

SERFF Tracking Number: LHLI-126861531 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 47054
 Company Tracking Number: BOAGC10-AR ETAL RS
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: Group Ten Year Term
 Project Name/Number: B of A/

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Group Ten Year Term SERFF Tr Num: LHLI-126861531 State: Arkansas
 TOI: L04G Group Life - Term SERFF Status: Closed-Approved- State Tr Num: 47054
 Closed

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: BOAGC10-AR ETAL State Status: Approved-Closed
 Fixed/Indeterminate Premium - Single Life RS
 Filing Type: Form Reviewer(s): Linda Bird

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally Roudebush, Rodney Hartwig, Robin Sellars

Date Submitted: 10/14/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name: B of A
 Project Number:
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 10/18/2010

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Large
 Group Market Type: Discretionary
 Explanation for Other Group Market Type:
 State Status Changed: 10/18/2010
 Created By: Robin Sellars
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Robin Sellars
 Filing Description:
 October 14, 2010

Re: Lincoln Heritage Life Insurance Company, NAIC #65927

SERFF Tracking Number: LHLI-126861531 State: Arkansas
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Form: BOAGC10-AR – Group Term Life Insurance Certificate
BOAGP10 – Group Term Life Insurance Master Policy
BOARDR10 – Accidental Death Benefit Rider for Group Term Life Insurance

Actuarial Memorandum

FLESCH Certification

Statement of Variability

\$150.00 Filing Fees

Dear Sir or Madam:

We are submitting the above noted forms for your review and approval. We will market these products through licensed agents to individuals who are group members residing in your state. These policies and certificates will have separate rates for males and females

These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms.

Form BOAGC10-AR is a limited pay term life insurance certificate with added accidental death benefits that will be issued to group members. Level premiums are paid by the Certificateholder for 10 years. Form GTDMENR10-AR is the enrollment form that will be completed when applying for the group certificate of coverage. GTDMENR10-AR was approved by your state on April 22, 2010 via SERFF filing LHLI-126587152.

Form BOAGP10 is the master policy with added accidental death benefits that will be issued to financial institutions. Form GTPDMAPP is the application form that will be completed when applying for the group policy. GTDMAPP was approved by your state on January 22, 2009 via SERFF filing LHLI-125979321.

Form BOARDR10 is the accidental death benefit rider that will provide additional accidental death coverage at the option of the applicant.

To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

If you have any questions or require any further information please contact me at 800-433-8181 or email me at robin.sellars@londen-insurance.com.

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 Fixed/Indeterminate Premium - Single Life
 Product Name: Group Ten Year Term
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Sincerely,

Robin Sellars
 Compliance Associate
 Lincoln Heritage Life Insurance Company

Company and Contact

Filing Contact Information

Robin Sellars, compliance associate robin.sellars@londen-insurance.com
 4343 E Camelback Road 800-433-8181 [Phone]
 Suite 400 602-808-8845 [FAX]
 Phoenix, AZ 85018

Filing Company Information

Lincoln Heritage Life Insurance Company CoCode: 65927 State of Domicile: Illinois
 4343 East Camelback Road Group Code: Company Type: Life and Health
 Phoenix, AZ 85018 Group Name: State ID Number:
 (800) 433-8181 ext. [Phone] FEIN Number: 04-2314290

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? Yes
 Fee Explanation: 3 forms filed x \$50.00 per form = \$150.00 total filing fees.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$150.00	10/14/2010	40739189

SERFF Tracking Number: LHLI-126861531 State: Arkansas
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Fixed/Indeterminate Premium - Single Life
Product Name: Group Ten Year Term
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/18/2010	10/18/2010

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Product Name: Group Ten Year Term
Project Name/Number: B of A/

Disposition

Disposition Date: 10/18/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LHLI-126861531 State: Arkansas
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 Product Name: Group Ten Year Term
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Group Term Life Insurance Certificate		Yes
Form	Group Term Life Insurance Master Policy		Yes
Form	Accidental Death Benefit for Group Term Life Insurance		Yes

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 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
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 Product Name: Group Ten Year Term
 Project Name/Number: B of A/

Form Schedule

Lead Form Number: **BOAGC10-AR**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	BOAGC10-AR	Certificate	Group Term Life Insurance Certificate	Initial		41.800	BOAGC10-AR.pdf
	BOAGP10	Policy/Contract/Fraternal Certificate	Group Term Life Insurance Master Policy	Initial		40.500	BOAGP10.pdf
	BOARDR10	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Accidental Death Benefit for Group Term Life Insurance	Initial		40.900	BOARDR10.pdf

