

SERFF Tracking Number: CUNA-126885601 State: Arkansas  
Filing Company: CUNA Mutual Insurance Society State Tracking Number: 47207  
Company Tracking Number: E16B-935-1010 ET AL  
TOI: H03G Group Health - Accidental Death & Dismemberment Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
Product Name: Group Accidental Death & Dismemberment  
Project Name/Number: SCE Fix/

## Filing at a Glance

Company: CUNA Mutual Insurance Society

Product Name: Group Accidental Death & Dismemberment SERFF Tr Num: CUNA-126885601 State: Arkansas

TOI: H03G Group Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved- Closed State Tr Num: 47207

Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment Co Tr Num: E16B-935-1010 ET AL State Status: Approved-Closed

Filing Type: Form

Authors: Kari Hamrick, Kathy Strauser, Kimberly Steggall  
Date Submitted: 11/03/2010

Reviewer(s): Rosalind Minor  
Disposition Date: 11/15/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: SCE Fix

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/15/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/02/2010

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Trust

Explanation for Other Group Market Type:

State Status Changed: 11/15/2010

Created By: Kimberly Steggall

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kimberly Steggall

Filing Description:

The forms of this filing are submitted for your review and approval. This submission contains no unusual or possibly controversial items from normal company or industry standards.

We reserve the right to alter the format of the form submitted without refiling due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements

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will be met. Any changes to wording or content would be filed prior to approval.

Form E16b-935-1010 is an Employer Application for Group Accident Insurance. It is a new form and upon approval, it will replace form E16b-935-0388, Employer Application and form E16b-934-0388, Employer Supplement Application; which were approved by the Department on June 24, 1988.

Form E16d-SCEFIX-1010 and form 16d-CLASSEND-1010 are Group Accident Insurance Policy Endorsements and do not replace any existing forms. These policy endorsements revise policy form E16a-930-0388, which was approved by the Department on June 24, 1988.

Form 16e-SCEFIX-1010 is a Group Accident Insurance Certificate Endorsement and does not replace any existing form. This certificate endorsement revises certificate form E16c-931-0388, which was approved by the Department on June 24, 1988.

These forms were written to be readable and easily understood for insureds.

Thank you for your review of this submission.

## Company and Contact

### Filing Contact Information

Kimberly Steggall, Compliance Administrator kimberly.steggall@cunamutual.com  
2000 Heritage Way 319-483-3082 [Phone]  
Waverly, IA 50677 319-483-3500 [FAX]

### Filing Company Information

CUNA Mutual Insurance Society CoCode: 62626 State of Domicile: Iowa  
2000 Heritage Way Group Code: 306 Company Type:  
Waverly, IA 50677 Group Name: State ID Number:  
(319) 352-4090 ext. [Phone] FEIN Number: 39-0230590

## Filing Fees

Fee Required? Yes  
Fee Amount: \$80.00  
Retaliatory? No  
Fee Explanation: 4 forms x \$20 per form = \$80.00

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Dismemberment      Dismemberment  
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*Project Name/Number:* SCE Fix/  
*Per Company:* No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CUNA Mutual Insurance Society	\$80.00	11/03/2010	41513990
CUNA Mutual Insurance Society	\$120.00	11/15/2010	41883003

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/15/2010	11/15/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	11/14/2010	11/14/2010	Kimberly Steggall	11/15/2010	11/15/2010

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Dismemberment      Dismemberment  
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## **Disposition**

Disposition Date: 11/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 11/14/2010  
Submitted Date 11/14/2010

Respond By Date

Dear Kimberly Steggall,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Employer Application, E16b-935-1010 (Form)
- Policy Endorsement, E16d-SCEFIX-1010 (Form)
- Policy Endorsement, E16d-CLASSEND-1010 (Form)
- Certificate Endorsement, E16e-SCEFIX-1010 (Form)

Comment:

Our filing fees have changed. The filing fee for each form is \$50.00 for a total of \$200.00 for this submission.

Please submit an additional \$120.00 in filing fees. We will continue our review upon receipt of the filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 11/15/2010  
Submitted Date 11/15/2010

Dear Rosalind Minor,

### Comments:

Thank you for your communication of November 14, 2010, regarding this submission.

### Response 1

Comments: I apologize for the oversight on calculating the filing fees. I have submitted an additional \$120.00 through EFT.

