAED DEATH BENEFIT WILL REDUCE THE FULL LIFE INSURANCE BENEFIT THAT WOULD ULTIMATELY BE PAYABLE AND MAY BE TAXABLE. INSUREDS ARE ADVISED TO SEEK ASSISTANCE FROM THEIR PERSONAL TAX ADVISOR.
- THE AMOUNT OF THE ACCELERATED DEATH BENEFIT, PLUS THE CORRESPONDING DEATH BENEFIT, WILL NOT EXCEED THE AMOUNT THAT WOULD HAVE BEEN PAID AS THE DEATH BENEFIT IN THE ABSENCE OF THE ACCELERATED DEATH BENEFIT.
- THE ACCELERATED DEATH BENEFIT TERMINATES ON THE FIRST OF THE FOLLOWING:
 1. THE DATE COVERAGE UNDER THE POLICY TERMINATES; OR
 2. THE DATE OF PAYMENT OF AN ACCELERATED DEATH BENEFIT TO THE INSURED.
- THE INSURED PERSON UNDERSTANDS THAT THE COMPANY MAY, AT OUR OPTION, CONFIRM THE DIAGNOSIS WITH AN ADDITIONAL MEDICAL OPINION IF OUR MEDICAL DIRECTOR DOES NOT CONCUR WITH THE ATTENDING PHYSICIAN. SUCH OPINION WILL BE OBTAINED AT THE COMPANY'S EXPENSE. IF AFTER REEXAMINATION THE DIAGNOSIS STILL CONFLICT, THE REQUEST TO ACCELERATE LIFE INSURANCE BENEFITS UNDER THE POLICY WILL BE DENIED.

**ACCELERATED BENEFIT
ILLUSTRATION**

Death Benefit in force: \$50,000

Accelerated Benefit available:* \$25,000

*Remaining Death Benefit after
Accelerated Benefit has been paid:* \$25,000

* 50 % of Death Benefit, not to exceed \$50,000

The Insured Person's signature below indicates understanding and acceptance of the terms presented on the form.

Insured _____

Date _____



LeadersLife

INSURANCE COMPANY

Home Office: 1350 S. Boulder, Suite 900 Tulsa, Oklahoma 74119

GROUP INSURANCE HEALTH STATEMENT – SHORT FORM

PLEASE PRINT OR TYPE			Group No.	Certificate No.
Name (Last, First, Middle Initial)	Social Security No.	Place of Birth	Home Phone ()	Business Phone ()
Address (Street, City, State, Zip Code)		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Late Enrollment
Name of Group (Employer/Association)	Date Employed	Occupation	Annual Income	
Spouse Full Name	Spouse Date of Birth	Social Security No.	Place of Birth	<input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Late Enrollment

MONTHLY RATES AND COVERAGE SELECTION

For Eligible Employees: \$10,000 to \$300,000 as elected, in \$1,000 increments, not to exceed four times salary. Guarantee Issue Limit is the lesser of four times salary or \$100,000 on initial enrollment. No Guarantee Issue will apply on or after age 70 or to late enrollees. All questions must be answered for amounts in excess of the Guaranteed Issue Amount. Late enrollees must answer all questions.

For Dependent Spouses: Spouse under age 70 may elect up to 50% of Employee's amount, in \$1,000 increments, to \$100,000 maximum. Guarantee Issue Limit \$50,000. No Guarantee Issue will apply on or after age 70 or to late enrollees. All questions must be answered for amounts in excess of the Guaranteed Issue Amount. Late enrollees must answer all questions. If a person is eligible for coverage under the Policy both as an Insured Spouse and as an Insured, such person may only be covered as an Insured. If each parent of an Insured Child is an Insured under the Policy, only one parent may cover such child.

Reduction Schedule: Benefits will be reduced as follows: If you are age 70, the amount of Life Insurance will reduce to 65%; at age 75 to 45%; at age 80 to 30%; at age 85 to 20%; and at age 90 to 15%.

Monthly Premium per \$1,000 of Insurance. Rates will not be changed unless they are changed for all insureds in your classification.