Lincoln Heritage Life Insurance Company
An Illinois Stock Company

Principal Office
[4343 East Camelback Road]
[Phoenix, AZ 85018]
[Toll Free: 1-800-438-7180]

Administrative Office
[XXXXXXXXXXXXX]
[XXXXXXXXXXXXX]
[XXXXXXXXXXXXX]

READ YOUR CERTIFICATE CAREFULLY – This Certificate is issued to You in consideration of the Enrollment Form and payment of premiums. We will pay the Death Benefit, less any premium due, to the Beneficiary upon receipt of due proof that the Insured's death occurred while this Certificate was in force. Our payments are subject to the terms of this Certificate. A copy of the Enrollment Form is attached to and made a part of this Certificate.

RIGHT TO CANCEL – You may cancel this Certificate by delivering, mailing or faxing written notice to Our Administrative Office and by returning this Certificate or contract to Us before midnight of the thirtieth (30th) day after the date You receive the Certificate. Written notice and return of this Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will void this Certificate from its date of issue and return all payments made to You within ten days after We receive notice of cancellation and the returned Certificate.



Secretary



President

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
NON-PARTICIPATING
NON-RENEWABLE**

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**LINCOLN HERITAGE LIFE INSURANCE COMPANY
PRINCIPAL OFFICE: PHOENIX, ARIZONA**

Certificate Schedule Page

Ten Year Level Term Group Life Insurance

Certificateholder: [John Doe]	Certificate Number: [27-0000000000]
Issue Age: [35]	Death Benefit: [\$25,000]
Date of Issue: [March 24, 2010]	Expiration Date: [March 24, 2020]

Accidental Death Benefits

Certificate Year	Accident	Common Carrier
1	[\$23,600]	[\$94,400]
2	[\$24,800]	[\$99,200]
3	[\$26,000]	[\$104,000]
4	[\$27,200]	[\$108,800]
5	[\$28,400]	[\$113,600]
6	[\$29,600]	[\$118,400]
7	[\$30,800]	[\$123,200]
8	[\$30,800]	[\$123,200]
9	[\$30,800]	[\$123,200]
10	[\$30,800]	[\$123,200]

Premiums

	<u>Annual</u>	<u>Semi Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
Premium	[\$316.56]	[\$158.28]	[\$79.14]	[\$26.38]
Certificate Fee	[\$36.00]	[\$18.00]	[\$9.00]	[\$3.00]
Total	[\$352.56]	[\$176.28]	[\$88.14]	\$29.38]

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
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DEFINITIONS

In this Certificate:

“Accidental Death” means death which results from accidental bodily injury as a direct result of a covered accident sustained by the Insured. Accidental death must be independent of disease, bodily infirmity or any other non-accidental cause.

“Age” means Age of the Insured on last birthday.

“Certificate Date” means the effective date of coverage under this Certificate and the date from which Certificate anniversaries and premium due dates are determined.

“Certificateholder” means the individual Insured under this Certificate of Coverage. The Certificateholder controls all rights and benefits under this Certificate.

“Enrollment Form” means the form used to apply for this Certificate of coverage as completed by You.

“Exclusion” means a risk We do not assume and is not covered by this Certificate.

“Insured” means the person on whose life coverage is based. The Insured is also the Certificateholder.

“Lapse” is the termination of this Certificate of Coverage due to nonpayment of premium.

“Reinstatement” means restoring coverage after this Certificate of Coverage has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the entity insured under this Certificate of Coverage. The Certificateholder is shown on the Certificate Schedule Page.

GENERAL PROVISIONS

ENTIRE CONTRACT – The entire Contract consists of:

1. this Certificate, attached riders, if any; and
2. the attached Enrollment Form.

All statements made in the Enrollment Form will be considered representations and not warranties. No statement made relating to Your insurability shall be used in any contest unless it is contained in the Enrollment Form and a copy has been furnished to You, the Beneficiary or a personal representative.

INSURABILITY – We reserve the right to require You to provide evidence of insurability satisfactory to Us as a condition to part or all of Your coverage under this Certificate. The need for evidence of insurability will be based upon Your answers to all medical questions on the Enrollment form. This evidence can include but will not be limited to a request for Your medical records.

MODIFICATION OF CONTRACT – No change or waiver of any of the terms and provisions of this Certificate will be valid unless made in writing by Us and signed by an Officer of Our Company. No producer or other person has the authority to change or waive any provision of this Certificate.