### Related Objection 1

Applies To:

- Employer Application, E16b-935-1010 (Form)
- Policy Endorsement, E16d-SCEFIX-1010 (Form)
- Policy Endorsement, E16d-CLASSEND-1010 (Form)
- Certificate Endorsement, E16e-SCEFIX-1010 (Form)

Comment:

Our filing fees have changed. The filing fee for each form is \$50.00 for a total of \$200.00 for this submission.

Please submit an additional \$120.00 in filing fees. We will continue our review upon receipt of the filing fee.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Dismemberment      Dismemberment  
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Thank you for your continued attention to this submission.

Sincerely,  
Kari Hamrick, Kathy Strauser, Kimberly Steggall

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/15/2010	E16b-935-1010	Application/ Employer Enrollment Form	Application/ Employer Enrollment Form	Initial		47.500	E16B-935-1010.pdf
Approved-Closed 11/15/2010	E16d-SCEFIX-1010	Policy/Cont Certificate: Amendment, Insert Page, Endorsement or Rider	Policy/Cont Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		48.300	E16d-SCEFIX-1010.pdf
Approved-Closed 11/15/2010	E16d-CLASSEN D-1010	Policy/Cont Certificate: Amendment, Insert Page, Endorsement or Rider	Policy/Cont Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		48.100	E16d-CLASSEND-1010.pdf
Approved-Closed 11/15/2010	E16e-SCEFIX-1010	Certificate Amendment, Insert Page, Endorsement or Rider	Certificate Amendment, Insert Page, Endorsement or Rider	Initial		50.300	E16e-SCEFIX-1010.pdf

CUNA Mutual Insurance Society

Home Office: 2000 Heritage Way Waverly, IA 50677 }<sup>1</sup> Administrative Office: 5910 Mineral Point Road Madison, WI 53701-0391 }<sup>1</sup>

**EMPLOYER [APPLICATION]<sup>2</sup>  
GROUP ACCIDENT INSURANCE**

**1. EMPLOYER INFORMATION (Required)**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Administration Contact Person Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Coverage For Affiliates Or Subsidiaries? (If "Yes", provide addresses.)  Yes  No

Addresses Of Affiliates Or Subsidiaries To Be Covered: (If more space is needed, attach a separate list.)

1. \_\_\_\_\_ (city and state)      2. \_\_\_\_\_ (city and state)

Change To Existing Coverage?  Yes  No

**2. CLASS I - ELIGIBLE PERSONS AND PLAN SELECTION (Required)**

Designated Volunteers. Check all that apply. Not available for taxable entities.	Number of Eligible Persons	Number With Eligible Dependents (If Dependent Plan Rider is selected in Section 5.)
<input type="checkbox"/> [Directors] <sup>3</sup> .....	_____	_____
<input type="checkbox"/> [Supervisory/Audit Committee] <sup>3</sup> .....	_____	_____
<input type="checkbox"/> [Credit Committee] <sup>3</sup> .....	_____	_____
<input type="checkbox"/> [Other (describe): _____] <sup>3</sup>	_____	_____
<input type="checkbox"/> [Other (describe): _____] <sup>3</sup>	_____	_____

**Principal Sum and Annual Premium Per Eligible Person. Select plan below. Check ONLY ONE box.**

<input type="checkbox"/> Plan I      \$25,000      \$[17.00] <sup>4</sup>	<input type="checkbox"/> Plan IV      \$150,000      \$[99.00] <sup>4</sup>	} <sup>3</sup>
<input type="checkbox"/> Plan II      \$50,000      \$[33.00] <sup>4</sup>	<input type="checkbox"/> Plan V      \$200,000      \$[132.00] <sup>4</sup>	
<input type="checkbox"/> Plan III      \$100,000      \$[66.00] <sup>4</sup>	<input type="checkbox"/> Plan VI      \$250,000      \$[165.00] <sup>4</sup>	