Class I	Age	Life	Class	Age	Life
Employee	Under age 70	\$.26	Dependent Spouse	Under age 70	\$.26
Class II				Terminates at age 70	
Retired Employee	All ages	\$ 2.97			

Amount of Employee's Insurance	Times Premium Per \$1,000 =	Total Premium for Employee	Amount of Spouse's Insurance	Times Premium Per \$1,000 =	Total Premium for Spouse	Total Premium for Children
\$	\$	\$	\$	\$	\$	<input type="checkbox"/> \$1.00 <input type="checkbox"/> \$2.00
Class Dependent Children	Age 0 days – Less than 6 months old: \$500 Age 6 months – 19 years (25 if full-time student): \$5,000 or \$10,000, as elected. Monthly Premium: \$1.00 per \$5,000 Unit, limit 2 units					Total Monthly Premium
Name of Child:	Date of Birth		Name of Child:	Date of Birth		
Name of Child:	Date of Birth		Name of Child:	Date of Birth		
Employee's Beneficiary is (Full Name)				Beneficiary's Relationship to Employee		
(The Employee is beneficiary for spouse and children, if surviving. If not, the beneficiary will be determined in accordance with the Group Policy provisions.)						

(Over)

ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED

<p>1. Employee Height _____ ft. _____ in.</p> <p>2. Employee Weight (clothed) _____ lbs.</p> <p>3. Spouse Height _____ ft. _____ in.</p> <p>4. Spouse Weight (clothed) _____ lbs.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td align="center" colspan="2">Employee</td> <td align="center" colspan="2">Spouse</td> </tr> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> <td align="center">Yes</td> <td align="center">No</td> </tr> </table> <p>3. Do you [or your Spouse] have any physical or mental impairments or physical deformity? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Have you [or your Spouse] ever been treated for, or taken medication for, any of the following:</p> <p>A. Heart, blood pressure or blood vessels? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Lungs or Bronchi? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C. Brain or nervous system? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D. Liver or digestive tract? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E. Kidneys, bladder or genital organs? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>F. Thyroid, diabetes or glands? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>G. Cancer or tumor? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>H. Any other physical or mental disorder? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>I. Any treatment for alcoholism or drug addiction? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>J. Acquired Immune Deficiency Syndrome (AIDS) or Aids Related Complex (ARC)? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>K. Any Condition which you were medically advised is related to AIDS? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		Employee		Spouse			Yes	No	Yes	No	<p>5. Have you [or your Spouse] had any illness, injury, operation or condition within the past (5) years which has:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td align="center" colspan="2">Employee</td> <td align="center" colspan="2">Spouse</td> </tr> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> <td align="center">Yes</td> <td align="center">No</td> </tr> </table> <p>A. Caused you to consult any physician or other practitioner? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B. Confined you to a hospital, sanatorium or clinic? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>6. Have you missed work in the last year due to sickness or injury? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>7. Have you [or your Spouse] ever been declined or rated for life or health insurance, or been offered a policy other than as applied for? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>8. If you [or your Spouse] have answered YES to any part of questions 3-7; attach a separate sheet giving the details, including diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities.</p> <p>9. Attach a separate sheet giving the name(s), address(es) and telephone number of your regular doctor(s).</p>		Employee		Spouse			Yes	No	Yes	No
	Employee		Spouse																		
	Yes	No	Yes	No																	
	Employee		Spouse																		
	Yes	No	Yes	No																	

I apply for insurance and understand that if I am disabled or not able to perform the duties of a person of the same sex or age or am confined at home or in a hospital at the time of this application (or for any future increase) the insurance will not be effective until the later of day when I am not confined or the day this application is approved by the Company. I agree the copy of this form may be accepted as my signature.

I understand that the insurance applied for shall become effective on the date specified by Leaders Life Insurance Company ("the Company") only if this application is accepted by the Company and the first premium is paid during the lifetime of the insured. I represent that to the best of my knowledge and belief all statements and answers recorded on this application are true and complete.