CONTROL – You may exercise all rights set out in this contract without the consent of any but an Irrevocable Beneficiary. Any change must be requested by You in writing. Such change will be effective as of the date of the request but is subject to any payment made or action taken by Us before We endorse the Certificate.

ASSIGNMENT – You may assign this Certificate. The assignment must be in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. The rights of an Assignee may limit Your rights and the rights of the Beneficiary. We are not charged with notice of an assignment unless We acknowledge in writing Our receipt of such assignment.

INCONTESTABILITY – After this Certificate has been in force for two years or longer during Your lifetime We cannot contest any claim unless premiums were not paid. This two year period starts on the Certificate Date.

If this Certificate is reinstated (explained in the reinstatement section), any claim may be contested for the same period following reinstatement, based on the answers given in the reinstatement application. The same conditions and exceptions, with respect to contestability, will apply after reinstatement as applied after original issuance.

CHANGE OF BENEFICIARY – The Beneficiary or Beneficiaries are named in the Enrollment Form. If You have reserved the right to change the Beneficiary, You may change the Beneficiary by filing a written request with Us. If You have not reserved the right to change the Beneficiary, the written consent of the Irrevocable Beneficiary or Assignee will be required before a change can be made. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request.

Only Beneficiaries who survive the Insured will be eligible to share in the Death Benefit. If no Beneficiary survives the Insured, We will pay the proceeds of this Certificate to Your estate.

MISSTATEMENT OF AGE OR SEX – If Your age or sex has been misstated on the enrollment form, any amount payable will be that which the premiums paid would have purchased based upon the correct age or sex. In the event that the age is misstated and We would not have originally issued this Certificate, Our liability shall be limited to the return of all the premiums that were paid.

STATEMENT OF CONFLICT – This Certificate describes in detail the provisions outlined in the Master Policy. If there is a conflict between this Certificate and the Master Policy, the provisions of this Certificate will prevail. If any of the provisions of the Master Policy do not follow the laws of the state where the enrollment form was signed, those provisions will be treated in accordance with those laws.

SUICIDE – If the Insured, whether sane or insane, dies by suicide within two years from the certificate Date, Our liability will be limited to an amount equal to the premiums paid for this Certificate.

PREMIUMS AND REINSTATEMENT

PAYMENT OF PREMIUM – To keep this Certificate in force each premium must be paid in advance. The first premium is due as of the Certificate issue date. Subsequent premiums are payable before the end of the grace period. The premium amount and interval of payment are shown on the Schedule page. You may change the mode of payment for any Certificate on any certificate anniversary by giving written notice to Us. A change in the mode of payment will be subject to Our minimum premium requirements. Any premiums paid beyond the Certificate month of the date of death will be returned as part of the Death Benefit.

GRACE PERIOD – A period of thirty-one (31) days, without interest, will be allowed for the payment of any premium, after the first, during which period this Certificate shall be continued in force. If death should occur during this grace period, the unpaid premium will be deducted from any amount payable under this Certificate. If a premium is not paid before the end of the grace period, this Certificate will Lapse. We will send a notice to You and to any Assignee of record fifteen (15) days prior to lapse. This notice will include the amount of premium due to continue this Certificate in force.

REINSTATEMENT – This Certificate may be reinstated within five (5) years from the date of premium default. You must provide a written reinstatement application, evidence of insurability satisfactory to Us and payment of overdue premiums with interest must occur during Your lifetime. Our determination of Your continued insurability and the payment of all overdue premiums with interest must occur during Your lifetime.

DEATH BENEFIT

We will pay the Death Benefit set forth in the Certificate Schedule Page, less any premium due, to the Beneficiary upon receipt of due proof that the death of the Insured occurred while this Certificate was in force. The proceeds payable under this Certificate shall include premiums paid for any period beyond the end of the Certificate month in which the death occurred, unless the refund of premiums is due some other person pursuant to contract provisions. If payment of the proceeds exceeds thirty (30) days from the date of proof of death was furnished, We shall pay interest upon the proceeds, or refunds of premium, at the rate of eight percent (8%) per year. Payment will be made to the Beneficiary listed on the Enrollment form, unless We have been notified of a change of Beneficiary. The Death Benefit will be paid in one lump sum.

ACCIDENTAL DEATH BENEFIT

We agree to pay the benefit amount shown on the schedule page to the beneficiary upon receipt of due proof of the accidental death of the Insured. Such proof must show that death occurred within ninety (90) days of a covered accident which occurred while this Certificate was in force. Payment shall be paid in one lump sum and shall be in addition to any other amounts payable. The proof of accidental death must show that death is not a direct result and is not caused by any one or more of the **Accidental Death Exclusions** outlined below.