**3. CLASS II - ELIGIBLE PERSONS AND PLAN SELECTION (Required)**

Designated Employees. You may check item 1 below, or item 3 below, or both items 2 and 3 below.	Number of Eligible Persons	Number With Eligible Dependents <i>(If Dependent Plan Rider is selected in Section 5.)</i>
<p>1.) <input type="checkbox"/> <b>Class II (A):</b> All Employees working at least [25 hours per week]<sup>3</sup> .....</p> <p>Select Principal Sum – Check ONLY ONE:</p> <p><input type="checkbox"/> Plan I    <input type="checkbox"/> Plan II    <input type="checkbox"/> Plan III</p> <p><input type="checkbox"/> Plan IV    <input type="checkbox"/> Plan V    <input type="checkbox"/> Plan VI</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p>2.) <input type="checkbox"/> <b>Class II (B):</b> All Employees (other than Class II (C) Employees) working at least [25 hours per week]<sup>3</sup> .....</p> <p>Select Principal Sum – Check ONLY ONE:</p> <p><input type="checkbox"/> Plan I    <input type="checkbox"/> Plan II    <input type="checkbox"/> Plan III</p> <p><input type="checkbox"/> Plan IV    <input type="checkbox"/> Plan V    <input type="checkbox"/> Plan VI</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p>3.) <input type="checkbox"/> <b>Class II (C):</b> Designated Employees, as shown in Section 4. Section 4 must be completed .....</p> <p>Select Principal Sum – Check one or more:</p> <p><input type="checkbox"/> Plan I    <input type="checkbox"/> Plan II    <input type="checkbox"/> Plan III</p> <p><input type="checkbox"/> Plan IV    <input type="checkbox"/> Plan V    <input type="checkbox"/> Plan VI</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>

**Principal Sum and Annual Premium Per Eligible Person.** Select plan(s) above based on the following information.

Plan I	\$25,000	[\$17.00] <sup>4</sup>	Plan IV	\$150,000	[\$99.00] <sup>4</sup>	} <sup>3</sup>
Plan II	\$50,000	[\$33.00] <sup>4</sup>	Plan V	\$200,000	[\$132.00] <sup>4</sup>	
Plan III	\$100,000	[\$66.00] <sup>4</sup>	Plan VI	\$250,000	[\$165.00] <sup>4</sup>	

**4. CLASS II (C) INFORMATION (Complete ONLY if Class II (C) in Section 3 above is checked.)**

List each employee category/position title eligible for coverage, the number of eligible persons, and the number with eligible dependents if the Dependent Plan Rider is selected in Section 5. If more than one plan is selected for Class II (C) in Section 3 above, the "Plan Selected" column MUST be completed. If more space is needed, include a separate signed and dated list.

Category/Position Title Class II (C) Employees Eligible For Coverage	Number Of Eligible Persons	Number With Eligible Dependents <i>(If Dependent Plan Rider is selected in Section 5.)</i>	Plan Selected <i>(If multiple plans selected in Section 3.)</i>

**5. DEPENDENT RIDER - EMPLOYER SUPPLEMENT APPLICATION SECTION (Optional)**

Provide Accidental Death and Dismemberment (AD&D) Coverage to ALL Eligible Dependents of Class I Eligible Volunteers (selected in Section 2 above) and ALL Class II Eligible Employees (selected in Section 3 above)?

Yes  No *If neither box is checked, we will assume "No".*

Please note that election of AD&D coverage for Eligible Dependents of only one Class or a subset of a Class is not allowed. If "Yes" is checked above, this means that ALL Eligible Dependents must be provided AD&D Coverage. The coverage amount for each of the insured's dependents will be based on the plan(s) selected in Section 2 and 3 above. Therefore, selecting multiple plans will result in a different coverage amount for eligible dependents.

**Rider Premium Schedule.** *Provided for information only. Premiums will be based on the plan(s) selected in Section 2 and 3 above and the number of eligible persons with dependents eligible for coverage as follows:*

Plan I	\$[9.00] <sup>4</sup> per insured with eligible dependents	Plan IV	\$[50.00] <sup>4</sup> per insured with eligible dependents
Plan II	\$[17.00] <sup>4</sup> per insured with eligible dependents	Plan V	\$[66.00] <sup>4</sup> per insured with eligible dependents
Plan III	\$[33.00] <sup>4</sup> per insured with eligible dependents	Plan VI	\$[83.00] <sup>4</sup> per insured with eligible dependents

**Rider Coverage Schedule.** *Provided for information only. The coverage amount for each of the insured's dependents eligible for coverage will be equal to a percentage (%) of the insured's principal sum as follows:*

Eligible Dependent	Spouse/Partner* Only	Spouse/Partner* and Children	Children Only
Spouse/Partner*	50% of Insured's Principal Sum	40% of Insured's Principal Sum	N/A
Each Child	N/A	10% of Insured's Principal Sum	15% of Insured's Principal Sum

*\* Partner benefits where required by state law. Contact your legal counsel regarding your state's requirements.*

**6. PREMIUM PAYMENT MODE & EFFECTIVE DATE (Required)**

The mode of premium payment will be: \_\_\_\_\_ The premium will be paid by the Employer.  
 Effective Date (Month/Day/Year): \_\_\_\_\_, provided the application is accepted by CUNA Mutual Insurance Society and the required premium is paid.