I authorize any physician, medical practitioner, hospital, clinic, Medical Information Bureau or medically related facility, insurance company, or employer that has any health related records or knowledge of me or my dependents to give to the Company or its re-insurers all such information to use to determine eligibility for insurance or for benefits under an existing policy. This Authorization shall be valid for 26 months and a copy shall be as valid as the original. I may receive a copy of this form upon request.

I acknowledge that I have read, or had read to me, this completed application and that I realize that any false statement or misrepresentation in application may result in loss of coverage under the policy. In addition, I acknowledge that 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.

Date Signed

Signed at (City, State)

Employee's Signature

Underwritten by: **Leaders Life Insurance Company**

Administered by: **Bay Bridge Administrators, LLC, PO Box 161690, Austin, TX 78716 1-800-845-7519**



Leaders *Life*

INSURANCE COMPANY

AMENDATORY ENDORSEMENT (Arkansas Residents Only)

It is hereby understood that the Policy and Certificate of Insurance to which this Amendatory Endorsement is attached are amended as follows, with respect to an Insured who resides in Arkansas.

Under **GENERAL PROVISIONS**, the Legal Actions provision has been deleted in its entirety and replaced with the following:

LEGAL ACTIONS. No action can be brought to recover on the Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 5 years after the date Proof of Loss is required.

Nothing contained in this Amendatory Rider will alter or amend the terms of the Policy or Certificate of Insurance except as expressly stated herein. This rider terminates at the same time as the Policy or Certificate of Insurance to which it is attached.

Signed for Leaders Life Insurance Company:

[Secretary]

[President]

[*Cynthia A. Taylor*]

[*Russell J. Cingell*]

SERFF Tracking Number: ICCI-126835740 State: Arkansas
Filing Company: Leaders Life Insurance Company State Tracking Number: 46918
Company Tracking Number: BBA 2000
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life BBA 2000
Project Name/Number: Group Term Life BBA 2000/Group Term Life BBA 2000

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: READ.pdf		
Satisfied - Item: Application Comments: See application attached to the form schedule tab.		
Satisfied - Item: Authorization Letter Comments: Attachment: ICC Services Authoriztion Ltr.pdf		

FLESCH READING EASE TEST CERTIFICATION

This is to certify that the forms listed below are in compliance with readability requirements of the Flesch Reading Ease Test, and the requirements of your state.

The Flesch Test was applied to the forms in their entirety, except that company name and address, form numbers, titles, captions, subcaptions, schedules, tables, defined words, and text required by law or regulation were excluded.

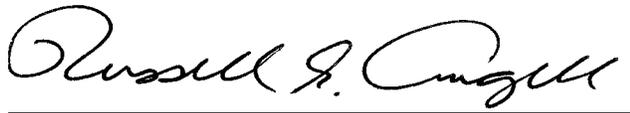
The Flesch Reading Ease scores are as follows:

<u>FORM NUMBERS</u>	<u>FLESCH SCORE</u>
BBA 2000	45.157
62.400	43.514
LL-BBA-ADBR-2000	42.651

LEADERS LIFE INSURANCE COMPANY

September 28, 2010

Date



Signature of Officer

Russell E. Angell, CPA, FLMI, President & COO

Name & Title of signer



April 1, 2010

Mr. Brain Camling
Insurance Compliance Consultants, Inc.
199 East Camling Road
Oregon, Illinois 61061

Re: Authorization to file insurance forms, applications, and rates.

Dear Mr. Camling:

My name is Russ Angell and I am President & COO of Leaders Life Insurance Company. Clyde Sommerlatte, President of Bay Bridge Administrators, LLC, has informed you of our desire to engage your company for insurance filing services.

Please accept this letter as authorization for you to file forms, applications, rates and other documents on our company's behalf in Texas. Our NAIC Number is 74799, our TDI Number is 95475, and our Federal Employer Number is 73-1333608.

If you should any questions regarding this authorization feel free to contact me at (800) 725-5433 or by email at rangell@leaderslife.com.

Sincerely,

A handwritten signature in black ink that reads "Russell E. Angell". The signature is fluid and cursive, with the first and last names being the most prominent.

Russell E. Angell, CPA FLMI
President & COO

CC: Clyde Sommerlatte
President
Bay Bridge Administrators, LLC.