ACCIDENTAL DEATH EXCLUSIONS – These are risks We do not assume.

- a. Intentional self-inflicted injury, while sane or insane.
- b. Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled
 1. except: when taken as prescribed by a physician
 2. except the accidental ingestion of a poisonous food substance;
 3. except while conducting one's duties during the course of employment in the case of gas or fumes. .
- c. Bodily or mental infirmity, illness, or disease of any kind or by infections, except infections occurring as the result of an accidental bodily injury.
- d. Medical or surgical treatment, except when required as the result of an accident.
- e. Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- f. Committing or attempting to commit an assault or felony.
- g. Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER – If the death of the Insured occurs within ninety (90) days from the date of an accidental injury, as defined in the following, We will pay an amount equal to four times the Accidental Death Benefit.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier. While such public motor bus is being driven or operated by a licensed driver for public hire and is traveling on a regular schedule between definitely established terminals.

BOATS, SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

CONTINUATION OF COVERAGE

If coverage under this Certificate should terminate due to:

1. termination of membership in the classes eligible for coverage,
2. amendment of the group policy so as to terminate any class eligible for coverage or
3. termination of the group policy;

A notice will be sent to You prior to the termination of coverage. You may be eligible to have an individual life insurance policy issued to You. Nothing contained in this provision shall be construed to continue any insurance beyond the period provided.

If coverage under this Certificate ceases because of termination of membership in the class or classes eligible for coverage, You shall be entitled to have issued to You, without evidence of insurability, an individual policy of life insurance without disability or other supplementary benefits. Application for the individual policy shall be made and the first premium paid to Us within thirty-one (31) days after such termination.

Provided further that:

1. The new Policy shall be, at Your option, on a form of insurance then customarily issued by Us, at the age and in the amount for which it was applied.
2. The new Policy shall be in an amount not in excess of the amount of life insurance being terminated, less the amount of life insurance for which You become eligible under the same or any other group policy within thirty-one (31) days after such termination.
3. Any amount of insurance which shall have matured on or before the date of termination as an endowment payable to You, whether in one sum or in installments or in the form of an annuity, shall not be included in the amount of coverage which is considered to be ceasing because of termination;
4. The premium for the new Policy shall be at Our customary rate applicable to the form and amount of coverage, to the class of risk to which You then belong and to the age attained on the effective date of the new Policy.

In addition to these conditions and limitations, if coverage under this Certificate ceases because of termination of the group policy or amendment of the group policy so as to terminate any class eligible for coverage the following will apply:

5. You have been covered under the group Policy for five (5) years prior to the termination date
6. The amount of coverage shall not exceed the smaller of the amount of Your terminating coverage, less the amount of coverage for which You become eligible under any Group Policy issued or reinstated by Us or another Insurer within thirty-one (31) days after termination or ten thousand (\$10,000.00) dollars.

DEATH PENDING CONVERSION – If death occurs during this conversion period and before the individual policy becomes effective; the benefit amount payable under the new policy shall be payable as a claim under the group policy. Such benefit is payable whether or not application for the new policy and the payment of the first premium have been made.

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
NON-PARTICIPATING
NON-RENEWABLE**

Lincoln Heritage Life Insurance Company
An Illinois Stock Company

Principal Office
4343 East Camelback Road
Phoenix, AZ 85018
Toll Free: 1-800-438-7180

Administrative Office
[XXXXXXXXXXXXXXXXXX]
[XXXXXXXXXXXXXXXXXX]
[XXXXXXXXXXXXXXXXXX]

READ YOUR POLICY CAREFULLY. This is a legal contract between You and Lincoln Heritage Life Insurance Company. This Policy is issued to You in consideration of the Application and payment of premiums. We will pay the Death Benefit shown on the Certificate Schedule Page, less any premium due, to the Beneficiary upon receipt of due proof that the Insured's death occurred while the Policy and Certificate were in force. Our payments are subject to the terms of the Certificate of Coverage issued to the Certificateholder. A copy of the Application Form is attached to and made a part of this Policy.

RIGHT TO CANCEL. You may cancel this Policy by delivering, mailing or faxing a written notice to Our Administrative Office and by returning this Policy or contract to Us before midnight of the thirtieth (30th) day after the date You receive the Policy. Written notice and return of the Policy or Contract by mail are effective on being postmarked, properly addressed and postage prepaid. We will void this Policy from its date of issue and return all payments made within ten days after We receive notice of cancellation and the returned Policy. We will return all payments made to the Certificateholder.