**7. SPECIAL INSTRUCTIONS (Optional)**


**8. FRAUD WARNING AND SIGNATURE (Required)**

**[District Of Columbia:]**<sup>5</sup> [WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.]<sup>5</sup>

**[Florida:]**<sup>5</sup> [Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.]<sup>5</sup>

**[Maryland:]**<sup>5</sup> [Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]<sup>5</sup>

**[New Jersey:]**<sup>5</sup> [Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]<sup>5</sup>

**[Ohio:]**<sup>5</sup> [Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.]<sup>5</sup>

**[Pennsylvania:]**<sup>5</sup> [Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]<sup>5</sup>

**[Additional State Variations:]**<sup>5</sup>

**All Other States: 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 may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.**

Signed at \_\_\_\_\_  
City State

Employer Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Officer of Employer Month/Day/Year

Title (Print): \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_ } 6  
Month/Day/Year

**Florida Agents Only:**

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_ } 6  
Print Full Name Florida License ID

Attached to and made a part of Group Policy Number: [012-3456-7]<sup>1</sup>

Policyholder: [CUNET Trust of Mississippi]<sup>1</sup>

Endorsement Effective Date: [July 1, 2010]<sup>1</sup>

Employer: [ABC Credit Union]<sup>1</sup>

This Endorsement applies to all Insureds who are [employees]<sup>2</sup> [or]<sup>2</sup> [designated volunteers]<sup>2</sup> of the above-referenced Employer. This Endorsement amends the following Section[s]<sup>2</sup> of the Policy as described below.

**[POLICY PROVISIONS]<sup>2</sup>**

The "**AGGREGATE LIMIT OF LIABILITY**" provision is deleted. It is replaced with the following:

The aggregate limit of liability per accident will be \$[2,000,000].<sup>4</sup> We will not be liable for any amount over the limit stated above for any one accident. If the total amount of benefits to be paid under this Policy for any one accident is more than the total amount of Our liability, We will only pay those benefits that are in proportion to Our total liability.

**[GENERAL PROVISIONS CONCERNING PERSONAL INSURANCE]<sup>2</sup>**

The following paragraph is added to the "**TERMINATION OF PERSONAL INSURANCE**" provision:

Coverage for any Spouse/[Partner]<sup>5</sup> who is insured under the Dependent Plan Rider will terminate on the Policy anniversary following the date he attains age [70].<sup>4</sup>

The following paragraph is added to the "**REDUCTION OF COVERAGE**" provision:

Insured Employees of the Employer:

1. **Accidental Death And Dismemberment.** On the Policy anniversary following the date an Insured Employee attains age [70],<sup>4</sup> the Principal Sum will be reduced as follows:

[Age 70-75	65% of the original Principal Sum] <sup>4</sup>
[Age 75-79	45% of the original Principal Sum] <sup>4</sup>
[Age 80-84	30% of the original Principal Sum] <sup>4</sup>
[Age 85+	15% of the original Principal Sum] <sup>4</sup>

The paragraph under the "**REDUCTION OF COVERAGE**" provision that applies to Insured Volunteers of the Employer is deleted. It is replaced with the following:

Insured Volunteers of the Employer:

1. **Accidental Death And Dismemberment.** The Principal Sum will not be reduced due to the age of an Insured Volunteer.
2. **Permanent Total Disability.** This insurance coverage will terminate on the Policy anniversary following the date an Insured Volunteer attains age [70].<sup>4</sup>

All other terms and conditions of the Policy remain unchanged.

**CUNA MUTUAL INSURANCE SOCIETY**

<sup>3</sup>

President

Attached to and made a part of Group Policy Number: [012-3456-7]<sup>1</sup>

Policyholder: [CUNET Trust of Mississippi]<sup>1</sup>

Endorsement Effective Date: [July 1, 2010]<sup>1</sup>

Employer: [ABC Credit Union]<sup>1</sup>

This Endorsement applies to all Insureds who are [employees]<sup>2</sup> [or]<sup>2</sup> [designated volunteers]<sup>2</sup> of the above-referenced Employer as described below.

