

SERFF Tracking Number: MUTM-126913334 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 47353  
Company Tracking Number: ELLEN GRADY  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 2010 Native American Tribal Riders Multi - 12416GR-EZ  
Project Name/Number: 2010 Native American Tribal Riders Multi/12416GR-EZ

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: 2010 Native American Tribal Riders Multi - 12416GR-EZ  
SERFF Tr Num: MUTM-126913334 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47353

Sub-TOI: L08.000 Life - Other

Co Tr Num: ELLEN GRADY State Status: Approved-Closed  
Reviewer(s): Linda Bird

Filing Type: Form

Authors: Shelly Kaipust, June  
Rodgers, Mike DiLorenzo, Mary  
Gregg, Ellen Cochrane, Kristin  
Miller, Lisa Koch, Ellen Grady  
Disposition Date: 11/22/2010

Date Submitted: 11/19/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 Native American Tribal Riders Multi

Status of Filing in Domicile:

Project Number: 12416GR-EZ

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Other

Filing Status Changed: 11/22/2010

Explanation for Other Group Market Type:

State Status Changed: 11/22/2010

Deemer Date:

Created By: Kristin Miller

Submitted By: Kristin Miller

Corresponding Filing Tracking Number:

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC # 261-69868 FEIN 47-0322111

Group Life Insurance

Group Accidental Death and Dismemberment

Group Short-Term and Long-Term Disability Income

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Rider 12416GR-EZ  
Rider 12417GR-EZ

United of Omaha Life Insurance Company has received several requests for group term life, accidental death and dismemberment, and disability income coverage for Native American tribes throughout the nation. These tribes are not formed for the purpose of obtaining insurance and are registered by the Bureau of Indian Affairs.

We are submitting riders 12416GR-EZ and 12417GR-EZ for approval for use with Native American tribes that wish to cover members of the tribe and for use with tribal-run casinos to cover employees.

These forms will be marketed through brokers. These forms are new and will not replace any previously approved forms.

Rider 12416GR-EZ amends language of the master policy. We ask for variability to insert the name of the state in which the coverage is issued. We also wish to use only one of the bracketed paragraphs that begin with "This Policy...." The paragraph used will depend on whether the group is subject to ERISA.

We ask for variability to insert the appropriate name of the employer tribe and the state in the bracketed areas of rider 12417GR-EZ.

These forms were approved by Nebraska on May 21, 2007, for use with group life insurance and on October 21, 2010, for group disability income. The riders and variability requested have also been approved in other states and are used with Native American groups in those states.

Your notification of approval of these forms will be appreciated. If you have any questions or need further information, please contact me.

Sincerely,

Ellen Grady  
Product and Advertising Compliance Analyst  
Regulatory Affairs  
Phone: 402-351-2484  
Fax: 402-351-5298  
E-mail: ellen.grady@mutualofomaha.com

## Company and Contact

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**Filing Contact Information**

June Rodgers, Senior Policy Drafting and Regulatory Specialist  
 Regulatory Affairs  
 Mutual of Omaha Plaza  
 Omaha, NE 68175  
 june.rodgers@mutualofomaha.com  
 402-351-2652 [Phone]  
 402-351-5298 [FAX]

**Filing Company Information**

United of Omaha Life Insurance Company  
 Mutual of Omaha Plaza  
 Omaha, NE 68175  
 (402) 351-6420 ext. [Phone]  
 CoCode: 69868  
 Group Code: 261  
 Group Name:  
 FEIN Number: 47-0322111  
 State of Domicile: Nebraska  
 Company Type: Life Insurance  
 State ID Number:

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$100.00	11/19/2010	42117889

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/22/2010	11/22/2010

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## Disposition

Disposition Date: 11/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Rider		Yes
Form	Rider		Yes

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## Form Schedule

### Lead Form Number: 12416GR-EZ

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	12416GR-EZ	Policy/Cont Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			12416GR-EZ [06-10].pdf
	12416GR-EZ	Policy/Cont Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			12417GR-EZ [06-10].pdf

## RIDER

This Rider is made a part of Group Policy V.

This Rider is effective the later of V. or the effective date of the Policy.

In the event of a conflict between this Rider and any other provision of the Policy, including the Certificate, this Rider shall control. This Rider shall be subject to all provisions of the Policy, including the Certificate, not in conflict with this Rider.

The following is made part of the Policy.

[This Policy is issued in and will be interpreted by the laws of the State of [\_\_\_\_\_] without giving effect to the principles of conflicts of law of that State or any other state. Any part of the Policy which is in conflict with the laws of the State of [\_\_\_\_\_] is changed to conform to the minimum requirements of that State's laws.]

[This Policy will be interpreted under the Employee Retirement Income Security Act of 1974, as amended (ERISA). This Policy is issued in the State of [\_\_\_\_\_]. To the extent state law is not preempted by ERISA, and only to that extent, the Policy will also be interpreted under the law of the State of [\_\_\_\_\_], without giving effect to the principles of conflicts of law of that State or any other state.]

### WAIVER OF SOVEREIGN IMMUNITY AND TRIBAL REMEDIES; CONSENT TO SUIT

By acceptance of this Policy, the [name of Tribe,] on behalf of itself, any subdivision of it, and any agency or instrumentality of either, expressly waives any right of sovereign immunity and any right to seek any tribal remedy in any tribal court regarding any suit arising out of or pertaining to this Policy, and consents to the exercise of jurisdiction over such suit by any federal or state court that would have jurisdiction over the subject matter of the suit.

### NON-ENCUMBRANCE OF TRIBAL LANDS

Nothing in this Policy is intended to or in fact does encumber any Indian lands for any period of time.

UNITED OF OMAHA LIFE INSURANCE COMPANY



Chairman of the Board and Chief Executive Officer

## **RIDER**

This Rider is made a part of Group Policy V.

This Rider is effective the later of V or the day You become insured under the Policy.

In the event of a conflict between this Rider and any other provision of the Policy, including the Certificate, this Rider shall control. This Rider shall be subject to all provisions of the Policy, including the Certificate, not in conflict with this Rider.

The following is made part of Eligibility provisions in the Certificate of Insurance.

### **WAIVER OF SOVEREIGN IMMUNITY AND TRIBAL REMEDIES; CONSENT TO SUIT**

By enrolling for or participating in coverage under the Policy issued to the [name of Tribe], You, on Your behalf and on behalf of any of Your beneficiaries or dependents, expressly waive any right of sovereign immunity and any right to seek any tribal remedy in any tribal court regarding any suit arising out of or pertaining to such coverage or the Policy, and consent to the exercise of jurisdiction over such suit by any federal or [name of State] court that would have jurisdiction over the subject matter of the suit.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "Daniel P. Freay". The signature is written in a cursive style with a large, prominent 'D' and 'F'.

Chairman of the Board and Chief Executive Officer

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## Supporting Document Schedules

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

READCERT United signed.pdf

**Item Status:**

**Status  
Date:**

**Bypassed - Item:** Application

**Bypass Reason:** Not required for this filing.

**Comments:**

**UNITED OF OMAHA LIFE INSURANCE COMPANY  
OMAHA, NEBRASKA**

**READABILITY CERTIFICATION**

Date: November 19, 2010

United of Omaha Life Insurance Company certifies that the Flesch Readability Score for the following forms is (see attached list if no forms are shown):

<u>Form</u>	<u>Flesch Score</u>
12416GR-EZ	40*
12417GR-EZ	40*

\*This score was achieved by removing language or terminology entitled to be excepted by your state's readability regulation.

  
Daniel J. Kennelly  
Vice President and Chief Compliance Officer  
United of Omaha Life Insurance Company