Secretary



President

**TERM GROUP LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR LENGTH OF CERTIFICATE TERM
NON-PARTICIPATING
NON-RENEWABLE**

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LINCOLN HERITAGE LIFE INSURANCE COMPANY
PRINCIPAL OFFICE: PHOENIX, ARIZONA

Policy Schedule Page

Term Group Life Insurance

Group Policyholder	Bank of America
Policy Number	[27-00000001]
Policy Date	[March 21, 2010]
Plan	Group Term Life With Accidental Death Benefit
Eligible Persons	Customers

DEFINITIONS

In this Policy:

“Accidental Death” means death which results from accidental bodily injury as a direct result of a covered accident sustained by the Insured. Accidental death must be independent of disease, bodily infirmity or any other non-accidental cause.

“Age” means age of the Insured on last birthday.

“Application” means the form used to apply for the Group Policy as completed by the Group policyholder

“Certificate Date” means the effective date of coverage under the Certificate and the date from which Certificate anniversaries and premium due dates are determined.

“Certificateholder” means the individual insured under the Certificate of Coverage. The Certificateholder controls all rights and benefits under the Certificate.

“Enrollment Form” means the form used to apply for the Certificate as completed by the Certificateholder.

“Exclusion” means a risk We do not assume and is not covered.

“Insured” means the person on whose life coverage is based. The Insured is also the Certificateholder.

“Lapse” is the termination of the Certificate due to nonpayment of Certificate Premiums,

“Policy Date” means the effective date of coverage under this Policy and the date from which Policy anniversaries are determined.

“Reinstatement” means restoring coverage after the Certificate has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the entity insured under the Group Policy. The Group Policyholder is shown on the Policy schedule page.

GENERAL PROVISIONS

ENTIRE CONTRACT - The entire Contract consists of:

1. this Policy, attached riders, if any; and
2. the attached Application of the Group Policyholder and

All statements made in the Application and Enrollment Forms will be considered representations and not warranties. No statement made by the Certificateholder relating to insurability shall be used in contesting the validity of insurance unless it is contained in the Enrollment Form and a copy has been furnished to the Certificateholder, the Beneficiary or a personal representative.

ELIGIBILITY – From time to time all new members eligible for insurance and desiring the same shall be added to the group or class that were originally insured.

INSURABILITY – We reserve the right to require the Certificateholder to furnish evidence of insurability satisfactory to Us as a condition to part or all of the coverage under the Certificate of Coverage. The need for evidence of insurability will be based upon the answers to all medical questions on the Enrollment Form. This evidence can include but will not be limited to a request for the Certificateholder's medical records.

INDIVIDUAL CERTIFICATES – We will issue for delivery to each Certificateholder an individual Certificate of Coverage. The Certificate of Coverage will outline the insurance protection to which the Certificateholder is entitled and the Beneficiary to whom benefits are payable. The Certificate of Coverage will also outline the rights of the Certificateholder upon the termination of this Group policy, termination of the group's eligibility for coverage and death pending conversion of the Certificate of Coverage.

MODIFICATION OF CONTRACT – No change or waiver of any of the terms and provisions of this Policy will be valid unless made in writing by Us and signed by an Officer of Our Company. No producer or other person has the authority to change or waive any provision of this Policy.

CONTROL – The Insured is the Certificateholder. The Certificateholder may exercise all rights set out in this contract without the consent of any but an Irrevocable Beneficiary.

ASSIGNMENT – The Certificateholder may assign the Certificate of Coverage to any person other than You. The assignment must be in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. The rights of an Assignee may limit the Certificateholder's rights and the rights of the Beneficiary. We are not charged with notice of an assignment unless We acknowledge in writing Our receipt of such assignment.

INCONTESTABILITY – The details relating to contestability are explained in the Certificate of Coverage issued to the Certificateholders. The details relating to contestability after reinstatement are explained Certificate of Coverage issued to the Certificateholders.

CHANGE OF BENEFICIARY - The Beneficiary or Beneficiaries are named in the Enrollment Form. If the Certificateholder has reserved the right to change the Beneficiary, the Certificateholder may change the Beneficiary by filing a written request with Us. If the Certificateholder has not reserved the right to change the Beneficiary, the written consent of the Irrevocable Beneficiary or Assignee will be required before a change can be made. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive the Certificateholder's request.