**Class I – Designated Volunteers of the Employer.** Persons eligible to be covered under the Policy, under Class I are:

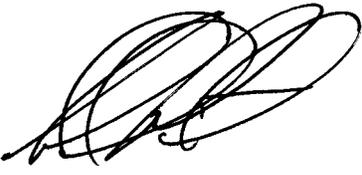
<u>Designated Volunteers</u>	<u>Principal Sum</u>
[Directors] <sup>4</sup>	\$[25,000] <sup>4</sup>
[Supervisory/Audit Committee] <sup>4</sup>	\$[25,000] <sup>4</sup>
[Credit Committee] <sup>4</sup>	\$[25,000] <sup>4</sup>

**Class II – Employees of the Employer.** Persons eligible to be covered under the Policy, under Class II are:

<u>Employee Category or Position Title</u>	<u>Principal Sum</u>
[President & CEO] <sup>4</sup>	\$[100,000] <sup>4</sup>
[Executive Vice President] <sup>4</sup>	\$[100,000] <sup>4</sup>
[Vice President of Operations] <sup>4</sup>	\$[100,000] <sup>4</sup>
[Vice President of Lending] <sup>4</sup>	\$[100,000] <sup>4</sup>
[Vice President of Commercial Lending (2)] <sup>4</sup>	\$[100,000] <sup>4</sup>
[Vice President of Finance] <sup>4</sup>	\$[100,000] <sup>4</sup>
[Vice President of Information Technology] <sup>4</sup>	\$[100,000] <sup>4</sup>
[All Remaining Employees working 25 hours per week] <sup>4</sup>	\$[25,000] <sup>4</sup>

All other terms and conditions of the Policy remain unchanged.

**CUNA MUTUAL INSURANCE SOCIETY**

  
 President

I agree to this Endorsement being made a part of the above-numbered Policy.

\_\_\_\_\_  
 Authorized Signature  
 [ABC Credit Union]<sup>1</sup>

This Endorsement amends Your certificate. This Endorsement applies to all Insured's who are [employees]<sup>2</sup> [or]<sup>2</sup> [designated volunteers]<sup>2</sup> of a Participating Employer. This Endorsement amends the following Section[s]<sup>2</sup> of Your certificate as described below.

**[POLICY PROVISIONS]<sup>2</sup>**

The "**AGGREGATE LIMIT OF LIABILITY**" provision is deleted. It is replaced with the following:

The aggregate limit of liability per accident will be \$[2,000,000].<sup>4</sup> We will not be liable for any amount over the limit stated above for any one accident. If the total amount of benefits to be paid under the Policy for any one accident is more than the total amount of Our liability, We will only pay those benefits that are in proportion to Our total liability.

**[GENERAL PROVISIONS CONCERNING PERSONAL INSURANCE]<sup>2</sup>**

The following paragraph is added to the "**TERMINATION OF PERSONAL INSURANCE**" provision:

Coverage for Your Spouse/Partner<sup>5</sup> who is insured under the Dependent Plan Rider will terminate on the Policy anniversary following the date he attains age [70].<sup>4</sup>

The following paragraph is added to the "**REDUCTION OF COVERAGE**" provision:

Insured Employees of the Employer:

1. **Accidental Death And Dismemberment.** On the Policy anniversary following the date an Insured Employee attains age [70]<sup>4</sup> the Principal Sum will be reduced as follows:

[Age 70-75	65% of the original Principal Sum] <sup>4</sup>
[Age 75-79	45% of the original Principal Sum] <sup>4</sup>
[Age 80-84	30% of the original Principal Sum] <sup>4</sup>
[Age 85+	15% of the original Principal Sum] <sup>4</sup>

The paragraph under the "**REDUCTION OF COVERAGE**" provision that applies to Insured Volunteers of the Employer is deleted. It is replaced with the following:

Insured Volunteers of the Employer:

1. **Accidental Death And Dismemberment.** The Principal Sum will not be reduced due to the age of an Insured Volunteer.
2. **Permanent Total Disability.** This insurance coverage will terminate on the Policy anniversary following the date an Insured Volunteer attains age [70].<sup>4</sup>

All other terms and conditions of the Certificate remain unchanged.