Only Beneficiaries who survive the Insured will be eligible to share in the Death Benefit. If no Beneficiary survives the Insured We will pay the proceeds to the Certificateholder's estate.

MISSTATEMENT OF AGE OR SEX – If the Certificateholder's age or sex has been misstated, any amount payable will be that which the premiums paid would have purchased based upon the correct age or sex. In the event that the age is misstated and We would not have originally issued the Certificate of Coverage, Our liability shall be limited to the return of all the premiums that were paid.

STATEMENT OF CONFLICT – The provisions of this Group Policy summarize the coverages described in detail in the Certificate of Coverage issued to the Certificateholder. If there is a conflict between this Policy and the Certificate of Coverage, the provisions of the Certificate of Coverage will prevail. If any of the provisions of this Policy do not follow the laws of the state where the enrollment form was signed, those provisions will be treated in accordance with those laws.

SUICIDE – If the Insured, whether sane or insane, dies by suicide within two years from the Certificate Date, Our liability will be limited to an amount equal to the premiums paid for the Certificate of Coverage. For Certificates of Coverage issued to residents of the States of Colorado, Missouri or North Dakota, the above shall read "one year" rather than "two years".

PREMIUMS AND REINSTATEMENT

PAYMENT OF PREMIUM – To keep the Certificate of Coverage in force each premium must be paid in advance. The first premium is due as of the Certificate issue date. Subsequent premiums are payable before the end of the grace period. The premium amount and interval of payment are shown in the Certificate Schedule Page. The Certificateholder may change the mode of payment on any Certificate of Coverage on any Certificate anniversary by giving written notice to Us at Our Administrative Office. A change in the mode of payment will be subject to Our minimum premium requirements. Any premiums paid beyond the Certificate month of the date of death will be returned as part of the Death Benefit.

GRACE PERIOD - A period of thirty (31) days, without interest, will be allowed for the payment of any premium, after the first, during which period the Certificate of Coverage shall be continued in force. If the Insured should die during this grace period, the unpaid premium will be deducted from any amount payable under the Certificate of Coverage. If a premium is not paid before the end of the grace period, the Certificate of Coverage will Lapse. We will send a notice to the Certificateholder and any Assignee of record fifteen (15) days prior to the lapse of the Certificate of Coverage. This notice will include the amount of premium due to continue the Certificate of Coverage in force.

REINSTATEMENT - The Certificate of Coverage may be reinstated within five (5) years from the date of default of premium. The Certificateholder must send Us a written reinstatement application, evidence of insurability satisfactory to Us and payment of all overdue premiums with interest. Our determination of the Certificateholder's continued insurability and the payment of all overdue premiums with interest must occur during the Certificateholder's lifetime.

DEATH BENEFIT

We will pay the Death Benefit set forth in the Certificate of Coverage Schedule Page, less any premium due, to the Beneficiary upon receipt of due proof that the death of the Insured occurred while this Policy and the Certificate of Coverage were in force. Payment will be made to the Beneficiary listed on the Enrollment form, unless We have been notified of a change of Beneficiary. The Death Benefit will be paid as detailed in the death benefit provision of the Certificate of Coverage.

ACCIDENTAL DEATH BENEFIT

We agree to pay the benefit amount shown on the Certificate of Coverage Schedule Page to the Beneficiary upon receipt of due proof of the accidental death of the Certificateholder. Such proof must show that death occurred within the time limit defined and as a result of a covered accident as defined in the Certificate of Coverage. Payment of the death benefit will be subject to the terms and conditions of the Certificate of Coverage and will be paid in one lump sum.

ACCIDENTAL DEATH EXCLUSIONS – Death of the Certificateholder must occur as a result of an accidental injury as defined in the Certificate of Coverage. Death of the Certificateholder cannot be a direct result and cannot be caused by any one or more of the exclusions detailed in the Certificate of Coverage. Exclusion is defined as a risk We do not assume and is not covered.

SPECIAL COMMON CARRIER – If the death of the Certificateholder occurs as a result of an accidental injury while traveling on a common carrier, as defined in the Certificate of Coverage, We will pay an amount equal to four times the Accidental Death Benefit as shown in the Certificate of Coverage Schedule Page.

CONTINUATION OF COVERAGE

If coverage under the Certificate of Coverage should terminate due to:

1. termination of membership in the classes eligible for coverage; or
2. termination of any class eligible for coverage; or
3. termination of this Policy ;

the Certificateholder shall be entitled to have issued without evidence of insurability an individual policy under a plan We are then offering for an amount of insurance up to the same face amount as the Certificate. The application for the new policy and payment of the first premium shall be made to Us within thirty-one (31) days after such termination. The individual policy will be issued without disability or other supplementary benefits.

NOTICE OF CONVERSION – Will be sent to the Certificateholder prior to the termination of coverage under this Group Policy. Written notice presented to the Certificateholder, mailed by You to the last known address of the Certificateholder, or mailed by Us to the last known address of the Certificateholder as furnished by You shall constitute notification.

DEATH PENDING CONVERSION – If death of the Certificateholder occurs during the conversion period and before an individual policy is issued and becomes effective; the benefit amount payable under an individual policy shall be payable as a claim under the group Policy. Such benefit is payable whether or not application and payment of the first premium have been made.

**Lincoln Heritage Life Insurance Company
4343 East Camelback Road
Phoenix, AZ 85018**

**TERM GROUP LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR LENGTH OF CERTIFICATE TERM
NON-PARTICIPATING
NON-RENEWABLE**

LINCOLN HERITAGE LIFE INSURANCE COMPANY
An Illinois Stock Company
Principal Office: Phoenix, Arizona

ACCIDENTAL DEATH BENEFIT RIDER
Forming a part of the Certificate to which it is attached

Insured's Name: [John Doe]

Certificate Number: [XX-XXXXXX]

1. **ACCIDENTAL DEATH BENEFIT.** We agree to pay the Benefit amount shown below to the Beneficiary upon receipt of due proof of the accidental death of the Insured. Such proof must show that death occurred within 90 days of a covered accident and while this rider and the Certificate are in force. Payment of the death Benefit will be subject to the terms and conditions of this Rider. Payment shall be paid in one lump sum and shall be in addition to any other amounts payable under the Certificate.

ACCIDENTAL DEATH BENEFITS

Accidental Death

[XXXXXX.XX]

2. **DEFINITION OF ACCIDENTAL DEATH.** For purposes of this rider, accidental death is defined as death which results from accidental bodily injury as a direct result of a covered accident sustained by the Insured. Accidental death must be independent of disease, bodily infirmity or any other non-accidental cause. Death must occur within ninety (90) days after the date the injury was sustained. Death cannot be a direct result and cannot be caused by any one or more of the following exclusions. These are risks We do not assume.

- (a) Intentional self-inflicted injury, while sane or insane.
- (b) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled
 - 1. except: when taken as prescribed by a physician
 - 2. except the accidental ingestion of a poisonous food substance
 - 3. except while conducting one's duties during the course of employment, in the case of gas or fumes.
- (c) Bodily or mental infirmity or illness or disease of any kind or by infections, except infections occurring as the result of an accidental bodily injury.
- (d) Medical or surgical treatment, except when required as the result of an accident.
- (e) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- (f) Committing or attempting to commit an assault or felony.
- (g) Operating a vehicle while legally intoxicated as specified by state law.

3. **SPECIAL COMMON CARRIER** – If the death of the Insured occurs within ninety (90) days from the date of an accidental injury, as defined in the following, We will pay an amount equal to four times the Accidental Death Benefit.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier, and which is being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

BOATS, SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

4. **TERMINATION OF RIDER.** This rider will automatically terminate and become null and void, without any action by Us or notice to or from the Certificateholder, on the earliest of the following dates or events:

- (a) The prior lapse or surrender of the Certificate, or
- (b) nonpayment of any premium when due or within the grace period,
- (c) Conversion of the Certificate unless the conversion agreement specifically provides for the continuance of this Rider.
- (d) Receipt at Our Principal Office of a written request for cancellation of the Certificate.

5. **EFFECTIVE DATE.** The effective date of this rider shall be the Certificate Date.

6. **RIDER APPLICABILITY.** All provisions of the Certificate will apply to this rider.



President



Secretary

SERFF Tracking Number: LHLI-126861531 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 47054
 Company Tracking Number: BOAGC10-AR ETAL RS
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Group Ten Year Term
 Project Name/Number: B of A/

Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Form GTPDMAPP is the application form that will completed when applying for the group policy form BOAGP10. GTDMAPP was approved by your state on January 22, 2009 via SERFF filing LHLI-125979321. Form GTDMENR10-AR is the enrollment form that will be completed when applying for the group certificate of coverage. GTDMENR10-AR was approved by your state on April 22, 2010 via SERFF filing LHLI-126587152.		
Attachments: GTPDMAPP.pdf GTDMENR10-AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: Statement of Variability.pdf		

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 40 on the Flesch reading ease test.
- (2) Except for specification pages, schedules and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s):