<i>SERFF Tracking Number:</i>	<i>CUNA-126885601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CUNA Mutual Insurance Society</i>	<i>State Tracking Number:</i>	<i>47207</i>
<i>Company Tracking Number:</i>	<i>E16B-935-1010 ET AL</i>		
<i>TOI:</i>	<i>H03G Group Health - Accidental Death &amp; Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03G.000 Health - Accidental Death &amp; Dismemberment</i>
<i>Product Name:</i>	<i>Group Accidental Death &amp; Dismemberment</i>		
<i>Project Name/Number:</i>	<i>SCE Fix/</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	11/15/2010
<b>Comments:</b>		
<b>Attachments:</b>		
AR Rule 19 & 49 Cert.pdf		
AR Cert of Readability.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	11/15/2010
<b>Bypass Reason:</b> Not applicable as this filing includes the application for approval.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability	Approved-Closed	11/15/2010
<b>Comments:</b>		
<b>Attachment:</b>		
SOV (ADD App & End).pdf		

**Certificate of Compliance with  
Arkansas Rule and Regulation 19 & 49**

Insurer: CUNA Mutual Insurance Society

Form Number(s): E16b-935-1010, E16d-SCEFIX-1010, E16d-CLASSEND-1010  
and E16e-SCEFIX-1010

I hereby certify that to the best of my knowledge and belief, the filing above meets all Applicable Arkansas requirements including the requirements of Rule and Regulations 19 and 49.



\_\_\_\_\_  
Signature of Company Officer

Stephen W. Koslow

Name

SVP, Chief Ethics & Compliance Officer

Title

November 3, 2010

Date

**CERTIFICATION OF READABILITY**

INSURANCE DEPT. USE ONLY		
FILE I.D.	DATE	ANALYST
<input type="checkbox"/> APPROVED	DATE	INITIALS
<input type="checkbox"/> FILE & USE	DATE	INITIALS
<input type="checkbox"/> DISAPPROVED	DATE	INITIALS
<input type="checkbox"/> WITHDRAWN	DATE	INITIALS

STATE  
Arkansas

DATE  
November 3, 2010

PROPOSED EFFECTIVE DATE  
Upon Approval by the  
Department.

NAME AND ADDRESS OF FILER  
CUNA Mutual Insurance Society

CONTACT PERSON  
Kimberly Steggall

CONTACT TELEPHONE  
319.483.3082

The Flesch Score(s) for the form(s) listed below is (are) as stated opposite each listed form. (Alternate approved methods, if any, are identified.)  
Typeface styles and minimum type point sizes are identified and stated opposite each listed form.

FORM NO.	FORM TITLE/DESCRIPTION	LINE OF INS.	FLESCH SCORE	ALT. SCORE CALCULATION	TYPEFACE STYLE	MIN. TYPE POINT SIZE
E16b-935-1010	Employer Application	Group AD&D	47.5		Arial	10
E16d-SCEFIX-1010	Policy Endorsement	Group AD&D	48.3(combined)		Arial	10
E16d-CLASSEND-1010	Policy Endorsement	Group AD&D	48.1(combined)		Arial	10
E16e-SCEFIX-1010	Certificate Endorsement	Group AD&D	50.3(combined)		Arial	10

The insurance company certifies that the above named forms filed by the company, or on its behalf, meet the minimum standards of readability required by the laws of this state.

SIGNED  


COMPANY  
CUNA Mutual Insurance Society

TITLE (COMPANY OFFICER)  
SVP, Chief Ethics & Compliance Officer

DATE  
November 3, 2010

**STATEMENT OF VARIABLES**  
**Application Form E16b-935-1010**  
**CUNA Mutual Insurance Society**

<b>REFERENCE NUMBER</b>	<b>EXPLANATION</b>
1	Bracketed to allow for future address changes.
2	Bracketed area will either be "APPLICATION" or "RENEWAL APPLICATION".
3	Bracketed to allow for customization by the Employer.
4	Bracketed to allow for a change in rates. Rates will be filed prior to such change, if required by state law.
5	Bracketed to allow for future changes due to a change in state law, or due to a change that is required as a result of this filing. The field for "State Variations" will only be used to accommodate state language that may become required by a particular state in the future. The fraud warnings shown are those that, to the best of our knowledge, are currently applicable.
6	Bracketed to allow for removal if it is not required by state law.

**STATEMENT OF VARIABLES**  
**Endorsement Forms: E16d-SCEFIX-1010, E16e-SCEFIX-1010 & E16d-CLASSEND-1010**  
**CUNA Mutual Insurance Society**

<b>REFERENCE NUMBER</b>	<b>EXPLANATION</b>
1	The bracketed information will be specific to each policy being issued
2	The bracketed information may be removed in its entirety if it is not applicable. However, at least 1 provision will always appear.
3	Bracketed to allow for a change if the Company President changes.
4	Bracketed to allow for customization by the Employer.
5	Bracketed information will be included if required by state law.