BOAGC10-AR – Group Term Life Insurance Certificate
BOACP10 – Group Term Life Insurance Master Policy
BOARDR10 – Accidental Death Benefit Rider for Group Term Life insurance

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Shirley Grossman, Vice President

October 14, 2010



Lincoln Heritage
LIFE INSURANCE COMPANY

**APPLICATION FOR GROUP
TERM LIFE INSURANCE POLICY**
PLEASE PRINT LEGIBLY

Principal Office:
4343 East Camelback Road
Phoenix, AZ 85018

1. Applicant Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Mailing Address: (if different) _____

City: _____

State: _____

Zip Code: _____

Telephone number with Area Code: _____

2. Authorized Signatures

Authorized Representative's Signature: _____

Date: _____

GTPDMAPP



Lincoln Heritage
LIFE INSURANCE COMPANY

**ENROLLMENT FORM
GROUP TERM LIFE INSURANCE
WITH ACCIDENTAL DEATH BENEFIT**
PLEASE PRINT LEGIBLY

Principal Offices:
4343 East Camelback Road
Phoenix, AZ 85018-2705

Please correct any inaccurate information below

[XXXXXXXXXXXXXXXXXXXXX]

Birth Date: _____ Male: ___ Female: ___

[Name]

Telephone () _____

[Street Address]

[City, State, Zip Code]

Email (optional): _____

1. Customer Tenure: _____

2. Additional ADB Rider Yes No

3. Answer these questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. In the past two years, have you been diagnosed or treated by a physician for or taken medication for any of the following conditions: heart disease, stroke, cancer, liver disease, lung disease or kidney disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. In the past two years, have you been diagnosed or treated by a physician for or taken medication for AIDS or tested positive for HIV or any other disease of the immune system? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are you currently employed, or if not, are you healthy enough to be employed? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. In the past five years, have you been treated for alcohol or drug abuse, been incarcerated, or had your driver's license suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. In the past year, have you smoked or used tobacco in any form? | <input type="checkbox"/> | <input type="checkbox"/> |

Will this coverage replace or change any existing life insurance or annuity you have now? Yes No

If yes, list the company and policy number _____

BENEFICIARY:

The spouse of the Insured Person, if living, otherwise equally to the deceased Insured Person's surviving lawful children (including adopted children and stepchildren); otherwise equally to the Insured's then living parent or parents; otherwise to the estate of the Insured. (if you prefer a beneficiary designation other than described above, please write to us and we will send you the proper form.)

I UNDERSTAND AND AGREE that the statements and answers in this application are complete and true to the best of my knowledge and belief and shall form a part of the contract of insurance. I also understand and agree that the insurance applied for, if issued, shall be subject to such statements and answers and take effect on the effective date stated on the Certificate Schedule Page provided the applicable first premium has been paid. I authorize until further notice the necessary monthly electronic debits from my [Financial Institution credit card / checking account] for this coverage

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.

4. X Sign Your Name: _____
Insured / Certificateholder

Date: ____ / ____ / ____
Mo. Day Yr

Statement of Variability

All variables in the policy, application and rider have been bracketed.

Issue Ages are 20-70

The other variables are applicant specific or are dependent on Death Benefit chosen as follows:

No text of any of the provisions of both forms is variable.

Form BOAGC10-AR – Group Term Life Insurance Certificate

Page one shows the principal office address for Lincoln Heritage Life Insurance Company. This address would only change if the company should move the location of its offices. And page one also lists the President and Secretary of Lincoln Heritage Life Insurance Company.

Page three is the schedule page and has the information that is specific to the individual that is applying for the certificate. This page has the premium information that will also be specific to each individual based on attained age and the length of time of the membership in the group. The information on this page will be different for each policyholder.

Form BOAGP10 – Group Term Life Insurance Master Policy

Page one shows the principal office address for Lincoln Heritage Life Insurance Company. This address would only change if the company should move the location of its offices. And page one also lists the President and Secretary of Lincoln Heritage Life Insurance Company.

Page three is the schedule page and has information that is specific to the group that is applying for the policy. This page has the policy number and date that will be specific to the group.

Form BOARDR10 – Accidental Death Benefit Insurance Rider

The information on page one of the Rider is specific to the Insured.

The Insured's name, Policy Number, Accidental Death Benefit amount is all specific to the Insured. This information will change for each individual Insured.

Page two of the Rider lists the President and Secretary of Lincoln Heritage Life Insurance Company. This information would only change if a new President or Secretary were put in place.